## Headteacher application form

Position applied for: Headteacher

**School:** Holy Trinity Church of England Primary School & Community Nursery

Location: Cross Road, Weymouth, Dorset DT4 9QX

Employer: Dorset Council



| Please comple         | ete and email this t | orm to Set  | n vvny, Cr | nair of Govern | nors, <u>swny@</u> | nolytrinityp | ri.dorset.scn.uk |
|-----------------------|----------------------|-------------|------------|----------------|--------------------|--------------|------------------|
| Where did yo          | u see the vacanc     | y advertise | ed?        |                |                    |              |                  |
| Personal deta         | ails                 |             |            |                |                    |              |                  |
| Preferred title       | ):                   |             | Dr         |                | Lady               |              | Lord             |
|                       |                      |             | Miss       |                | Mr                 |              | Mrs              |
|                       |                      |             | Ms         |                | Prof               |              | Rev              |
| Forenames (g          | given name):         |             |            | 1              | 1                  | 1            |                  |
| Surname (fan          | nily name):          |             |            |                |                    |              |                  |
| Known as:             |                      |             |            |                |                    |              |                  |
| Email addres          | s:                   |             |            |                |                    |              |                  |
| Home telepho          | one number:          |             |            |                |                    |              |                  |
| Work telepho          | ne number:           |             |            |                |                    |              |                  |
| Mobile teleph         | one:                 |             |            |                |                    |              |                  |
| Preferred cor number: | ntact telephone      |             | Home       |                | Work               |              | Mobile           |
| Address 1:            |                      |             |            |                |                    |              |                  |
| Address 2:            |                      |             |            |                |                    |              |                  |
| Town/city:            |                      |             |            |                |                    |              |                  |
| County:               |                      |             |            |                |                    |              |                  |
| Postcode:             |                      |             |            |                |                    |              |                  |
| Country:              |                      |             |            |                |                    |              |                  |
| Are you curre         | ently an employee    | e of Dorse  | t Council  | ?              |                    |              |                  |
|                       |                      |             |            |                | No                 |              |                  |
| Are you at ris        | 7                    | and theref  |            |                | considerati        |              |                  |
|                       | Yes                  |             | l N        | 0              | I                  | l l N        | /A               |

| Disability declaration  |                          |                         |                     |  |  |  |  |
|---|--------------------------|-------------------------|---------------------|--|--|--|--|
| The Council welcomes applications from disabled people and guarantees to interview disabled candidates who meet the essential requirements of the post applied for. For this purpose 'disability' means any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities. |                          |                         |                     |  |  |  |  |
| I have a disability and wish to be given a guaranteed interview under the Council's commitment Disability Confident employer.   |                          |                         |                     |  |  |  |  |
| Please indicate below if you have any special requirements regarding attendance at interview.   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
| Employment history  |                          |                         |                     |  |  |  |  |
| Please give details of your   | employment history, star | ting with your current  | or most recent job. |  |  |  |  |
| Employers (from most recent)  | Position                 | Start / Finish<br>Dates | Reasons for leaving |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |
|   |                          |                         |                     |  |  |  |  |

| Education, qualifications and training  Shortlisted candidates will be expected to provide evidence of the qualifications listed on this application. |  |  |  |  |  |
|---|--|--|--|--|--|
| Qualifications including grades Awarding body Date  |  |  |  |  |  |
|   |  |  |  |  |  |

| Other relevant qualifications and training  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Any other relevant qualifications and training, taken or to be taken, including short courses, with dates |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Membership of professional/technical bodies   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

