

#### Application for Teaching Employment

**White Rock Primary School**

This document can be made available in other languages, on tape, in Braille, large print and in other formats. For more information please contact the School­­­­­­­­­­­­­­­­.

Thank you for requesting an application form for a vacancy with this school. We will use this form to help us decide your suitability for the job so please ensure that it is accurate and complete

The information you provide on this form will be used in accordance with GDPR and your form will be retained for six months from the closing date. The application form of the successful candidate will form part of their employee file and may be used for a number of employment related purposes

**Please note:** CVs will not be accepted

All sections of the form must be completed - Late applications will not normally be considered

|  |  |  |  |
| --- | --- | --- | --- |
| **Post Applied for:** | **Class Teacher (fixed term)** | **Job Ref:/Post №:** |  |
| **Closing Date** | **02.06.25** | **Location** | **White Rock Primary School** |

### Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** |  | **Surname** |  | |
| **First Name:(s)**  **Please underline the name you would like to be known as** | |  | | |
| **Previous/other name(s)** ­  **(if you have any) or insert the word none** | |  | | |
| **Date of Birth** ­ | |  | | |
| **National Insurance №** ­ | |  | | |
| **Address**  **Post Code** | |  | | |
| **Daytime № (incl. STD code)** | |  | | |
| **Evening № (incl. STD code)** | |  | | |
| **Mobile №** | |  | | |
| **E-mail Address** | |  | | |
| **Are you recognised by the DfES?** | | YES NO | **DfES/ DfE Reference №** |  |
| Do you have qualified teacher status (QTS)? | | YES NO | **Date** |  |
| Salary - Present scale – Present spinal point | |  | | |
| **Age range for which trained** | |  | | |
| **Subject or areas that you have taught in** | |  | | |
| **Other subjects you can teach** | |  | | |
| **When available for employment** | |  | | |
| **This post requires an enhanced Disclosure and Barring Service check (DBS) therefore candidates MUST supply the information marked with ­ which will only be used for the purposes of identity verification** | | | | |

### Present/ Most Recent Teaching Appointment: - Reason for leaving must be clearly stated

##### (Newly qualified Teachers should include periods of school-based training)

|  |  |  |  |
| --- | --- | --- | --- |
| **Post Title** |  | **Number on Roll** |  |
| **Age Range** |  | Single Mixed Comprehensive F/T P/T | |
| **Name of School**  **Address:**  **Post Code**  **County/Borough/District** | | | |
| **LA Foundation Independent Trust Academy Other**  **(Please specify)** | | | |
| **Start Date** |  | **Date left or**  **Notice required** |  |
| **Reason for leaving:** |  | | |
| **Salary Present scale/Spinal point/Allowance:** | | | |
| **Brief Description of Duties** | | | |

###### Previous Teaching Appointments: - Dismissal or redundancy must be clearly stated

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College**  **County/Borough/District** | | | |
| **Age Range** |  | **Number on Roll** |  |
| **LA Foundation Independent Trust Academy Other**  **(Please specify)** | | | |
| **Subject Taught** |  | Single Mixed Comprehensive F/T P/T | |
| **Date started** |  | **Date left** |  |
| **Reason for leaving:** |  | | |
| **Salary on leaving Scale/Spinal Point/Allowance on leaving** | | | |
| **Post responsibility and allowance** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College**  **County/Borough/District** | | | |
| **Age Range** |  | **Number on Roll** |  |
| **LA Foundation Independent Trust Academy Other**  **(Please specify)** | | | |
| **Subject Taught** |  | Single Mixed Comprehensive F/T P/T | |
| **Date started** |  | **Date left** |  |
| **Reason for leaving:** |  | | |
| **Salary on leaving Scale/Spinal Point/Allowance on leaving** | | | |
| **Post responsibility and allowance** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College**  **County/Borough/District** | | | |
| **Age Range** |  | **Number on Roll** |  |
| **LA Foundation Independent Trust Academy Other**  **(Please specify)** | | | |
| **Subject Taught** |  | Single Mixed Comprehensive F/T P/T | |
| **Date started** |  | **Date left** |  |
| **Reason for leaving:** |  | | |
| **Salary on leaving Scale/Spinal Point/Allowance on leaving** | | | |
| **Post responsibility and allowance** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College**  **County/Borough/District** | | | |
| **Age Range** |  | **Number on Roll** |  |
| **LA Foundation Independent Trust Academy Other**  **(Please specify)** | | | |
| **Subject Taught** |  | Single Mixed Comprehensive F/T P/T | |
| **Date started** |  | **Date left** |  |
| **Reason for leaving:** |  | | |
| **Salary on leaving Scale/Spinal Point/Allowance on leaving** | | | |
| **Post responsibility and allowance** | | | |

