**APPLICATION FOR APPOINTMENT AT MELROSE LEARNING TRUST**

**Applicants are required to complete ALL parts of this form**

Please refer to the candidates guide for completion of this application form

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| **Application for the post of:**  **Are you applying for this post on a Job Share basis? YES / NO** |

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| **Surname(s) (Block Capitals)** | **Initials:** |
| **Permanent address**  **Email:**  **Contacts Numbers:**  **Home: Work:**  **Mobile:** | **ALL APPLICANTS:**  National Insurance Number: |
| **DISCLOSURE AND BARRING SERVICE (DBS)**  **Certificate Number:**  **Date of Certificate:** |
| **When could you commence duties if appointed?** |
| **Address for correspondence (if different from permanent address)** |  |
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| **Current Post (or last employment where applicable)** | | | |
| **Designation of Post:**  **Full or Part Time:** |  | **Present or last**  **Salary** |  |
| **Name and Address**  **of Employer** |  | **Salary Scale and**  **Point on Scale** |  |
| **Date Appointed** |  |
| **If a school, please provide no. on roll, type and age** **range** |  | **Notice Required** |  |

**EDUCATION**

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| **Education (Applicants should be prepared to produce evidence of qualifications held)** | | | |
| Give details (including dates) of Secondary Schools, Colleges and Universities attended and particulars (including dates) of Qualifications obtained including: -  a) School Leaving Examinations/GCSE/CSE/NVQ’s etc. and awarding body  **Teachers**:  b) Teaching Certificate or Post-Graduate Certificate/Diploma (state course pursued and main  subjects)  c) Degree (state whether Pass or Honours and give Class, Division and subjects, making clear  which are main and subsidiary)  d) Date of Statutory Induction Period \_\_ / \_\_ / \_\_\_\_    e) Any other certificates or diplomas: | | | |
| **Dates** | | **Name of Course and Secondary School/College/University Attended** | **Qualifications obtained** |
| **From** | **To** |
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| **Education Courses** Give details of courses attended; please include dates, nature, and duration (full or part time) and name of organising body. |
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| **Membership of Professional / Technical Bodies** | | |
|  | Date(s) | Grade(s) |

**EMPLOYMENT HISTORY**

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| **Please list in Chronological order and account for any gaps in employment** | | | | |
| Dates | | Name of Employer.  If a school please provide size, type and age range taught | Post and Salary Scale  (State whether full or part time) | Employer/LA |
| From | To |
|  |  |  |  |  |

**REFEREES**

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| **Names and Addresses of Two Referees**  State position, status, names and addresses of two independent referees who can be asked for information about you. One of the referees **must** be your current or most recent employer. (Please refer to the guidance notes for further information on referees)   |  |  | | --- | --- | | 1.  Name:  Position:  Address:  Post Code:  Tel No.:  E-mail address:  **Can this referee be contacted prior to interview? YES/NO** | 2.  Name:  Position:  Address:  Post Code:  Tel No.:  E-mail address:  **Can this referee be contacted prior to interview? YES/NO** |   **Please note that an offer of appointment is conditional upon receipt of a least two satisfactory references** |

**DISCLOSURE INFORMATION (only required if a DBS check is required for the post applied for)**

Do you hold a DBS Certificate? \***YES NO **

Have you subscribed to the update service? \***YES  NO **

If yes:

Please indicated level of check **\*Standard  or Enhanced **

Please indicate workforce to which it applies **\*Child  Adult  Child and Adult  Other **



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| **Additional Information** |
| (Please add details of any special interest and experience which may be relevant to this application and briefly explain why you feel you are suitable for this job) |

**DECLARATION**

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| **Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 (2013) / Prohibition of Teachers** |
| The position for which you are applying involves contact with children and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England & Wales). You are not therefore entitled to withhold information about unspent cautions, ‘bind-overs’ or any criminal convictions including any that would otherwise be considered ‘spent’ under the Act.  Have you ever been convicted of any offence or ‘bound-over’ or given a caution?  Yes  No  If Yes, please provide details on a separate sheet and attach it to this application form in a sealed envelope marked ‘Confidential Disclosure’  I understand that if my application is successful I will be required to obtain a DBS Disclosure at the appropriate level.  Have you ever been prohibited from teaching by the Secretary of State?  Yes  No |