| Please use this section to explain how your skills, experience and knowledge would make you a suitable tandidate for the post. This could include voluntary work, leisure interests and other activities, which you consider to be relevant to the position. In completing this section it is important that you refer to the equirements in the job description/person specification and provide evidence of how you meet the issential and desirable criteria. |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| Please provide contact details for two people who have agreed to give an employment reference on your behalf. These references must be from your two most recent places of work or education. The council/school also reserves the right to approach any previous employer to confirm factual information about your previous employment record. |  |  |  |  |
|--|--|--|--|--|
| Note: References may be taken up prior to interview if you are shortlisted.  |  |  |  |  |
| First reference:   |  |  |  |  |
| Name of referee:   |  |  |  |  |
| Employer's name:   |  |  |  |  |
| Address 1:   |  |  |  |  |
| Address 2:   |  |  |  |  |
| Town/city:   |  |  |  |  |
| County:  |  |  |  |  |
| Postcode (e.g. DT1 1XJ):   |  |  |  |  |
| Country:   |  |  |  |  |
| Telephone number:  |  |  |  |  |
| Email address:   |  |  |  |  |
| Relationship to you (e.g. manager/headteacher):  |  |  |  |  |
| Second reference:  |  |  |  |  |
| Name of referee:   |  |  |  |  |
| Employer's name:   |  |  |  |  |
| Address 1:   |  |  |  |  |
| Address 2:   |  |  |  |  |
| Town/city:   |  |  |  |  |
| County:  |  |  |  |  |
| Postcode (e.g. DT1 1XJ):   |  |  |  |  |
| Country:   |  |  |  |  |
| Telephone number:  |  |  |  |  |
| Email address:   |  |  |  |  |
| Relationship to you (e.g. manager/headteacher):  |  |  |  |  |
|  |  |  |  |  |
| If you wish to be contacted before references are taken up please give details below:  |  |  |  |  |
|  |  |  |  |  |

References

| Miscellaneous   |      |  |  |  |  |
|---|------|--|--|--|--|
| Do you possess a current driving licence?   |      |  |  |  |  |
| Yes   | No   |  |  |  |  |
| Do you have the use of a vehicle or other appropriate means of transport?   |      |  |  |  |  |
| Yes   | □ No |  |  |  |  |
| National Insurance number:  |      |  |  |  |  |
| Are you related to an employee of the council, an elected councillor, or a governor of the school?  |      |  |  |  |  |
| Yes   | No   |  |  |  |  |
| If yes, please give details:  |      |  |  |  |  |
|   |      |  |  |  |  |
|   |      |  |  |  |  |
| Declarations  |      |  |  |  |  |
| 1 he post you are applying for is exempt from the F<br>1975 (Amendment) (England and Wales) Order 20<br>concerning spent or unspent convictions, cautions |      |  |  |  |  |
| Do you have any adult spent or unspent convictions, cautions, reprimands or warnings?   |      |  |  |  |  |
| Yes   | □ No |  |  |  |  |
| Are you barred from working with children or vulnerable adults?   |      |  |  |  |  |
| Yes   | □ No |  |  |  |  |
| Do you hold qualified teacher status (QTS/QTLS)?  |      |  |  |  |  |
| Yes   | □ No |  |  |  |  |
| Date of award:  |      |  |  |  |  |
| QTS certificate number (if applicable):   |      |  |  |  |  |
| Teacher service number (TSN):   |      |  |  |  |  |

| Are you subject to any sanctions imposed by the NCTL?  |                | Yes | No |  |  |  |
|--|----------------|-----|----|--|--|--|
| If yes, please give details:   |                |     |    |  |  |  |
|  |                |     |    |  |  |  |
| Teachers induction period (applicable to those teachers who qualified after May 1999). Have you successfully completed a period of probation?  |                |     |    |  |  |  |
| Yes  |                |     | No |  |  |  |
| For the purpose of the General Data Protection Act 2018 I give my consent to this form and related information being processed and retained on file and to the council verifying the information I have provided with relevant third parties in administering its recruitment process. I authorise the council to use this the information contained within the form, and any related information, in order to further my application for employment. I understand that the council may seek to verify the information I have provided with relevant third parties in administering its recruitment process.  I declare that the information given on this form is to the best of my knowledge and belief correct and I understand that if I give you any false information or fail to provide full and complete information it may lead to my dismissal if I am appointed. I further understand that canvassing councillors, senior officers or governors either directly or indirectly will disqualify me for appointment.  I have had the opportunity to consider the council's recruitment privacy notice* and understand that my application will be handled in accordance with the provisions of the same. |                |     |    |  |  |  |
| *The Dorset Council Privacy Notice is available upon request.  |                |     |    |  |  |  |
| I agree to the declarations mad  | e on this form |     |    |  |  |  |