**Experience outside of Teaching: (this may be paid or unpaid)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From**  DD/MM/Y | **To**  DD/MM/YY | **Nature of Employment incl. Job Title** | **Employer &**  **Address** | **Reason for Leaving** |
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**Please continue on an additional sheet if necessary**

### Gaps in Employment or Training: Please indicate and explain any gaps

|  |  |  |
| --- | --- | --- |
| **From**  DD/MM/YY | **To**  DD/MM/YY | **Reason for Gap** |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on an additional sheet if necessary

### Details of Secondary Education

|  |  |  |
| --- | --- | --- |
| **Educational Establishment / College / University** | **From/ To** | **Exams passed and Qualifications gained including NVQs**  **(include grades and date attained)** |
|  |  |  |

### Degrees or Professional Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification (e.g. BA, Bed)** | **University/College** | **Subject(s)** | **Class of Degree / Date Awarded** |
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### Post Graduate Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification (e.g. Med, PGCE)** | **University/College** | **Subject(s)** | **Class of Degree / Date Awarded** |
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### Other Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification (e.g. Diploma)** | **University/College** | **Subject(s)** | **Class of Degree / Date Awarded** |
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Please continue on an additional sheet if necessary

**Recent Professional Development (non-award bearing)**

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| --- |
|  |

**Supporting Evidence**

Please write in support of your application, showing how your experience and qualifications are relevant and how you would contribute to this post

Considerable importance will be attached to what you say in this supporting statement

**Statement of (Your Name in full)**

|  |
| --- |
| **Please continue on an additional sheet if necessary** |

### References

Please give the name and address of two referees from which the School may seek information regarding your suitability for employment covering at least the last 5 years of your employment. If you are currently employed, one of the referees must be your current employer; otherwise it must be your most recent employer. If you are in, or have just completed full-time training, one referee should be from your college or university. These should not include a relative and personal referees must be able to comment on your skills and abilities in relation to the post. Please continue on a separate sheet if necessary

**For posts that require a criminal records check**

If you are not currently working with children but have done so in the past, the second referee you supply should be from the most recent employer where you were employed to work with children or vulnerable adults

**The school will take up references for short-listed applicants prior to interview unless you request otherwise**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERENCE 1** | | | | | **REFERENCE 2** | | | | |
| If you do not wish this person to be contacted without prior consultation please put a cross in the box | | |  | | If you do not wish this person to be contacted without prior consultation please put a cross in the box | | |  | |
| **Name** |  | | | | **Name** |  | | | |
| **Address** |  | | | | **Address** |  | | | |
| **Telephone №** |  | | | | **Telephone №** |  | | | |
| **Email** |  | | | | **Email** |  | | | |
| **Relationship** |  | | | | **Relationship** |  | | | |
| **How long known?** |  | | | | **How long known?** |  | | | |
| **From** |  | **To** | |  | **From** |  | **To** | |  |

**\*Please provide details of additional references on a separate sheet of paper if necessary to cover the last 5 years of employment.**

|  |  |
| --- | --- |
| *For official school use ONLY - section to be completed by designated School representative* | |
| ***Verbal Verification –***  ***A written reference must be verbally verified on receipt. This must be recorded below*** | |
| ***OFFICE USE - Reference 1*** | ***OFFICE USE - Reference 2*** |
| ***Name/Details of the person contacted*** | ***Name/Details of the person contacted*** |
| ***Date the verbal verification took place*** | ***Date the verbal verification took place*** |
| ***I have verbally verified this reference***  ***Signature:*** | ***I have verbally verified this reference***  ***Signature:*** |
| ***Date:*** | ***Date:*** |

