

## Application Form

Job Title:	Deputy Head Teacher
Reference Number:	TMS041
Closing Date:	Tuesday 1st February 2022 @ 12 noon

We are legally obliged to ask you to provide evidence of your right of work in the UK. If you are successful, we will ask you to provide appropriate documents, such as a passport, visa or full birth certificate to confirm this. (Further details are available from the UK Visa and Immigration Website).

I hereby consent to The Meadows School and relevant organisations processing and retaining the data contained within this form for recruitment, selection and employment related purposes only. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed. (Please note application forms submitted electronically/online will require to be signed should you progress to the next stage of the process).

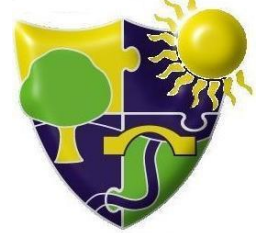
SIGNED

DATE

PRINT NAME

Please return completed form to:

SIPS Education Limited, Guardian House, Cronehills Linkway, West Bromwich, B70 8GS



## Section 1

### Personal Information

Title	
First name	
Middle name	
Last name	

### Contact Information

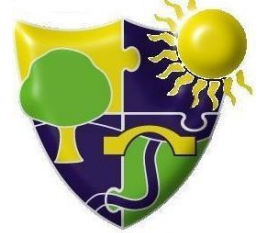
House Number/Name	
Address Line 2	
Address Line 3	
City/town	
Post code	
E-mail Address	
Phone (home)	
Phone (mobile)	
Phone (work)	
Where did you hear about this vacancy?	



## Section 2 – Employment History

Current/Most recent employer			
Job Title			
From		Until	
Address of employer			
Brief details of duties and responsibilities (no more than 200 words)			
Salary			
Reason for leaving			
Notice period			

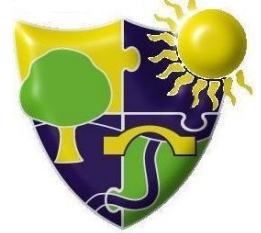
Employer			
Job Title			
From		Until	
Address of employer			
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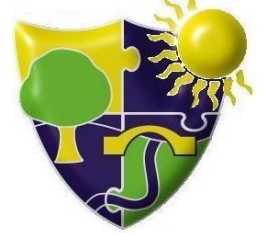


### Section 3 – Education History

Name of school/college/university	Subject/Level	Date of completion	Result

### Memberships

Name of Association	Membership type and number	Expiry date



## Training

Course title	Result and awarding body	Completion date

Please provide your full National Insurance Number

If yes, please indicate which organisation you are At Risk with and your employee number

Have you previously work for Sandwell MBC?

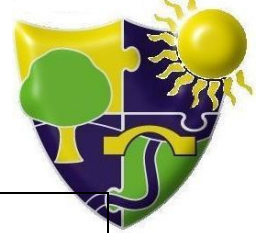
Yes/No

If you have been previously employed by Sandwell MBC, the unit in which you worked will be asked to confirm details of your employment, including your reason for leaving.



#### Section 4

Please review the Job Description and Personnel Specification, and indicate by means of examples how you are capable of carrying out the duties of the job as listed in the Job Description. You may give examples from your experience in employment, education, voluntary work or personal life.



Please continue on a separate sheet if you require more space

## Section 5 – References





Please provide two referees, one of whom must be your current or most recent employer. If you do not have employment history then please provide a character reference. This should not be a friend or family member.

Referee Name	
Organisation	
Job title	
Type of reference (personal/employer/other)	
E-mail	
Daytime phone number	
Address	
Are we able to approach this referee? (yes/no)	

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E-mail	
Daytime phone number	
Address	
Are we able to approach this referee? (yes/no)	

### Declaration



Are you related to any employee, member of Sandwell MBC or member of the Governing Body of The Meadows Sports College Canvassing or failure to make proper disclosure shall disqualify you for the appointment, and if appointed, shall render you liable to dismissal without notice. (Please delete as appropriate).

