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| **VACANCY DETAILS** |
| Job Title: |       | Post ref: |       |
| Service Unit/School: |       | How did you hear about this vacancy? |       |
| **PERSONAL DETAILS** |
| Surname: |       | Forenames: |       |
| Previous surname: |       | Preferred forename: |       |
| Address: |       | Title – Mr/Mrs/Miss/Ms/Dr: |       |
|       | Work phone no. |       |
|       | Home phone no. |       |
|       | Mobile phone no. |       |
| Postcode: |       | Email: |       |
| **NATIONAL INSURANCE NUMBER** |       |
| **ELIGIBILITY TO WORK IN THE UK** |
| Do you have permission to work in the UK? | Yes [ ]  | No [ ]  |
| If no, please give details: |       |

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|  | **DISABILITY CONFIDENT - EMPLOYER**All disabled applicants who satisfy the minimum criteria will be offered an interview.If you consider you have a disability within the provisions of the Equality Act 2010, please tick the box [ ]  |

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| **CURRENT/MOST RECENT EMPLOYMENT** (you do not need to repeat these details in the Previous Employment History section) |
| Employer/LA name and address: |
|       |
|       |
| Your job title:  |       | Date appointed: |       |
| Current salary:  |       | Common/upper pay spine point: |       |
| Age range taught and subject: |       | Notice period: |       |
| Main duties: |       |
| Reason for leaving: |       |
| May we contact you at work if necessary? |  | Yes [ ]  | No [ ]  |

**PREVIOUS EMPLOYMENT HISTORY (most recent first)**

 Please explain any gaps in your employment history.

 We reserve the right to obtain references or to contact previous employers in addition to your named referees.

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| **PREVIOUS TEACHING EMPLOYMENT** |
| ***Post held and*** ***responsibilities*** | ***F/T or*** ***P/T*** | ***School/Establishment*** | ***Name of LA or*** ***employer*** | ***Age Range*** ***Taught*** | ***Date from*** ***and to***  | ***Reason for leaving*** |
|  |  |  |  |  |  |  |

Please continue on a separate sheet if required

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| **OTHER EMPLOYMENT** |
| ***Employer’s name and address*** | ***Job Title*** | ***Brief Description of duties*** |  ***Dates*** |
|  ***From*** |  ***To*** |
|  |  |  |  |

*Please continue on a separate sheet if required*

**REFERENCES**

Referees named on this form 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(s) / Head Teacher or a suitable professional. We may contact **referees prior to interview. If you do not wish us to contact the referee before interview please enter ‘x’ in the box.**

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| **CURRENT (MOST RECENT) EMPLOYER** **[ ]**  | **PREVIOUS EMPLOYER** **[ ]**  |
| Name (title, forename, surname) | Name (title, forename, surname) |
| Capacity known to you | Capacity known to you |
| Organisation | Organisation |
| Email: | Email: |
| Telephone Number: | Telephone Number: |
| Address: | Address: |
|  |  |

The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview or not. Please use this space to state how your skills, experience and training would enable you to meet the requirements of the job for which you are applying. 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 / PROFESSIONAL MEMBERSHIPS / OTHER TRAINING** (including HLTA status if applicable) |
| Dates | Name of school/college/university/awarding body/grade of membership | Qualification obtained (e.g. Degree / Pass or Hons/Class or Division) | Subjects / Special areas of study / age range |
|  |  |  |  |

Please continue on a separate sheet if required

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| **REGISTRATION** |
| Do you hold a Qualified Teacher Status? | Yes [ ]  | No [ ]  |
| If ‘yes’, please give date of the award by DfE. |       |
| Route by which Qualified Teacher Status agreed: |       |
| QTS certificate number (if available – please enclose a copy). |       |
| Have you successfully completed a period of inductionas a qualified teaching this country where the DfE required this? | Yes [ ]  | No [ ]  |
| If ‘yes’, please give date of completion.  |       |
| Please provide your Teacher Reference number |       |
| Date passed threshold: |       |

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| Are you related to a Councillor, School Governor or employee of the Council? Yes [ ]  No [ ] If ‘yes’ please provide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a Councillor, School Governor or employee of the Council 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. |
| If you are selected for interview the Council would prefer to contact you by email. Please select: email [ ]  letter [ ]  |

**DATA PROTECTION LEGISLATION**



**The information you have provided will be held in compliance with the Data Protection Act 1998.**

If you have previous Local Government service or other service which counts as continuous, the Council 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 Council 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.

**DECLARATION**

I declare that the information I have provided on this application form is full, accurate and complete and 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 appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory completion of recruitment checks applicable to the post.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed application form to:

**CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

The Council 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 Council 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 making the appointment**

If you are successful at interview and take up employment with the Council, 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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Unit/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**

Male [ ]

Female [ ]

**DISABILITY**

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 [ ]

For more details, please contact the Equal Rights Commission Helpline on 0845 604 6610

**NATIONALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNIC ORIGIN**

**White**

British [ ]

Irish [ ]

Any other White background [ ]

**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 [ ]

**SEXUAL ORIENTATION**

Heterosexual [ ]

Bisexual [ ]

Gay/Lesbian [ ]

Prefer not to say [ ]

**RELIGION AND BELIEF**

Agnostic [ ]  Atheist [ ]

Baha’I Faith [ ]  Buddhism [ ]

Christianity [ ]  Hinduism [ ]

Islam [ ]  Jainism [ ]

Judaism [ ]  Sikhism [ ]

Zoroastriansim [ ]  Other [ ]

None [ ]  Prefer not to say [ ]