|  |  |  |
| --- | --- | --- |
| **heron1** | **Y:\Free School\Sarah\Rivers Vision ID Front.jpg** | **Heronswood Primary School & Pre-School** |

|  |
| --- |
| **CONFIDENTIAL**  **Teaching Staff Application Form**  Please complete **All Sections** of this form as appropriate, and for ease of photocopying, complete in **Type** or **Black Ink.**  Please note sections 1 & 2 of this application form will be removed prior to shortlisting. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please return completed form to:** | hwoffice@riverscofe.co.uk | **Heronswood Primary School & Pre School**  **Heronswood Road**  **Kidderminster**  **Worcestershire DY10 4EX** | | |  |
| **Post Title:** | **INSERT HERE** | **Application Number:** |  | **Closing**  **Date:** |  |

|  |
| --- |
|  |
| **SECTION 1: PERSONAL DETAILS** |

|  |  |
| --- | --- |
| Title: | Last name: |
| First name (s | Former names: |
| Home Address:  Post Code: | Term address:  (if different)  Post Code: |
| Day/work Telephone: | Mobile Telephone: |
| E Mail address: | Home Telephone: |
| NI Number: |  |

|  |
| --- |
| disability and accessibility |
| The Trust has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.  If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require: |

|  |  |  |
| --- | --- | --- |
| relationship to the ACADEMY/TRUST | | |
| Please list any personal relationships that exist between you and any of the following members of the [school/trust] community:   * Trustees * Local Governors * Staff * Pupils   If you have a relationship with any of the above, this does not necessarily prevent them from acting as a referee for you. | | |
| **Name** | **Relationship** | **Role at Academy/Trust** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of Next to Kin (Person to contact in an emergency):** | | | | | |
| Name: |  | | | | |
| Address:  Post Code: |  | | | | |
| Telephone : |  | Mobile Number: |  | Relationship |  |

|  |
| --- |
| **Right to Work in the UK** |
| The Trust will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.  By signing this application, you agree to provide such evidence when requested. |

|  |
| --- |
| sign and date |
| Name (please print):  Sign:  Date: |

|  |
| --- |
| **SECTION 2: EQUAL OPPORTUNITIES** |

The Trust is committed to providing equality for opportunity for all and opposes all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality ethnic origin, martial status, age, sexuality, religious belief or disability. This information is optional and used for monitoring purposes only. All information will be treated as confidential and will not be used when shortlisting or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination and may be used for the production of de-personalised statistics

All information will be treated as confidential as it is classified as “sensitive” personal information within the GDPR regulations and is handled as such. This information will not be used when shortlisting or deciding on whether an applicant is successful or unsuccessful in obtaining employment.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What is your date of birth?** | | **D** | **D** | **M** | | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  | |  |  |  |  |  |
| **What is your sex?** | | ☐Male  ☐Female | | | | | | | | |
| **What gender are you?** | | ☐Male  ☐Female  ☐Other ☐ Prefer not to say | | | | | | | | |
| **Do you identify as the gender you were assigned at birth?** | | ☐Yes  ☐No ☐ Prefer not to say | | | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | | | | |
| **White**  ☐British  ☐Irish  ☐Gypsy or Irish Traveller  ☐Any other White background  **Asian or British Asian**  ☐Bangladeshi  ☐Indian  ☐Pakistani  ☐Chinese | **Black or Black British**  ☐African  ☐Caribbean  ☐Any other Black background  **Mixed**  ☐White and Asian  ☐White and Black African  ☐White and Black Caribbean  ☐Any other mixed background | | | | **Other Ethnic groups**  ☐Arab  ☐Any other ethnic group  ☐Prefer not to say | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Which of the following best describes your sexual orientation?** | | | |
| ☐Bisexual  ☐Heterosexual/straight  ☐Homosexual | | ☐Other  ☐Prefer not to say | |
| **What is your religion or belief?** | | | |
| ☐Agnostic  ☐Atheist  ☐Buddhist  ☐Christian  ☐Hindu | ☐Jain  ☐Jewish  ☐Muslim  ☐No religion | | ☐Other  ☐Pagan  ☐Sikh  ☐Prefer not to say |
| **Pregnancy and maternity** | | | |
| Are you pregnant?  ☐Yes  ☐No  ☐Prefer not to say | | Have you given birth within the last 12 months?  ☐Yes  ☐No  ☐Prefer not to say | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | |
| ☐Yes  ☐No  ☐Prefer not to say | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | |
| ☐Physical impairment  ☐Sensory impairment  ☐Learning disability/difficulty  ☐Long-standing illness  ☐Mental health condition  ☐Developmental condition  ☐Other | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Post Title:** |  | **Application Number:** |  |