Yes/No

If yes please specify who and your relationship to them:

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Self-declaration of suitability to work in posts requiring a criminal records check

If the post involves working with children, other vulnerable groups or in a position of trust it is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974.

Please disclose details of reprimands, formal warnings, cautions and convictions, including spent or unspent convictions. Any information given will be treated as confidential and will be considered only in relation to posts in which order applies.

Do you have a criminal conviction? (Please delete as appropriate)

Yes/No

If yes, please specify

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## Section 6 - Equal Opportunities



As part of our equal opportunities policy we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

### Ethnic Origin

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Asian or Asian British - Bangladeshi   | <input type="checkbox"/> | Mixed Ethnic – White and Black           | <input type="checkbox"/> |
| Asian or Asian British – Chinese       | <input type="checkbox"/> | Caribbean                                | <input type="checkbox"/> |
| Asian or Asian British - Indian        | <input type="checkbox"/> | Mixed Ethnic Group – Other               | <input type="checkbox"/> |
| Asian or Asian British - Other         | <input type="checkbox"/> | Mixed Ethnic Group – Arab                | <input type="checkbox"/> |
| Asian or Asian British - Pakistani     | <input type="checkbox"/> | White Gypsy or Irish Traveller           | <input type="checkbox"/> |
| Black or Black British - African       | <input type="checkbox"/> | White - Irish                            | <input type="checkbox"/> |
| Black or Black British - Caribbean     | <input type="checkbox"/> | White – Other                            | <input type="checkbox"/> |
| Black or Black British - Other         | <input type="checkbox"/> | White – Welsh/English/Scottish/N.Ireland | <input type="checkbox"/> |
| Mixed Ethnic – White and Asian         | <input type="checkbox"/> | Prefer not to say                        | <input type="checkbox"/> |
| Mixed Ethnic – White and Black African | <input type="checkbox"/> | Other (please specify)                   | <input type="checkbox"/> |
- 

### Religious Beliefs

- |          |                          |           |                          |       |                          |                        |                          |
|----------|--------------------------|-----------|--------------------------|-------|--------------------------|------------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Christian | <input type="checkbox"/> | Sikh  | <input type="checkbox"/> | Prefer not to say      | <input type="checkbox"/> |
| Jewish   | <input type="checkbox"/> | Muslim    | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
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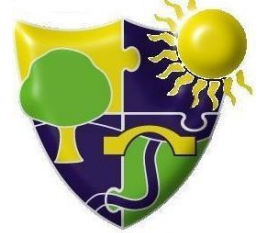
### Age Range

- |       |                          |       |                          |       |                          |       |                          |
|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|
| 16-17 | <input type="checkbox"/> | 25-29 | <input type="checkbox"/> | 40-49 | <input type="checkbox"/> | 50-64 | <input type="checkbox"/> |
| 18-24 | <input type="checkbox"/> | 30-39 | <input type="checkbox"/> | 50-59 | <input type="checkbox"/> | 65+   | <input type="checkbox"/> |

Date of birth .....

### Sexual Orientation





Bisexual ☐ Lesbian/Gay woman ☐ Prefer not to say  
Gay man ☐ Hetrosexual/Straight ☐

### Gender

Male ☐ Female ☐ Prefer not to say ☐

### Disability

The Equality Act (2010) defines a disabled person as someone with 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'.

Do you consider yourself to have such a disability? Yes/No/Prefer not to say

None <input type="checkbox"/>	Neurological condition <input type="checkbox"/>
Hearing Impairment <input type="checkbox"/>	Physical co-ordination difficulties <input type="checkbox"/>
Learning difficulties <input type="checkbox"/>	Visual impairment (not corrected by spectacles) <input type="checkbox"/>
Physical impairment <input type="checkbox"/>	Speech impairment <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Reduced physical capacity <input type="checkbox"/>
Mental health condition <input type="checkbox"/>	Long standing illness or health condition <input type="checkbox"/>
Mental illness <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Mobility impairment <input type="checkbox"/>	

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I certify that to the best of my knowledge and belief, the information I have provided is true.  
I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and may result in dismissal.

Signed:..... Date:.....