

## The Quill CofE Trust

### Employment Application form

Personal Information			
Name:			
Address:		Town:	Postcode:
Phone:	Email:		DOB:
National Insurance Number:			
Qualified to work in the UK? Yes/ No (delete as applicable)			
Do you have a driving licence and own a car? Yes/ No (delete as applicable)			

Position		
Position you are applying for:	School you are applying for:	Available start date:
Are you related to anyone at The Quill CofE Trust Yes/ No (delete as applicable)		
Are you currently or have been previously employed by The Quill CofE Trust? Yes/ No (delete as applicable)		
If yes, please provide brief details (dates of employment/ reason for leaving/ position held)		

References		
Please provide the names and contact details of at least <b>two</b> referees who can comment on your suitability for this position. One should be your current or most recent employer. <b>References will not be accepted from relatives.</b>		
<b>Reference 1</b>		
Name:	Organisation:	Email:
Phone:	Can this referee be contacted prior to interview? Yes/ No (delete as applicable)	

Reference 2		
Name:	Organisation:	Email:
Phone:	Can this referee be contacted prior to interview: Yes/ No (delete as applicable)	

## REFERENCE CONSENT FORM

I give my consent for The Quill CofE Trust to approach you for the purpose of obtaining current or previous employment reference information or any other information relevant to my application form.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Present or most recent Employment

Name:

Address:

Town:

Postcode:

Dates of employment:

From: DD/MM/YYYY To: DD/MM/YYYY

Position held:

Salary:

Date of leaving:

Notice period:

Summary of duties:

Do you have any employment which will continue if you are appointed?

Yes/ No (delete as applicable)

## Previous Employment

If there are any periods of time that have not been accounted for, for instance, periods of travel, unemployment or time taken out of paid employment due to caring responsibilities please give details of them here with dates. The information provided must provide a complete chronology since leaving full time education.

Name of employer:	Job title:	Dates of employment: From: DD/MM/YYYY To: DD/MM/YYYY
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Reason for leaving:

Name of employer:	Job title:	Dates of employment: From: DD/MM/YYYY To: DD/MM/YYYY
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Reason for leaving:

Name of employer:	Job title:	Dates of employment: From: DD/MM/YYYY To: DD/MM/YYYY
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Reason for leaving:

## Qualifications

Please give details of qualifications that you have gained or are currently working towards, which are relevant to the job for which you are applying.

School/college/university:	Date obtained: From – To	Qualification/grade

## Professional details (teachers only)

Date of Qualified Teacher Status:	TRN Number:	Are you a member of the teachers' pension scheme? Yes/ No (delete as applicable)

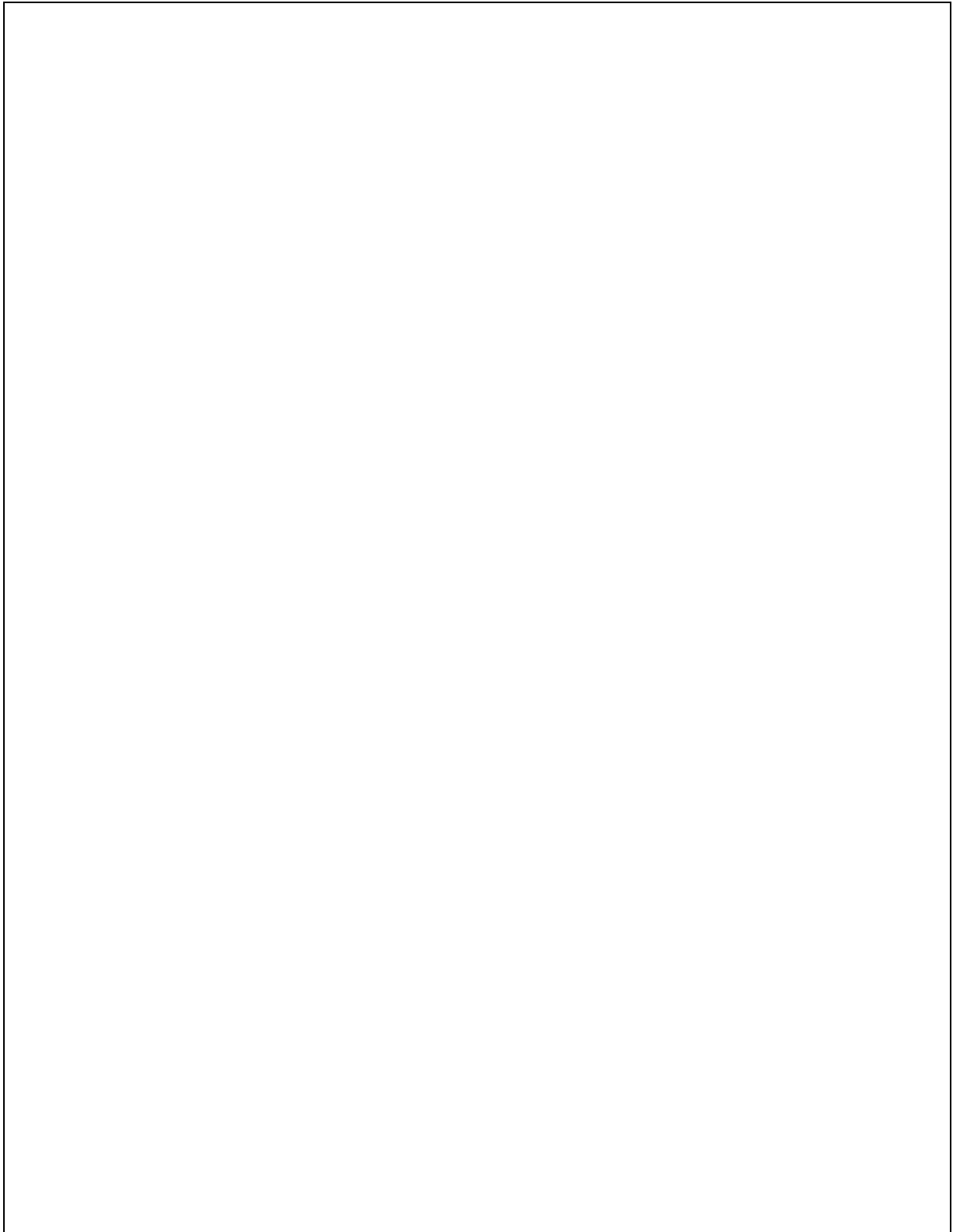
Training		
Course provider:	Course title:	Date obtained: From – To