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| **Disqualification from Caring for Children Regulations (DCCR) 2002** |
| Have you ever been disqualified under Disqualification from Caring for Children Regulations 2002?  Yes  No |

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| **Eligibility to Work in the United Kingdom** |
| To ensure this school complies with legislation, you will be required to provide documentary evidence showing that you are entitled to work in the United Kingdom.  Are there any restrictions regarding your right to work in the UK?  Yes  No  If yes, please give details: |

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| **Data Protection Information** |
| The personal information supplied by you on this application form will be used only to consider your application for employment with this school. Certain anonymised data could be passed to other candidates should a request for information be made.  If you are shortlisted, contact will be made with the referees you supply on the application form and a confidential reference will be sought from them.  The information you supply on the Recruitment Equality Monitoring Form will be used for those purposes stated only and will be retained in an anonymised form so that it cannot be linked to individual applicants. The information you supply will be retained only as long as necessary for the purposes of recruitment and monitoring. |

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| **Relationships** |
| If you are related to any Elected Member or senior officer of Stockton Borough Council, a member of the Senior Leadership Team within the Trust or a member of any of the Trust schools’ Governing Bodies, please state below his/her name(s) and the relationship. (This does not prevent such persons from giving as a reference a written testimonial of your ability, experience or character, for submission to the Trust with your application for employment).  Name: Position: Relationship: |

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| **Declaration**:  I hereby apply for employment with Melrose Learning Trust. To the best of my knowledge all the particulars I have given are true. I understand that the deliberate provision of false information may disqualify me from employment or render me liable to instant dismissal if coming to light after my employment. I also understand that canvassing of Elected Members, Trustees, a member of the Senior Leadership Team Members or employees of the school, whether done directly or indirectly, will result in this application being disqualified.  Name:       Date: |
| Please return the form by email as stipulated on our advert.  If you are not called for interview within 30 days of the closing date please assume that you have been unsuccessful in your application. |

For Office use only

**Recruitment Equality Monitoring Form**

Please complete this form and return it with your completed application form.

**THIS PAGE WILL BE REMOVED PRIOR TO THE SELECTION PROCESS**

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| Title: |  | Full Name: |  |
| Date of Birth: |  | Age: |  |

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| **Ethnic Origin**: (Please indicate your ethnic origin)  if you prefer not to say please tick |  | **Gender:**  Male  Female | | |
| White:  English/Welsh/Scottish/Northern Irish/ British  Irish  Gypsy or Irish Traveller  any other White background, please specify: |  |  | | |
| **Martial Status**: (Please indicate your martial status) | | |
| Single  Married/Civil Partnership  Separated | | Widow/Civil Widow  Widower/Civil Widower  Divorced |
| Black / African / Caribbean / Black British:  Caribbean  African  Any other Black / African / Caribbean background, please specify: |  |  | | |
| Are you currently employed by the Council?  Yes  No | | |
|  | | |
| Asian / Asian British:  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please specify: |  | Where did you see this post advertised? | | |
| **The following questions are optional:** | | |
| Are you currently pregnant or on Maternity Leave?  Yes  No | | |
| Other ethnic groups:  Arab  Any other ethnic background, please specify: |  |  | | |
| Has your gender identity changed from the gender you were assigned at birth  Yes  No  Prefer not to say | | |
| Mixed/multiple ethnic groups:  White and Black Caribbean  White and Black African  White and Asian  Any other mixed/multiple ethnic background, please specify: |  |  | | |
| Sexual Orientation (Please mark one box only) | | |
| Bisexual  Heterosexual/Straight | Gay/Lesbian  Prefer not to say | |
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| Religion & Belief (Please mark one box only) | | |
| Country of Birth:  Nationality: |  | Buddhist  Hindu  Muslim  Christian  Jewish | Sikh  Other  None  Prefer not to say | |

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| **Disability** |
| We are positive about disability and welcome applications from disabled people. Please answer the question below on disability which we include to establish whether we need to make adjustments to enable you to take part in the selection process; take positive action in supporting employment for disabled people; establish whether you will be able to carry out a function that is intrinsic to the work concerned and/or establish that you have a disability where this is an occupational requirement (Section 60 of the Equality Act 2010 refers.) As a Disability Symbol User, the school undertakes to interview any applicant who declares a disability as detailed on the Application for Employment and who meets the essential (minimum) criteria for the Job.  **Do you consider yourself to be a person with a disability as described by the Equality Act 2010?**  Yes  No |