|  |
| --- |
| **SECTION 3: TEACHING QUALIFICATIONS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **teacher status** | | | | |
| **Teacher reference number** |  | | | |
| **Do you have QTS?** |  | | | |
| **QTS certificate number (where applicable)** |  | | | |
| **Course undertaken to obtain QTS** |  | | | |
| **Date of qualification** |  | | | |
| **Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct?** |  | | | |
| **Are you subject to a General Teaching Council sanction or restriction?** |  | | | |
| **Age Group specialism** | Nursery |  | Key Stage 3 |  |
|  | Key Stage 1 |  | Key Stage 4 |  |
|  | Key Stage 2 |  | Special |  |
| Subject Specialisms (if applicable) |  | | | |
| Year Group(s) Preferred |  | | | |

|  |
| --- |
| **SECTION 3: EDUCATIONAL DETAILS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School/College/  University  (Name and Address) | Subject | Level (i.e.GCSE, A-Level, Degree etc) | Grade | Date Gained |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **SECTION 4: DETAILS of FURTHER EDUCATION/TRAINING**  **(Please list any training you have received)** |

|  |
| --- |
|  |

|  |
| --- |
| **SECTION 5: EXPERIENCE** |

**Please complete the following, starting with your current employment and include all employment. Any employment with temporary work agencies must show the agency as the employer as well as the business where the work was carried out. Please also include any breaks in employment history together with the reason for the break. Please complete the following accurately and include all experience since the age of 18, or since leaving full time education.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Post Title: | | |  | | |
| Name and Address of Employer: | | |  | | |
| Salary: |  | | Grade/Scale |  | |
| How long have you been employed/were you employed there: | | | From: |  | |
| To: |  | |
| Are you still employed there? | Yes: | No: | If yes, period of notice required: | |  |
| If No, reason for leaving: | |  | | | |
| Briefly Describe your present duties: | | | | | |

**Other Employment Details:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | | | Employers Name & Address | Position Held | Salary | | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr | | |
|  |  | | |  |  |  | |  |  |  |
| Responsibilities | | | | | |
|  | |  | |  | | | | | |
| Date | | | | Employers Name & Address | Position Held | Salary | | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | | | To:  Mth/Yr |
|  | |  | |  |  | |  |  |  |  |
| Responsibilities | | | | | |
|  | | | | | |
| Date | | | | Employers Name & Address | Position Held | Salary | | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | | | To:  Mth/Yr |
|  | |  | |  |  | |  |  |  |  |
| Responsibilities | | | | | |
|  | | | | | |
| Date | | | | Employers Name & Address | Position Held | Salary | | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | | | To:  Mth/Yr |
|  | |  | |  |  | |  |  |  |  |
| Responsibilities | | | | | |
|  | | | | | |
| Date | | | | Employers Name & Address | Position Held | Salary | | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | | | To:  Mth/Yr |
|  | |  | |  |  | |  |  |  |  |
| Responsibilities | | | | | |
|  | | | | | |
| Date | | | | Employers Name & Address | Position Held | Salary | | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | | | To:  Mth/Yr |
|  | |  | |  |  | |  |  |  |  |
| Responsibilities | | | | | |
|  | | | | | |

Please create additional boxes within this form if you need to add more employment information.

|  |
| --- |
| **SECTION 6: OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION** |