Professional membership		
Date	Type of membership	Profession

Supporting Information
<p><b>In this section of the application form please demonstrate your suitability for the job. Read through the advertisement and Job Description to get a clear view of what the job involves. The person specification describes the necessary skills, experience, and qualifications we are looking for.</b></p> <p>Please give examples of any relevant ability, experience, or qualifications. This may be from your current or previous job, from the community or Voluntary work, or from skills transferrable from other life experience.</p> <ul style="list-style-type: none"> <li>• Ensure that the information you provide is well organised and relevant.</li> <li>• It should show to that extent you have gained the skills and experience necessary for the post.</li> <li>• Give specific examples of the work you have been involved in, how you went about it and the outcome.</li> </ul> <p>Always remember to specify your responsibilities rather than those of your section or department.</p>



THE QUILL C OF E TRUST



## Disclosure of Criminal Background

INFORMATION REQUESTED UNDER THE REHABILITATION OF OFFENDERS ACT 1974 (Expectations) ORDERS 1975.

Normally under the above act, some criminal convictions do not have to be disclosed after a period of time when they become 'spent'. This does **NOT** apply to posts which are involved with vulnerable groups (e.g. children, elderly people etc.) Due to the nature of the work for which you are applying for, this post is made except from these rules by the above order. This means that you **MUST** answer the following questions about current and **ALL** previous criminal convictions. Any information will be treated with the strictest confidence and will be considered only in relation to this application. Disclosure of a criminal record will not exclude you from the appointment unless the Trust considers that the conviction renders you unsuitable. Failure to disclose this information could lead to your application being rejected, or if you were appointed, to dismissal if it is subsequently learnt that you have a criminal conviction. If you are ultimately offered the position, we will carry out a DBS independent check.

Have you ever been cautioned or convicted of any criminal offence?	Yes/No
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If yes, please give details of the caution(s) conviction(s) and date(s)

Have you ever been charged with any offence which has not yet been brought to trial?	Yes/No
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If yes, give details of the charge and the date of the hearing (if known):

I can confirm that the information given above is correct and I understand that failure to disclose any convictions may lead to dismissal.

Signed:

Date:

## Early or Ill health retirement /voluntary redundancy

Have you been granted early or ill health retirement or voluntary redundancy from any other employer? Yes/ No (delete as applicable)	Name of Employer:
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If yes, did you receive any enhancements?

## Disability

This Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider yourself to be disabled according to this definition?

Yes/ No (delete as applicable)

Please specify any arrangements we can make to assist you if you are invited for interview/assessment.

## Monitoring Equality and Diversity

### Gender

Male: ☐

Female: ☐

Is your gender identity the same as the gender you were assigned at birth?

Yes/ No (delete as applicable)

### Ethnic Origin

<b>White</b>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Traveler or Irish Heritage	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>
	Polish	<input type="checkbox"/>
	Other White European	<input type="checkbox"/>
	Other White	<input type="checkbox"/>
<b>Mixed</b>	White, Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Indian	<input type="checkbox"/>
	White Pakistani	<input type="checkbox"/>
	White Bangladeshi	<input type="checkbox"/>
	Other Mixed	<input type="checkbox"/>
<b>Asian and Asian British</b>	Indian	<input type="checkbox"/>

	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Kashmiri	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>
<b>Black or Black British</b>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	British	<input type="checkbox"/>
	Somali	<input type="checkbox"/>
	Other Black	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Other Ethnic Groups	<input type="checkbox"/>

### Religion and Belief

Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>
Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>
Other <input type="checkbox"/>	No religion <input type="checkbox"/>

### Sexual Orientation

Bisexual <input type="checkbox"/>	Heterosexual/straight <input type="checkbox"/>
Gay man <input type="checkbox"/>	Other <input type="checkbox"/>
Gay women/lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

### GDPR

All information contained in this form will be treated as strictly confidential, when used for recruitment purposes only. However, the authority is under a duty to protect public funds it administers and to this end may use this information you have provided on this form within its authority for prevention and deception of fraud. It may also share this information with other bodies administering public funds for this purpose. Supplying information, you will also be indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks which may be made. It will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of six months then destroyed. If you are a successful candidate your application form will be used as part of your personnel record

**The Quill CofE Trust is committed to safeguarding and promoting the welfare of the children and young people and expects all staff and volunteers to share this commitment**

## Declaration

I confirm that I am not subject to any immigration controls or restrictions, which prohibit my working in the UK.

I confirm that the information supplied by me in this application is complete and correct to the best of my knowledge.

I understand that any false information, any relevant omission, or misleading statements may disqualify me from employment or result in my dismissal.

***Please note that 6-month probationary period applied to all new entrants to the Trust regardless of previous service.***

**Signed:**

**Date:**