| Diversity questionnaire  |  |              |                         |              |                                |                             |  |
|--|--|--------------|-------------------------|--------------|--------------------------------|-----------------------------|--|
| We will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to diversity and equality of opportunity in our employment policies and practices. Our aim is to promote diversity so that no employee or potential employee will be subject to unlawful or unfair discrimination because of gender, age, marital or civil partnership status, colour, race, nationality or other ethnic or national origin, disability, religion, sexual orientation, gender reassignment, pregnancy or maternity or membership or non-membership of a trade union or political beliefs. We will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified. |  |              |                         |              |                                |                             |  |
| In order to help us monitor the effectiveness of our Diversity Employment Policy (and for no other reason) all applicants are asked to provide the information requested below. This information is confidential and does not form part of your application and will not be taken into account when making the appointment.  |  |              |                         |              |                                |                             |  |
| Which of   | the following best describes                               | your ethi    | nic origin?             |              |                                |                             |  |
|  | White British  |              | White Irish             |              | An                             | y other white background    |  |
|  | White and Black Caribbean                                  |              | White and Black African |              | Wh                             | White and Asian             |  |
|  | Any other mixed background                                 | Indian       |                         | Pal          | Pakistani                      |                             |  |
|  | Bangladeshi  |              | Chinese                 |              | An                             | Any other Asian background  |  |
|  | Caribbean  | African [    |                         |              | An                             | Any other black background  |  |
|  | Arab   | Gypsy/Romany |                         | Iris         | h Traveller                    |                             |  |
|  | Any other ethnic background                                |              | Prefer not to say       | ,            |                                |                             |  |
| Gender   |  |              |                         |              |                                |                             |  |
|  | the following best describes all orientation?              | F            | Female N                | /lale        |                                | Gay/Lesbian                 |  |
| Heter  | Heterosexual/Straight Bisexual Other Prefer not to say     |              |                         |              |                                | Prefer not to say           |  |
| Do you consider yourself to have a disability?   |  |              |                         |              |                                |                             |  |
| which has a substantial and long term adverse effect on your ability   |  |              |                         |              |                                | Prefer not to say           |  |
|  | normal day to day activities) te answered yes to the above | please s     | state the type of c     | lisability w | hich ap                        | plies to you (please select |  |
|  |  | n impairm    | ent Visu                | al impairme  | ent                            | Learning disability         |  |
| Mental health illness Physical impairment Long standing illness or health condit   |  |              |                         |              | ng illness or health condition |                             |  |
| Please indicate below if you have any special requirements regarding attendance at interview   |  |              |                         |              |                                |                             |  |
|  |  |              |                         |              |                                |                             |  |
|  |  |              |                         |              |                                |                             |  |
|  |  |              |                         |              |                                |                             |  |
| Data of hi   | who to a delegans to a such                                |              |                         |              |                                |                             |  |
|  | rth (e.g. dd/mm/yyyy): the following best describes        | vour faitl   | h/religion/belief?      |              |                                |                             |  |
|  | and removining book docorrises                             |              |                         |              |                                |                             |  |
| Buddl  | nism   | Chr          | ristian                 |              |                                | Hindu                       |  |
| Jewis  | h  | Mus          | slim                    |              |                                | None/no religion            |  |
| Prefe  | r not to say   |              |                         |              |                                |                             |  |