**Declarations**

## Equality Act 2010

The school is an Equal Opportunities employer and we are committed to ensuring that people with a disability are encouraged to apply. Applicants with a disability who appear to meet the essential criteria of the person specification are guaranteed an interview.

|  |
| --- |
| The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities”**.** In order to support members of staff with disabilities please share the nature of your disability below.  Please confirm whether you consider yourself to have a disability.    Yes c No c (please tick)  What is the nature of your disability? |
|  |
| The school welcomes applications for employment from all sections of the community. It is a fundamental principle of our policies that all people are equally valued regardless of their; age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation.  The aim of our policies is to ensure that our employment practices do not allow unfair discrimination and to promote equality of opportunity.  Wherever possible and reasonable we will make adjustments and offer alternatives to help a person with a disability through the application and selection process  Please provide details below of any information you would like us to take into account with regard to your disability in order to offer you a fair selection interview |
|  |

## Right to work in the UK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you eligible to work in the United Kingdom and are you able to provide proof of this?**  **Yes No**  If you are currently working in the UK with Visa restrictions please provide the following information:   |  |  | | --- | --- | | Visa Number |  | | Expiry date |  |   The Immigration, Asylum and Nationality Act 2006 requires all employers in the UK to make basic document checks on every person, before they start work, therefore if you are asked to interview, you will be required to provide evidence (original documents only) that you are eligible to live and work in the UK and copies will be taken at interview and if unsuccessful these will be destroyed in accordance with GDPR. If you are offered the post these original documents will be retained on your personal file |

**Declarations (continued)**

**Relationships**

|  |
| --- |
| **Are you in any way related to or have a personal relationship with any elected member of Torbay Council or an employee of the School or Torbay Council?**  **Yes No**  **If ‘Yes’ please give details below:**  Name:  Relationship: Job Title:  Soliciting support or information, which may be deemed to offer an unfair advantage, from any Elected Members or employees of Torbay Council or the school in connection with this appointment will disqualify your application |

### Criminal convictions

|  |
| --- |
| The post that you are applying for is exempt from the Rehabilitation of Offenders Act 1974. If you are selected for interview for this post you will be asked to declare:   * All unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974 * All spent adult cautions (simple or conditional) or spent convictions that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)   The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that certain spent convictions and cautions are considered ‘protected’ and are not subject to disclosure to employers and employers cannot take them into account.  Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website:  [Guidance on the Rehabilitation of Offenders Act 1974 and the Exceptions Order 1975 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974)  The School’s policy on the employment of ex-offenders is available at [Current Vacancies | White Rock Primary School](https://www.whiterockprimaryschool.co.uk/current-vacancies/)  **Any subsequent offer of employment will be subject to a criminal record check (enhanced disclosure) from the Disclosure and Barring Service (DBS).** |

**Disciplinary action**

|  |
| --- |
| Have you been the subject of formal disciplinary action in your past employment or currently in the process of ongoing disciplinary action in your current position?  **Yes No** |
| If ‘yes’ please give brief details below or on an additional sheet if necessary |

**Safeguarding**

|  |
| --- |
| White Rock Primary School is committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo the checks appropriate to the post applied for. By signing this application form you are confirming your agreement/commitment. |

### Data Protection - Fair Processing Notice

|  |
| --- |
| I confirm that I have read and understood the enclosures provided with this application form  I confirm that the details I have provided in this application form are correct and that I have not deliberately withheld any relevant information that could affect the school's decision to employ.  I understand that the deliberate falsification of information or failure to disclose relevant information may lead to my application being rejected, any offer of employment being withdrawn or actual appointment being terminated  I declare that I have not canvassed any school employee or member of the Governing Body either directly or indirectly in connection with this application  I note that the information provided on this application form may be held, further processed or verified in accordance with GDPR.  I give my authority for the employer to verify my qualifications with the relevant body.  **Signature:**  **Date:**  **Submitting this completed application form electronically signifies your acceptance of ALL of the above declarations** |

