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| **JOB APPLICATION FORM**  **STRICTLY PRIVATE & CONFIDENTIAL** | | | | | | |
| **POST TITLE:** |  | | | | | |
| **CLOSING DATE:** |  | | | | | |
| *Please complete this form electronically and return by EMAIL to:*  [hr@khalsasecondaryacademy.com](mailto:hr@khalsasecondaryacademy.com)  ***N.B. Application forms which are incomplete and / or not received by the closing date will not be considered.*** | | | | | | |
| Surname | Forename | | | | | |
| Previous Surname | Preferred Title (e.g. Mr, Miss, Mrs, Ms) | | | | | |
| Home Address  Postcode | Home Telephone | | | | | |
| Mobile Telephone | | | | | |
| Work Telephone (if it is convenient for contacting you) | | | | | |
| How long have you lived at this address? | Previous address (if lived at current address less than 5 years)  Postcode: | | | | | |
| Email Address\*\* | | | | | | |
| \*\* If you have provided an email address, this will be the method by which you will be contacted. However, if you DO NOT wish to be contacted by email, please tick the box ☐ | | | | | | |
| Date of birth: | | | | | | |
| National Insurance Number | |  |  | |  |  |
| Do you hold Qualified Teacher Status? (Teaching posts only) | | | | Yes ☐ | | No ☐ |
| If yes, please give date of award & Teacher Reference number (TRN): | |  | |  | |  |
| If no, are you registered with the GTCE as an Instructor?  Please provide your TRN in the box above | | | | Yes ☐ | | No ☐ |
| Are you entitled to work in the UK?  (You will be asked to provide evidence) | | | | Yes ☐ | | No ☐ |
| Do you need a Certificate of Sponsorship? | | | | Yes ☐ | | No ☐ |
| Do you hold a full valid driving licence? | | | | Yes ☐ | | No ☐ |
| Do you have the daily use of a car? | | | | Yes ☐ | | No ☐ |
| Have you previously sought employment with Sikh Academies Trust?  If YES, please give details | | | | Yes ☐ | | No ☐ |

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| **PRESENT EMPLOYMENT**  *(if currently unemployed please give details of last employer****)*** | | | |
| Name, address and telephone number | | | |
| Date of commencement | Job Title | | Date appointment ended |
| Please give a brief description of your duties | | | |
| Present basic salary | | Notice required | |
| Full or part time (FTE) | | Reason for leaving | |
| Additional payments or benefits | | | |

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| **EMPLOYMENT HISTORY**  *Please list your work experience since leaving full time education. Start with the most recent employer. Please use a separate sheet if necessary*. *All gaps in employment* ***must*** *be accounted for, please see below. \** | | |
| **Dates  From/To**  **DD/MM/YY** | **Employer’s name & address** | **Job Title**  **Brief summary of duties and reason for leaving** |
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| **Voluntary/Unpaid Activities** | | | | | | |
| **From** | **To** | | **Position** | | **Brief details of duties** | **Name of organisation** |
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| **\*Periods when not employed**  *All gaps/periods between jobs must be accounted for. Please provide details of periods of unemployment or the reason for any gap in employment and reasons for these.* | | | | | | |
| **Start date** | | **Finish date** | | **Reason** | | |
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| **SECONDARY EDUCATION**  *(You will be required to produce evidence to demonstrate you have obtained all qualifications that you rely upon to support your application)* | | | | | |
| **Dates** | | **Name & address of School** | **Examinations Passed** | | |
| **From** | **To** | Awarding body | Qualification | Grade |
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| FURTHER EDUCATION *(You will be required to produce evidence to demonstrate you have obtained all qualifications that you rely upon to support your application)* | | | | | |
| **Dates** | | **Name & address of College / University** | **Examinations Passed** | | |
| **From** | **To** | **Awarding Body** | Qualification | Grade |
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| **Other Qualifications held including vocational qualifications** | **Dates Awarded** |
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| Are you a member of a professional body? Yes ☐ No ☐  If yes, please specify: | |

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| **SUPPLEMENTARY QUESTIONS** |
| This post is exempt from the Rehabilitation of Offenders Act 1974, therefore all convictions, **including all spent convictions**, must be declared. Do you have any past, present or pending convictions, cautions, warnings, prosecutions or bind overs? Yes ☐ No ☐  **If yes, you are required to provide details of the offence(s), in a sealed envelope marked confidential, and attach it to this application.** |
| (For Teaching Posts only) Have you **ever** had any sanctions and/or warnings imposed by the GTCE?  Yes ☐ No ☐  If so, please give details including the date on which any sanction/warning expires. |
| Have you **ever** had any sanctions and/or warnings imposed by the Department for Education?  Yes ☐ No ☐  If so, please give details including the date on which any sanction/warning expires. |
| (For Teaching Posts only) Please give details of special areas of teaching interest. |
| Do you have a personal relationship with any employees of the school or a member of the Governing Body of the School or Slough Borough Council? Yes ☐ No ☐  If yes, please give details |
| What are your interests? |
| Website or publication in which advertisement was seen |
| Do you have a disability? Yes ☐ No ☐  If so, please state what type of adjustments to arrangements that would assist you in overcoming any disadvantage your disability might otherwise cause you during the recruitment and selection process and / or at work. |

