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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VACANCY DETAILS** | | | | | | | | | | | |
| Job Title: | |  | | | Post ref: | |  | | | | |
| Service Unit/School: | | |  | | How did you hear about this vacancy? | | | | |  | |
| **PERSONAL DETAILS** | | | | | | | | | | | |
| Surname: |  | | | | Forenames: | |  | | | | |
| Previous surname: | | |  | | Preferred forename: | | |  | | | |
| Address: | | |  | | Title – Mr/Mrs/Miss/Ms/Dr: | | | |  | | |
|  | | | | | Work phone no. | |  | | | | |
|  | | | | | Home phone no. | |  | | | | |
|  | | | | | Mobile phone no. | |  | | | | |
| Postcode: |  | | | | Email: | |  | | | | |
| **NATIONAL INSURANCE NUMBER** | | | | |  | | | | | | |
| **ELIGIBILITY TO WORK IN THE UK** | | | | | | | | | | | |
| Do you have permission to work in the UK? (Yes or No) | | | | | |  | | | | |
| If no, please give details: | | | |  | | | | | | | |

|  |  |
| --- | --- |
| Two Ticks logo.JPG | **POSITIVE ABOUT DISABLED PEOPLE**  The üü symbol means that all disabled applicants who satisfy the minimum criteria will be  offered an interview.  Do you consider yourself to have a disability within the provisions of the Equality Act 2010?  (Yes or No) : |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT/MOST RECENT EMPLOYMENT** (you do not need to repeat these details in the Previous  Employment History section) | | | | | | | | | |
| Employer/LA name and address: | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Your job title: |  | | | | | Date appointed: | |  | |
| Current salary: | |  | | | | Common/upper pay spine point: | |  | |
| Age range taught and subject: | | | | |  | Notice period: | |  | |
| Main duties: | | | |  | | | | | |
| Reason for leaving: | | |  | | | | | | |
| May we contact you at work if necessary? (Yes or No) | | | | | | |  | |

**PREVIOUS EMPLOYMENT HISTORY SINCE LEAVING SCHOOL (most recent first)**

Please explain any gaps in your employment history.

We reserve the right to obtain references or to contact previous employers in addition to your named referees.

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| **PREVIOUS TEACHING EMPLOYMENT** | | | | | | |
| ***Post held and***  ***responsibilities*** | ***F/T or***  ***P/T*** | ***School/Establishment*** | ***Name of LA or***  ***employer*** | ***Age Range***  ***Taught*** | ***Date from***  ***and to*** | ***Reason for leaving*** |
|  |  |  |  |  |  |  |

Please continue on a separate sheet if required

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| --- | --- | --- | --- | --- | --- |
|  | **OTHER EMPLOYMENT** | | | | |
| ***Employer’s name***  ***and address*** | | ***Job Title*** | ***Brief Description of duties*** | ***Dates from***  ***and to*** | ***Reason for leaving*** |
|  | |  |  |  |  |

*Please continue on a separate sheet if required*

**REFERENCES**

Referees named on this form must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor(s) / Head Teacher or a suitable professional. **We will contact** **referees prior to interview.**

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| **CURRENT (MOST RECENT) EMPLOYER - Please note, this must be a Headteacher/Principle if applying from a school/college** | **PREVIOUS EMPLOYER - Please note, this must be a Headteacher/Principle if applying from a school /college** |
| Name (title, forename, surname) | Name (title, forename, surname) |
| Capacity known to you | Capacity known to you |
| Organisation | Organisation |
| Email: | Email: |
| Telephone Number: | Telephone Number: |
| Address: | Address: |

The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview or not. Please use this space to state how your skills, experience and training would enable you to meet the requirements of the job for which you are applying. Please refer to the criteria outlined in the person specification and respond in the order that each criteria point appears.

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| **FURTHER/HIGHER EDUCATION – QUALIFICATIONS/PROFESSIONAL MEMBERSHIPS/OTHER TRAINING** (including HLTA status if applicable) | | | |
| Dates | Name of college/university/awarding body/grade of membership | Qualification obtained (e.g. Degree / Pass or Hons/Class or Division) | Subjects / Special areas of study / age range |
|  |  |  |  |

Please continue on a separate sheet if required

|  |  |
| --- | --- |
| **REGISTRATION** | |
| Do you hold a Qualified Teacher Status? (Yes or No) |  |
| If ‘yes’, please give date of the award by DfE. |  |
| Route by which Qualified Teacher Status agreed: |  |
| QTS certificate number (if available – please enclose a copy). |  |
| Have you successfully completed a period of induction  as a qualified teaching this country where the DfE required this? (Yes or No) |  |
| If ‘yes’, please give date of completion. |  |
| Are you registered with the GTC? (Yes or No) |  |
| Date passed threshold: |  |

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| --- |
| Are you related to a Councillor, School Governor or employee of the Council? (Yes or No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If ‘yes’ please provide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a Councillor, School Governor or employee of the Council to use their influence to help you get a job. |
| If selected for interview, you must, at that stage, make known any personal or business relationship, which may  conflict with the role applied for. |

**DATA PROTECTION LEGISLATION**



**The information you have provided will be held in compliance with the Data Protection Act 1998.**

If you have previous Local Government service or other service which counts as continuous, the Council will seek confirmation from your last Authority of your date of employment for continuous service purposes, in the event of you being offered the post. The Council will also seek details of the number of day’s sickness absence (not reasons) in the last 12 months, for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form.

**DECLARATION**

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory completion of recruitment checks applicable to the post. I understand that it is an offence for a person to a) seek to engage in regulated activity, b) offer to engage in regulated activity, or c) engage in regulated activity, if the person is barred.

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

Please return your completed application form to: HR@deltaeducationtrust.com