

Application Form

| Applicant Surname (CAPITAL LETTERS): | |
|--------------------------------------|--|
| | |

Please email your completed application form to: https://hr@berlesduna.co.uk or return by post to: Berlesduna Academy Trust, School House, Church Road, Basildon, Essex SS14 2EX by the closing date.

Thank you for your interest in this post.

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.

Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found on the reverse of this form. When submitting this form electronically you will be required to confirm the information is accurate by ticking the box in section 15.

If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process please contact the school office.

| | Section 1 |
|---------------------------------|-----------|
| Post Details | |
| Application for appointment as: | |
| School: | |
| Reference no. (if applicable) | |
| Closing date: | |
| | |
| | |



| | Dava anal Dataila | | Section 2 |
|--|---|--------------------------------|-----------|
| Previous names: | Personal Details | | |
| Home email address: Work telephone no: Work email address: National Insurance no: No No Present Employment (if currently employed) Employer's name and address (if applicable): Nature of business: Current post title: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | | | |
| Nork telephone no: Work email address: | Previous names: | Date of birth: | |
| National Insurance no: | Home telephone no: | Home email address: | |
| National Insurance no: | Work telephone no: | Work email address: | |
| Present Employment (if currently employed) Employer's name and address (if applicable): Nature of business: Current post title: Date appointed: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | Address: | | |
| Present Employment (if currently employed) Employer's name and address (if applicable): Nature of business: Current post title: Date appointed: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | | National Insurance no: | |
| Present Employment (if currently employed) Employer's name and address (if applicable): Nature of business: Current post title: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | Do you have the right to work in the UK? | Yes No | |
| Present Employment (if currently employed) Employer's name and address (if applicable): Nature of business: Current post title: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | | | |
| Present Employment (if currently employed) Employer's name and address (if applicable): Nature of business: Current post title: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | | | Section 3 |
| Nature of business: Current post title: Date appointed: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | Present Employment (if currently | employed) | |
| Current post title: Date appointed: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | Employer's name and address (if applicable) | : | |
| Current post title: Date appointed: Grade/salary range: Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | | | |
| Current salary: £ Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | Nature of business: | | |
| Notice required: Allowance(s) received: Type(s) Reason for leaving: Value(s): £ | Current post title: | Date appointed: | |
| Reason for leaving: Value(s): £ | Grade/salary range: | _ Current salary: £ | |
| | Notice required: | _ Allowance(s) received: Type(| s) |
| Please tick the box if you do not wish to be contacted at work | Reason for leaving: | Value | e(s): £ |
| | Please tick the box if you do not wish to b | pe contacted at work | |



Reason for leaving

| Brief outline of duties in your current or most recent job | Section 4 | |
|--|-----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Previous Employment Sec | tion 5 | |
| Please include all full time and part time positions. Please list the moand continue on a separate sheet if necessary. | st recent first | |

Job Title

End date

Start date

Employer



| Breaks in | Employment | Histor | ·V | | Section 6 |
|-------------------------------|------------------------|------------|--|--------|-----------|
| If you have periods and | had any breaks | in emplo | yment since leaving sch ese times e.g. unemploy | | |
| Start date | End date | | Reason for break | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Ability to | travel (if requ | ıired) | | | Section 7 |
| Do you have a | a valid driving licend | ce? | | Yes | No |
| Do you have a purposes? | access to a vehicle | which you | are able to use for work | Yes | No |
| lf not, are you transport? | able to travel, for v | vork purpo | ses, by another means of | Yes | No |
| Secondar | y School Edu | ıcation | (please list most recent | first) | Section 8 |
| School(s) | From | То | Qualification/subject obtained and awarding body | Grade | Dates |
| | | | | | |



| Continuing Education (University/College/Apprenticeships etc.) | | | | Section 9 |
|---|------------------|---|------------------|------------|
| Please list most recent f | | | . , | |
| ducation Establishments I | From To | Qualification/subject obtained and awardined body | ng Gra | ade Dates |
| | | | | |
| Professional Qualif | | ciation membership | | Section 10 |
| Do you hold Qualified Teach | ner Status (QTS) | ? | Yes N | 0 |
| Teacher Reference Number: | | | | |
| If yes please complete Date NQT Statutory Induction maintained schools) | | | (statutory requi | ement for |
| Started: | | Completed: | | |
| | | | | |
| Other relevant training the last five year | 'S | • | | Section 11 |
| Please list the most recent | 1 | · | • | |
| Brief description/Course title | e | Date | Organisin | g boay |



Section 12

Information in support of this application

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary). If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.



