## **Application Form for both Teaching and Support staff**

Post Applied For:

Personal Details



Surname:			Previous Name(s):	
Forename(s):			Title:	
Address:				
Home No:			Mobile No:	
Which number are ye	ou happy to	be contacted on?	Home No: YES / NO	Mobile No: YES / NO
Email Address:				
Teacher number (if a	pplicable)		NI Number:	
Present Employ (or most recent)	ment 			
Post Title:			Date Appointed:	
Employers Name:				
Employers Address:				
Type of School:			Age Range:	
Subjects(s) Taught:			No. On Roll:	
Salary on Leaving:			Allowances:	
Date Left (if applicable):			Reason for Leaving:	
Deferences				
References (One reference MUS	T be from y	our current or most rec	ent employer)	
Name:			Name:	
Job Title:			Job Title:	
Address:			Address:	
Contact Number			Contact Number:	
Email Address			Email Address:	
Relationship to Applicant:			Relationship to Applicant:	
Character reference on your work	es will not	be accepted , referees	<b>MUST</b> only be those	e who can comment authoritatively

# Previous Employment – Teaching & Non-Teaching Posts - starting with the most recent (Please add more lines if required)

	tes:	Employer's Name & Address:	Post:	Salary (inc	Reason for leaving:
From:	To:	Employer 3 Name & Address.	1 031.	allowances):	ineason for leaving.

Date	es:			
From:	To:	Establishment Name & Address:	Qualifications:	Grade:

Dates of Membership: From To  Relevant Professional Development in the last 5 years)  Dates: From To  Organising Body:  Subject:  Grade:  Duration:  Ouration:  Relevant Professional Development in the last 5 years)  Dates: From To  Organising Body:  Subject:  Grade:  Duration:  Ouration:  Reason for break:			ofessional Organisations		Manhankatatat	
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	From	То	1,650			

Summary of Experience, Skills, Knowledge & Competencies
Please outline your suitability for the role by referring to the person specification and providing evidence of impact and outcomes. (maximum of 2 pages):

Summary of Experience, Skills, Knowledge & Competencies (continued)
Continue on this page

Additional Information – Maximum of 500 Words (if required)
Please detail any further information you feel is relevant to your application that has not already been covered on this application:
Listanian American American
Interview Arrangements Please indicate below any dates you would not be available for interview:
riease indicate below any dates you would not be available for interview.
Disability / Hashb Canditions
Disability / Health Conditions  The Fauslity Act 2010 defines disability as (A physical or montal impairment which has a substantial and long term
The Equality Act 2010 defines disability as 'A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.'
Do you consider yourself to be disabled? Yes/No
Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable an interview, or which you wish us to take into account when considering your application?

Criminal Convictions & Cautions
Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198 available at <a href="https://www.gov.uk">www.gov.uk</a> .
VES / No. If You please provide the details in a scaled envelope and attach to your form including date, court and

YES / No If Yes, please provide the details in a sealed envelope and attach to your form including date, court and nature of offence.

In addition, as this post is defined under Safeguarding Vulperable Groups Act 2006 as a 'regulated activity' we will

In addition, as this post is defined under Safeguarding Vulnerable Groups Act 2006 as a 'regulated activity' we will require the successful candidate to produce either an appropriate valid enhanced criminal record certificate or apply to the Disclosure and Barring Service for an enhanced check for a regulated activity.

Declaration: I have read and understood the above statement. If I have any convictions or cautions to declare I will supply written details of them, in a separate envelope marked 'private and confidential' with this application.

Signature:	Date:

#### **Data Protection Act**

The information you supply when requesting a job pack will be held for monitoring and evaluation purposes and in connection with any future contact. This information will be kept for a maximum of 18 months from last contact. When you sign and return this form you are giving your permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive, if your application is unsuccessful, the form will be held for up to 6 months and then destroyed.

#### **Applicant Declaration**

I confirm that the statements in this application are true, correct and accurate and that I have not omitted any facts which may have any bearing on my application. By signing this form I agree to the School/College/Academy using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information

I understand that if I don't tell you about any relationships with employees or governors at the School/College/Academy, or I neglect to tell you about any unspent criminal convictions including cautions, reprimands, warnings or that I am under investigation or have pending prosecutions and this is discovered after appointment, I could be dismissed without notice.

I can produce the original documents of my qualifications, prior to any appointment.

I understand that any canvassing, directly or indirectly, will be a disqualification.

I understand I am required to provide documents proving eligibility to work in the UK, prior to any appointment.

I am prepared to undergo a medical examination, prior to any appointment.

### **Equal Opportunities Monitoring Section** (to be removed prior to shortlisting)

This School / College / Academy want to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The School / College / Academy needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely.

	How would you describe your ethnic	city:	
	a) White	b) Mixed	c) Asian & British Asian
	☐ British	☐ White & Black Caribbean	$\square$ Indian
	☐ Irish	☐ White & Black African	☐ Pakistani
		☐ White & Asian	☐ Bangladeshi
	☐ Any other White background*	☐ Any other mixed background*	☐ Any other Asian background*
	* please state below:	* please state below:	* please state below:
	d) Black or Black British	e) Chinese of Other Ethnic Group	f) Gypsy / Traveller
		☐ Chinese	☐ Irish Traveller
	☐ African		☐ Romany Gypsy
			, ,
	☐ Any other Black background*	☐ Any other Ethnic Group*	☐ Any other Asian background*
	* please state below:	* please state below:	* please state below:
	☐ Prefer not to state		
2)	My sex is:		
	☐ Male	☐ Female	☐ Prefer not to state
3)	My date of birth is:		☐ Prefer not to state
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4)	The Equality Act 2010 defines disabi	lity as "'A physical or mental impairme	ent which has a substantial and long
٠,		carry out normal day-to-day activities	_
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	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist	□ Non-Disabled □ Christian (all denominations)	☐ Prefer not to state ☐ Hindu
	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist Jewish	□ Christian (all denominations) □ Muslim	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *
	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist Jewish	□ Christian (all denominations) □ Muslim	☐ Prefer not to state ☐ Hindu ☐ Sikh
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist  Jewish  None	□ Christian (all denominations) □ Muslim	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *
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5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist Jewish None  My sexual orientation is:  Bi-sexual	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other * * please state below: ☐ Lesbian
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist  Jewish  None  My sexual orientation is:	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *  * please state below: ☐ Lesbian ☐ Prefer not to state
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist Jewish None  My sexual orientation is:  Bi-sexual	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *  * please state below: ☐ Lesbian ☐ Prefer not to state ☐ Other *
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist Jewish None  My sexual orientation is:  Bi-sexual	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *  * please state below: ☐ Lesbian ☐ Prefer not to state
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist  Jewish  None  My sexual orientation is:  Bi-sexual  Heterosexual	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *  * please state below: ☐ Lesbian ☐ Prefer not to state ☐ Other *
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist Jewish None  My sexual orientation is:  Bi-sexual	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *  * please state below: ☐ Lesbian ☐ Prefer not to state ☐ Other *
5)	term adverse effect on the ability to I consider myself to be:  Disabled  My religion is:  Buddhist  Jewish  None  My sexual orientation is:  Bi-sexual  Heterosexual	□ Non-Disabled □ Christian (all denominations) □ Muslim □ Prefer not to state	☐ Prefer not to state ☐ Hindu ☐ Sikh ☐ Other *  * please state below: ☐ Lesbian ☐ Prefer not to state ☐ Other *