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| **VACANCY DETAILS** | |
| Position applied for | Click or tap here to enter text. |
| How did you hear about the vacancy |  |

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| **PERSONAL DETAILS** | |
| Title | Mr  Mrs  Miss  Ms  Other: Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Previous Surname | Click or tap here to enter text. |
| Forenames | Click or tap here to enter text. |
| Preferred Forename | Click or tap here to enter text. |
| Address  Postcode | Click or tap here to enter text.  Click or tap here to enter text. |

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| **CONTACT DETAILS** | | |
| Email address | Click or tap here to enter text. | |
| Telephone | Home | Click or tap here to enter text. |
| Work | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |

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| **ELIGIBILITY TO WORK IN THE UK** | |
| National Insurance No. | Click or tap here to enter text. |
| Do you have the right to work in the UK? | Yes  No |
| If you are not a British National or the holder of an EU or EEA passport, please indicate in what capacity you are | |
| residing in the UK | Click or tap here to enter text. |

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| **CURRENT/MOST RECENT EMPLOYMENT** | | |
| Employer’s Name | Click or tap here to enter text. | |
| Employer’s Address  Postcode | Click or tap here to enter text.  Click or tap here to enter text. | |
| Position Held | Click or tap here to enter text. | |
| Current Salary | £Click or tap here to enter text. | |
| Grade | *Main Scale* | Main Scale  Point Click or tap here to enter text. |
| *Upper Pay Range* | UPR 1  UPR 2  UPR 3 |
| *Leadership* | Leadership  Point Click or tap here to enter text. |
| *Unqualified Point* | UQT1  UQT 2  UQT 3  UQT 4  UQT 5  UQT 6 |
| *TLR 1* | Amount £Click or tap here to enter text. |
| *TLR 2* | Amount £Click or tap here to enter text. |
| *TLR 3* | Amount £Click or tap here to enter text. |
| *SEN Allowance* | Amount £Click or tap here to enter text. |
| Date Appointed | Click or tap here to enter text. | |
| Notice Period | Click or tap here to enter text. | |
| Reason for Leaving | Click or tap here to enter text. | |
| Can we contact you at work? | Yes  No | |
| Main duties  Click or tap here to enter text. | | |

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| **PREVIOUS TEACHING EMPLOYMENT HISTORY (MOST RECENT FIRST) - \**Please explain any gaps in your employment history in the section below****. We reserve the right to obtain references or to contact previous employers in addition to your named referees. Please indicate as appropriate that you give consent for additional references to be obtained if necessary.* |

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| School Name | Click or tap here to enter text. | Position Held | Click or tap here to enter text. |
| Employment commenced | Click or tap here to enter text. | Employment end date | Click or tap here to enter text. |
| Full or Part-Time | Full-Time  Part-Time | Age Range Taught | Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. | | |
| Reason for leaving |  | | |
| I consent to the school obtaining a reference from the information provided above, should it be necessary | | | Yes  No |

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| School Name | Click or tap here to enter text. | Position Held | Click or tap here to enter text. |
| Employment commenced | Click or tap here to enter text. | Employment end date | Click or tap here to enter text. |
| Full or Part-Time | Full-Time  Part-Time | Age Range Taught | Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. | | |
| Reason for leaving |  | | |
| I consent to the school obtaining a reference from the information provided above, should it be necessary | | | Yes  No |

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| --- | --- | --- | --- |
| School Name | Click or tap here to enter text. | Position Held | Click or tap here to enter text. |
| Employment commenced | Click or tap here to enter text. | Employment end date | Click or tap here to enter text. |
| Full or Part-Time | Full-Time  Part-Time | Age Range Taught | Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. | | |
| Reason for leaving |  | | |
| I consent to the school obtaining a reference from the information provided above, should it be necessary | | | Yes  No |

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| --- | --- | --- | --- |
| School Name | Click or tap here to enter text. | Position Held | Click or tap here to enter text. |
| Employment commenced | Click or tap here to enter text. | Employment end date | Click or tap here to enter text. |
| Full or Part-Time | Full-Time  Part-Time | Age Range Taught | Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. | | |
| Reason for leaving |  | | |
| I consent to the school obtaining a reference from the information provided above, should it be necessary | | | Yes  No |

Please tick here if continuing on a separate sheet

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| **\* GAPS IN EMPLOYMENT HISTORY:** *Please detail below any periods of time when you have not been employed since leaving secondary education.* | | |
| Date From (Month/Year) | Date to (Month/Year | Reason |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please tick here if continuing on a separate sheet

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| **REFERENCES** |
| Referees named below must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor/Headteacher or a suitable professional. It is our policy to contact referees prior to interview. If you do not wish us to contact the referee prior to interview please enter ‘X’ in the box applicable below. |