**EQUAL OPPORTUNITIES MONITORING**

White Rock Primary School is committed to the promotion of equality of opportunity in its employment policies, practices and procedures. To make this meaningful we need to monitor the effectiveness of our policies, by analysing statistical information. The information requested below is used for statistical purposes only. This information is not used to inform decisions about individuals. The data is gathered and used, for instance, to record percentages of different groups (e.g. to benchmark against community profiles) and indicate if particular groups are being treated differently. The monitoring of statistical data will help us to ensure we are effectively promoting and operating equal opportunities and anti-discriminatory practice in our employment policies and procedures. All information is held securely and confidentially.

**We ask you to sign this form at the end to show that you understand that we will retain the information and what it will be used for.**

Explanatory notes:

**Ethnic Origin**

The ethnic origin categories the same as those used in the population census in 2021. They are recommended by the Equality and Human Rights Commission is the basis for reporting statutory performance indicators.

**Disability**

The definition of disability under the Equality Act 2010 states that “a person has a disability for the purposes of this Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.

|  |  |  |
| --- | --- | --- |
| General information | | |
| Title |  | |
| First name(s) |  | |
| Surname |  | |
| **Please indicate which staff group you work in:** | | **(tick)** |
| Leadership Group | |  |
| Teachers | |  |
| Teaching Assistants | |  |
| Support Staff | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | | | |
| Classification | (tick) |  | (tick) |
| Male |  | Female |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | | | | | | | |
|  | (tick) |  | (tick) |  | (tick) |  | (tick) |
| 16 to 19 |  | 30 to 39 |  | 50 to 59 |  | 65 + |  |
| 20 to 29 |  | 40 to 49 |  | 60 to 64 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability - do you consider yourself to have a disability?** | | | |
|  | **(tick)** |  | **(tick)** |
| **Yes** |  | No |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Is there anyone who relies on you for day-to-day care and attention?** | | | | | | | |
|  | | | **(tick)** |  | | | **(tick)** |
| **Yes** | | |  | No | | |  |
| If YES, please tick as appropriate | | | | | | | |
|  | | **(tick)** |  | | **(tick)** |  | **(tick)** |
| **Children** | Age 0 to 6 |  | Age 6 to 11 | |  | Age 12 to 16 |  |
| **Other dependent or person**  **to whom you are a carer** | |  |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity – how would you best describe your ethnic origin?** | | | |
| **Classification** | | **Code** | **(tick)** |
| White | English, Welsh, Scottish, Northern Irish or British | WB |  |
| Irish | WI |  |
| Gypsy or Irish Traveller | G |  |
| Roma | R |  |
| Any other White background | WO |  |
| Mixed or multiple ethnic groups | White and Black Caribbean | MC |  |
| White and Black African | MB |  |
| White and Asian | MA |  |
| Any other Mixed or multiple ethnic background | MO |  |
| Asian or Asian British | Indian | I |  |
| Pakistani | P |  |
| Bangladeshi | B |  |
| Chinese | C |  |
| Any other Asian background | AO |  |
| Black, Black British, Caribbean or African | Caribbean | BC |  |
| African | BA |  |
| Any other Black, Black British, or Caribbean background | BO |  |
| **\***Other ethnic group | Arab | A |  |
| Please state:- | OE |  |

I confirm the above information is correct. I confirm that I understand how the information provided will be retained and what it will be used for. I understand that the information on this form will be treated in the strictest confidence.

Name ………………………………………………………………………………………………………

Signed………………………………………………………………………………………………….….

Date……………………..………………………………………………………………………………….

Thank you for taking the time to complete this form.

Please return it by Email: cingleby@whiterockprimaryschool.co.uk