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| **REFERENCES** | | |
| Please give the names and addresses of two referees, one of which **MUST** be your present or last employer or Head Teacher. If your work does not currently involve working with children however you have worked with children in the past, please provide details of a suitable referee from the organisation where you most recently worked with children. **Please note that as part of our commitment to safeguarding the welfare of children and young people it is our policy to obtain all references prior to interview.** | | |
| Name of referee: | Name of referee: | |
| Job Title: | Job Title: | |
| Name and address of organisation:    Postcode: | Name and address of organisation:    Postcode: | |
| Email address | Email address | |
| Telephone number | Telephone number | |
| Relationship to you | Relationship to you | |
| May we approach this referee before the interview?  Yes ☐ No ☐ | May we approach this referee before the interview?  Yes ☐ No ☐ | |
| I declare that the information set out in this application form is true, accurate and complete. I understand that if my application is incomplete this form may be returned to me for completion before it can be considered. I also understand that if I have omitted facts which may have a bearing on my application or if there are any anomalies on this form these will be explored by the school. Any false statement will result in rejection as a candidate and/or dismissal if appointed, and if appropriate, possible referral to the police.  In accordance with the Data Protection Act I expressly agree that the school may use and process the information on this form as necessary, and for any legitimate purposes of the School.  For the following statements please tick the appropriate box 🗹  \*I have not been placed on either the Children’s List or the Adult’s List. I have not been disqualified from working with children, or subject to sanctions imposed by a regulatory body, e.g. GTCE, DfE. I have no convictions, cautions, warnings, prosecutions or bindovers, past, present or pending. ◻  \*I have attached details of my record referred to above in a sealed envelope marked confidential. These details will not be considered unless you are shortlisted for the role. They will only be taken into account if we consider they are relevant to the role you have applied for, in which case we will ask you relevant questions at interview. ◻  I understand that if I am successful, my employment will be subject to satisfactory Enhanced Criminal Records Bureau clearance and I agree to any pre-employment screening relevant to my application. | | |
| Signed | | Date |

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| **PERSONAL STATEMENT** |
| Please use the space below to detail the skills and experience that demonstrate your suitability for the role against the criteria detailed in the person specification. Please continue on a separate sheet if necessary |

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| **SIKH ACADEMIES TRUST  RECRUITMENT MONITORING FORM** |

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| **STRICTLY CONFIDENTIAL** |

**This sheet will be separated from your application form upon receipt and does not form part of the selection process.**

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| **Application for the post of:**  **Name:** |

Sikh Academies Trust aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, the Council requests that all applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

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| **What is your Ethnic Group**  Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background | |
| **A. White**  British ☐  Irish ☐  Other, please write in  **B. Mixed**  White and Black Caribbean ☐  White and Black African ☐  White and Asian ☐  Other, please write in    **C. Asian or Asian British**  Indian ☐  Pakistani ☐  Bangladeshi ☐  Sikh ☐  Other, please write in | **D. Black or Black British**  Caribbean ☐  African ☐  Other, please write in  **E. Chinese or other ethnic group**  Chinese ☐  Other, please write in  **F. I do not wish to provide this ☐  information.** |

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| **Gender** Male ☐ Female ☐ |

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| **Disability –** Do you have a disability? If so, please state what type of adjustments to working arrangements would assist you in overcoming any disadvantage that your disability might otherwise cause you at work.  Please tick one box. | | | |
| 00 - None. | ☐ | 06 - You have mental health difficulties. | ☐ |
| 01 - You have a specific learning difficulty (for example dyslexia). | ☐ | 07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. | ☐ |
| 02 - You are blind or partially sighted. | ☐ | 08 - You have two or more of the above. | ☐ |
| 03 - You are deaf or hard of hearing. | ☐ | 09 - You have a disability, special need or medical condition that is not listed above. | ☐ |
| 04 - You use a wheelchair or have mobility difficulties. | ☐ | 10 - I do not wish to provide this information. | ☐ |
| 05 - You have Autistic Spectrum Disorder or Asperger Syndrome. | ☐ | | |

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| **Present Status**  Internal Applicant ☐ External Applicant ☐ |

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| **Media**  Please state where you saw this post advertised:  If other, please state: |