Section 13

Name

References

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

| Address: | Address: | | |
|--|------------------------------------|----------------------|--|
| Position: | | | |
| Telephone number: | | | |
| Relationship between referee and applicant: | | | |
| Period of time applicant known to referee: | | | |
| Email address: | Email address: | | |
| Note: (i) Referees will be contacted before into | erviews. | | |
| (ii) If either of your referees know you by | another name please give detail | S. | |
| (iii) The school may contact other previou | us employers for a reference with | out your consent. | |
| (iv) References will not be accepted from | | solely in the | |
| Close Personal Relationships | | Section 14 | |
| Are you a relative or partner, or do you have a close or Governor of the establishment to which your app employee of Essex County Council)? If 'yes', pleas (see notes below). | olication is being made (or to any | County Councillor or | |
| | Yes | No | |
| Failure to disclosure a close personal relationship a Canvassing of Governors, Trustees, County Council by or on your behalf is not allowed. | | school/Essex County | |



Section 15

Please read the following statements and information relating to your application carefully. By submitting this form and clicking on the box below you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.

Declaration

I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.

Disclosure of Criminal Convictions

Short-listed candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application.

A conviction/caution/reprimand will not necessarily be a bar to obtaining employment, save in the case of management positions where a S128 Direction issued by the Secretary of State will prohibit employment.

Safer Recruitment and Childcare Disqualification Checks

I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.

Short listed candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2009 ("the Regulations") will be asked to complete a Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.

Data Protection

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.



Data Protection (continued)

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

If I am the successful applicant I acknowledge that this information will be retained in line with the school's retention schedule. If I am not the successful candidate I acknowledge this information will be retained by the school in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.

All forms submitted (in paper or electronic format) will be held securely by the school in line with their data protection policy.

Thank you for applying for this post and your interest in working for this school. It is not our normal practice to acknowledge receipt of paper applications. If you submit this form electronically you will receive confirmation that the form has been received.

| Name: | Date: | |
|---------|-------|--|
| _ | | |
| Signed: | | |



Recruitment Monitoring Information

| Reference No: | | Post Title: | | |
|---|---|--------------------------------|--------------------|--|
| Last Name: | | First Name(s): | | |
| Berlesduna Academy Trust is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. There is no obligation on you to provide this information. All applicants will be treated the same regardless of whether or not they provide this information. The information you provide will be used for monitoring and statistical data purposes only and will not be seen by the shortlisting panel. This section will be detached from the application form prior to shortlisting. If you do not wish to share this information, you can select the 'prefer not to say' option. | | | | |
| Age | | | | |
| 15-19 20-24 25-29 30-34 | 35-39 40-44 45-49 50-54 | 55-59 60-64 65-69 70+ | Prefer not to say | |
| Gender | | | | |
| Male | Female | Prefer not to sa | У | |
| Ethnic origin | | | | |
| Asian/Asian Br | itish – Bangladeshi | Mixed – White a | nd Asian | |
| Asian/Asian Br | itish – Indian | Mixed – White a | nd Black African | |
| Asian/Asian Br | itish – Pakistani | Mixed – White a | nd Black Caribbean | |
| Asian/Asian Br | itish – Other | Mixed other | | |
| Black/Black Bri | Black/Black British – African White – British | | | |
| Black/Black Bri | tish – Caribbean | White – Irish | | |
| Black/Black Bri | tish – Other | White – Other | | |
| Chinese | | | | |
| Sexual orient | ation | Prefer not to say | У | |
| Heterosexual | Lesbian | Transgender | | |
| Bisexual | Gay | Other (please s | pecify) | |
| Prefer not to | say | | Continued overleaf | |

The information contained on this form will be held on a computer file for one month

Disability

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Disability Discrimination Act 1995 is as follows: 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

To be protected under the Act.

- An individual must have an impairment which can be physical or mental. It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) and
- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people. The effect of your impairment on everyday activities is considered as it would be without medication or aids. The only exception is eyesight which should be judged when an individual is wearing their usual lenses or spectacles).
- The effect an impairment may have on day-to-day activities is defined in the Act as falling within the following categories:
 - mobility
 - manual dexterity
 - physical co-ordination
 - continence
 - ability to lift, carry or otherwise move everyday objects
 - speech, hearing or eyesight
 - memory or ability to concentrate, learn or understand
 - perception of the risk of physical danger

| I do consider myself to have a disability as defined by the Disability Discrimination Act 1995 (as |
|---|
| detailed above). |
| do not consider myself to have a disability as defined by the Disability Discrimination Act 1995 (as detailed above). |
| prefer not to say. |
| |
| Data Protection Act |
| I hereby give my consent for the Recruitment Monitoring Information provided on this form to be |
| held on computer or other relevant filing systems for 4 working weeks, after which time it will be |
| destroyed. I acknowledge the data is collated for purposes of equal opportunities monitoring and will be |
| processed in accordance with the Data Protection Policy. |
| |
| Signed: Date: |

