

# Application Form (Teacher)

If you need a copy of this information in large print, braille, another language or on cassette, please ask us.

Application for the post of:	Academy:				
Personal information	Previous name(s): (if applicable)				
Last name:					
First name(s):					
Home address:					
Please specify alternative correspondence address on a separate sheet.	Postcode:				
E-mail address:					
National Insurance No:					
Date of birth:					
GTC registration date:	DfE No:				
Do you have a full current driving licence?	Yes 🗌 No 🔲 Home telephone no:				
Do you have daily use of a vehicle?	Yes 🗌 No 🗌 Work telephone no:				
Do you have any penalty points on your licence?	Yes 🗌 No 🗌 Mobile telephone no:				
If so, how many?					
Do you consider yourself t	o have a disability? Yes No				
	nination Act defines a person as having a disability if he/she "has a physical or mental ostantial and long-term adverse effect on his or her ability to carry out normal day to day				
The Trust operates an 'Inte of the post.	rview Guarantee Scheme' for people with a disability and who meet the essential criteria				
If you have a disability, are if you are called for intervi	e there any arrangements which we can make for you Yes No ew?				
If yes, please outline your	requirements:				
How did you find out abou	t this job?				
Are you applying on a job share basis? Yes No					
If so, please state the proportion of full-time you are willing to work:					

# Present (or most recent) employment

Employer's name, address and telephone number:					
Date started:		Title of post:			
Present or final grade/salary:					
Specify any additiona	al benefits/payments y	ou receive:			
Notice required:		Date of leaving (if	applicable):		
Reason for leaving (it	f applicable):				
Please provide a brie	f description of duties of	of the post:			
Have you ever been subject to disciplinary proceedings? Yes No					
If yes, please indicate		-			

#### Previous employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education.

Job title	Employer's name, address & telephone number	Date from	Date to	Salary	Duties	Reason for leaving

CONTINUE ON A SEPARATE SHEET IF NECESSARY.

#### Education

School/College	Dates attended	Exams and grades

#### CONTINUE ON A SEPARATE SHEET IF NECESSARY.

#### Academic/professional qualifications

Name of professional association	Professional qualifications/ membership and date obtained	Award or examination	Office use only. Certificates checked

CONTINUE ON A SEPARATE SHEET IF NECESSARY.

## **Teaching qualifications**

I.T.T provider	
Course undertaken to obtain QTS	
Age group specialism	
Subject specialism	

# Additional/supporting information

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you.

## References

One should relate, if applicable to your present job, or most recent employer, or a member of the School/University academic staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a headteacher/College/University Principal (or their rep) as one of your references.

1 <sup>st</sup> referee's name and address:		
Telephone no:	Capacity:	
E-mail address:		
2 <sup>nd</sup> referee's name and address:		

Telephone no:		Capacity:				
E-mail address:						
	Please note that should you be made a conditional offer of employment with the Trust, references will be sought as part of the pre-employment process.					
Asylum and Immigration	Act 1996					
	vill be required to provide origir a able to provide the appropriat		ice of their E	Eligibility to Work in the UK.		
	Y	′es 🗌	No			
Rehabilitation of Offender	rs Act 1974					
	ne Rehabilitation of Offenders A bind-overs must be declared r					
Do you have a prosecution offence?	n pending or have you ever be	en convicted at a	court or ca	nutioned by the police for any		
	Y	′es 🗌	No			
	of conviction/caution(s) and bri					
The Trust aims to promote equality of opportunity for all with the right mix of talent, skills, and potential and we welcome applications from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purposes only when relevant.						
For posts working with chil	For posts working with children or vulnerable adults					
The Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.						
Declarations To your knowledge are you related to any member of staff, trustee or governor of the Trust?						
	Y	′es 🗌	No			
If 'Yes', please state their n	ame and position held:					

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information, including sickness absence, you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Trust, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Trust or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

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

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

Date:



Please remember to complete and return the recruitment monitoring form.