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| **Current (Most Recent) Employer** | I do not wish you to contact this referee prior to interview |
| Title | Mr  Mrs  Miss  Ms  Other: Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

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| **Previous Employer** | I do not wish you to contact this referee prior to interview |
| Title | Mr  Mrs  Miss  Ms  Other: Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

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| **SUPPORTING STATEMENT** |
| The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview. Please use this space to state how your skills, experience and training enable you to meet the requirements for the role for which you are applying for. Please refer to the criteria outlined in the person specification and respond in the order that each criteria point appears. |
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| **EDUCATION, QUALIFICATIONS AND PROFESSIONAL MEMBERSHIPS**  *Please note, if shortlisted for interview you will be required to provide proof of your qualifications and memberships.* |

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| **Registration** | |
| Do you hold Qualified Teacher Status? | Yes  No |
| If yes, please give details of award by DfES | Click or tap here to enter text. |
| QTS Certificate No. (if available) | Click or tap here to enter text. |
| Route by which QTS acquired | Annual College Exit – Graduate Course  Annual College Exit – Post Graduate Course  Flexible Routes  Graduate Teacher Programme  Overseas Trained Teacher Programme  Overseas Trained Teacher – not yet on programme  Registered Teacher Programme  Teach First Programme  School Direct  School Direct (salaried) |
| Have you successfully completed a period of induction as a qualified teacher in this country | Yes  No |
| If yes, please give date of completion | Click or tap here to enter text. |
| Are you subject to any conditions or prohibitions placed on you by the General Teaching Council? | Yes  No |
| If yes, please give details | Click or tap here to enter text. |

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| **Qualifications, Short Courses and Training** | | |
| **Date** | **School/College/University/Awarding Body** | **Qualifications Achieved** |
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| All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a Trust Director, School Governor or an employee of the Castleman Academy Trust to use their influence to help you get a job. | |
| If selected for interview, you must, at that stage, make known any personal or business relationship which may conflict with the role applied for. | |
| Are you related to a Trust Director, School Governor or employee of the Castleman Academy Trust? Yes  No | |
| If ‘yes’, please provide | Name: Click or tap here to enter text. |
| Relationship: Click or tap here to enter text. |
| If selected for interview would you prefer to be contacted by : | Phone  Email |

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| **DATA PROTECTION LEGISLATION** |
| The information you have provided will be held in compliance with the Data Protection Regulations 2018. If you have previous Local Government service or other service which counts as continuous, the Castleman Academy Trust will seek confirmation from your last Authority of your date of employment for continuous service purposes in the event of you being offered the post. The Trust will also seek details of the number of day’s sickness absence (not reasons) in the last 12 months for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form. |

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| **DECLARATION** |
| I declare that the information I have provided on this application form is full, accurate and complete. I understand that if I provide false information or fail to provide full complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of employment or, to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure Barring Service checks, where applicable. I have read the Trust’s Recruitment Privacy Notice and give my consent for the personal data supplied to be used for the purposes of recruitment and selection as laid out in that Notice.  Signature: Click or tap here to enter text.  Date Click or tap to enter a date.  Thank you for your application |

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| **EQUAL OPPORTUNITIES** |
| The Castleman Academy Trust will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified. In order to help the Trust monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This slip will be detached from your application form upon receipt and the information will not be taken into account when shortlisting or making the appointment. If you are successful at interview and take up employment with the Trust, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998. |

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| **Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Gender** | Male  Female |
| **Position Applied for** | Click or tap here to enter text. |
| **School** | Ferndown Middle School |

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| **Disability –** *For more information, please contact the Equality and Human Rights Commission Helpline on 0808 800 0082* | |
| Do you consider yourself to have a disability under the Equality Act 2010?  A disability is defined as a ‘physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities.’ | Yes  No  Prefer not to say |

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| **Nationality** | Click or tap here to enter text. |

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| **Ethnic Origin** | White | British  Irish |  |
| Mixed | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background |  |
| Asian or Asian British | Indian  Pakistani  Bangladeshi  Any other Asian background |  |
| Black or Black British | Caribbean  African  Any other Black background |  |
| Other Ethnic Group | Chinese  Any other Ethnic group |  |

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| **Sexual Orientation** | Heterosexual |  |
| Bisexual |  |
| Gay/Lesbian |  |
| Prefer not to say |  |

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| **Religion and Belief** | | | | | |
| Agnostic | Atheist | Baha’l Faith | Buddhism | Christianity | Hinduism |
| Islam | Jainism | Judaism | Sikhism | Zoroastrianism | Other |
| None | Prefer not to say |  |  |  |  |