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| **PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPESCRIPT.** | | | | |
| Please return to:  susie.dubber@bostonspa.leeds.sch.uk  or by post to:  FAO Susie Dubber, Boston Spa Academy, Clifford Moor Road, Boston Spa, Wetherby, West Yorkshire, LS23 6RW | | **Closing Date:**  **Monday 15 April 2024, 9am** | | |
| **Application for Employment as: Assistant Leader of Mathematics**  **Grade: MPR/UPR + TLR2b**  **Academy/College/Service: Boston Spa Academy** | | | | |
| **CONFIDENTIAL:**  The information you provide on this form will be used for recruitment, selection and employment contract purposes. | | | | |
| **1. PERSONAL DETAILS** | | | | |
| **Surname:** | **Forenames:** | | | |
| Address:  Postcode: | **Telephone (Home):**  **(Mobile):**  **E-mail Address:**  Correspondence relating to this application may be sent via email to the address supplied, please confirm you are happy to receive correspondence in this way YES / NO | | | |
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| When would you be available for work? | | | | |
| If you are selected for interview, are there any dates when it would be impossible for you to attend? | | | | |
| **For full time posts:** I am applying for Job Share / Part-Time (please delete as appropriate).  Please indicate the range of days and the maximum number of hours you can work. | | | | |
| Do you hold Qualified Teacher Status? | | | YES / NO | |
| If **YES,** please provide date awarded & Certificate No: | | | | |
| If **NO,** have you applied for Qualified Teacher Status: | | | YES / NO | |
| Have you completed your NQT induction period in the UK? | | | YES / NO | |
| If **YES,** please provide date of completion: | | | | |
| Are you already with the GTC: | | | | YES / NO |
| If **YES,** please provide your GTC Teacher reference No: | | | | |
| National Insurance No: | | | | |
| DfES Teacher’s Reference Number:  The first two digits of your reference number are the year you achieved your qualified teacher status. If you do not know your number, you must contact Teacher’s Pensions. | | | | |
| Are you in receipt of a public service pension? | | | YES / NO | |
| If you are returning to teaching, have you been granted Infirmity Retirement by the  Department of Education and Skills?  If **YES**, please give the date | | | YES / NO | |
| Are you related to/ have a close relationship with any Governor, Trustee or member staff at The GORSE Academies Trust?  If **YES**, please give details: | | | YES / NO | |
| **Please detail where you saw this post advertised:** | | | | |

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| **2. PRESENT OR MOST RECENT EMPLOYMENT** | | | | |
| **Job Title:** | **Scale/Incentive Allowance:** | | **Present Salary:** | **Period of Notice:** |
| **Date Joined:** | | **Date Left: (if applicable)** | | |
| **Name and address of employer:** | | **Employing Authority/Trust:** | | |
| **Main Duties:** | | | | |

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| **3. PREVIOUS JOBS OR WORK EXPERIENCE listed in sequence.**   * Please make sure that you state any gaps in employment and the reasons for these. * Please start with your most recent role | | | | |
| Name of School/  Name of Employer | Position held. | Date from  (Month/Year) | Date to  (Month/Year) | Reason for Leaving |
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| **4. REFERENCES**   * Please provide two professional referees (who are not friends or relatives). * At least one referee should be your present or last employer. * It is expected that Teachers will name the Headteacher or Principal of their current/last school. * If you have not been employed before, you will need to supply referees who are able to comment on your ability to do the job. (If leaving further education, you should name your course tutor). | | | |
| **NAME & ADDRESS** | **OCCUPATION** | **YEARS KNOWN** | **CONTACT DETAILS** |
| **REFERENCE 1** |  |  |  |
|  |  |  | **Tel No:**  **Email:** |
| **REFERENCE 2** |  |  |  |
|  |  |  | **Tel No:**  **Email:** |
| Please note if you are shortlisted, we will contact your referees prior to Interview | | | |

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| **5. QUALIFICATIONS AND ANY RELEVANT TRAINING**   * Please provide details of GCSE, A Level, Degree Level and Teaching qualifications including * grades. * It is important to complete this section of the form carefully, giving details of all relevant qualifications including modules taken. * ***N.B Please make clear what has been achieved and what is still in progress***. | | |
| **Details of Qualification/Award** | **Awarding Body** | **Date Awarded**  **(Month/Year)** |
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| **6. PERSON SPECIFICATION**   * Please demonstrate that you have the Essential and/or Desirable attributes asked for in the Person Specification (gained either through work, education, home, or voluntary activities) | | |
| **KNOWLEDGE AND SKILLS** | | |
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| **EXPERIENCE** | | |
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| **ADDITIONAL INFORMATION** | | |
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| **REHABILITATION OF OFFENDERS ACT 1974** |
| All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions are ‘protected’. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website  Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, **prior to the date of the interview**. Candidates will be emailed a self-disclosure form together with a flow chart detailing what is ‘protected’ under the Act and should not be disclosed. Please complete and provide this form at interview in an envelope marked “Private & Confidential” - For the Chair of the Recruitment Panel.  You may be asked for further information about your criminal history during the recruitment process.  If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed. **It is a criminal offence to apply for this post if you are included on the children’s barred list held by the DBS.** |
| **PRIVACY NOTICE** |
| The information detailed in this application form will be used to process your application and in line with The GORSE Academies Trust Recruitment and Selection process. The lawful basis for processing this information is with a view to entering a contract with you.  Your information may be shared with Human Resources in their role as data processor under the terms of the service level agreement where they have a legitimate business need to access it and externally where required for the recruitment process, for example, to obtain references or where background checks are required. Your information will only be shared where necessary, and in accordance with data protection law.  If successful, this form will be retained on your personnel file and kept for a period of 6 years after the termination of your employment.  Application forms submitted by unsuccessful candidates will be destroyed after six months from the date the post was appointed to.  Information on how The Gorse Academies Trust processes your personal data, organisations we may share your data with, your rights as a data-subject and contact details for any enquiries can be found on our website at the following link: <https://www.tgat.org.uk/privacy-notice/>. If you would like a written copy of this information, please email: [info@tgat.org.uk](mailto:info@tgat.org.uk)  I confirm that the above information is complete and accurate, and I understand that any offer of employment is subject to:   1. References which are satisfactory to the Trust 2. A satisfactory DBS certificate and check of the Barred List 3. The entries on the form proving to be complete and accurate 4. A satisfactory medical report (where appropriate) 5. Evidence of the right to work in the UK   The GORSE Academies Trust reserves the right to conduct on-line searches on applicants as appropriate.  **I confirm that I have not been disqualified from working with children, cautioned, or sanctioned in this regard and that all information given in this application is accurate.**  **Signed: Date:**    **If you are selected for an interview, you will be asked to sign a hard copy of this form** |