**Please use this page to outline any other information that may help your application.**

|  |
| --- |
|  |

|  |
| --- |
| **SECTION 7: REFERENCES** |

**Please provide the names, addresses and occupations of two referees (one of whom must be your present or most recent employer) who are willing to support your application:**

|  |  |
| --- | --- |
| **First referee (Present or Most Recent Employer)** | |
| Name: |  |
| Address:  Post Code: |  |
| Telephone Number: |  |
| E Mail: |  |
| Occupation: |  |
| **Second referee** | |
| Name: |  |
| Address:  Post Code: |  |
| Telephone Number: |  |
| E Mail: |  |
| Occupation: |  |

|  |  |  |
| --- | --- | --- |
| May we contact your current employer at this stage without further reference to you? | **Yes** | **No** |

|  |
| --- |
| **SECTION 8: PRIVACY AND DATA PROTECTION** |

|  |
| --- |
| The General Data Protection Regulations (GDPR) and Data Protection Act 1998 regulates your rights as an individual and how Rivers CoE Trust use and protect your information.    The Trust has a legal obligation to facilitate safe recruitment and to fulfil all legal responsibilities for recruitment and employment. As a result, this information may be disclosed, as appropriate, within the relevant Academy, Education Service, to the Academy Governors, to Occupational Health, to the West Midlands Pension providers, to the Department for Education and relevant statutory bodies.    As part of this process, your “public profile”, i.e. content that relates to you online in the public domain (such as publicly available social media details on Facebook, Instagram or Twitter) may be checked in relation to your application. The Trust will not record this information for any purpose unless you give explicit consent, which you may withdraw at any time (see below).    Once you submit this form, the Trust has a responsibility to retain this document. If you are unsuccessful for the post you can request for it to be destroyed. To do so, you must contact the Academy in writing. An email is acceptable and may be sent to hwoffice@riverscofe.co.uk  You may also note that because we have a duty to protect public/academy funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public/government/Trust funds.    The full privacy notice is available from HR. |

|  |
| --- |
| **SECTION 9: CONSENT, DISCLOSURE AND BARRING AND RECRUITMENT CHECKS** |
| **Consent**  The information collected on this form and other information which constitutes your personnel record will be used in compliance with the Data Protection Act 2018. The information is being collected for the purpose of administering the employment and training of employees.  The information may be disclosed, as appropriate, within the Rivers CofE Trust, to Trustees/Governors of academies, to Occupational Health and to other relevant public and statutory bodies. You should also note that because we have a duty to protect the public funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public funds.  I consent to my employer recording and processing the information detailed in this application form. I understand that this information may be used by my employer in pursuance of its business purposes and my consent is conditional upon my employer complying with their obligations under the Data Protection Act 2018.  Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job.  **Recruitment Checks**  The Governing Body has a legal responsibility to prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities and undertaking appropriate recruitment checks. The Governing Body will act reasonably in making decisions about the suitability of a prospective employee based on checks and evidence, including criminal record checks (Disclosure and Barring Service (DBS) checks), barred list checks and prohibition checks, together with references and interview information.  The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.  For posts in regulated activity, the DBS check will include a barred list check.  It is an offence to seek employment in regulated activity if you are on a barred list.  The DBS check will be used to ensure compliance with the Childcare Disqualification Regulations.  It is an offence to provide or manage childcare covered by these regulations if you are disqualified.  If you’ve lived or worked outside of the UK in the last 5 years for a period of 3 months or more, the Trust may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.  Depending upon the nature of the work you will be expected to undertake, the Head Teacher may also insist on further appropriate checks if a candidate has lived or worked abroad in the last 10 years.  **Have you lived or worked outside of the UK in the last 5 years?:** ☐Yes ☐No  Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.  We will not ask for any criminal records information until we’ve received the results of a DBS check.  Any convictions listed on a DBS check will be considered on a case-by-case basis. Any criminal record will be considered in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975. (2013 and 2020). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Declaration:**    For the purpose of the Data Protection Act 1998 and GDPR, I consent to the information contained in this form, and any information received by or on behalf of the Rivers CoE Trust relating to the subject matter of this form, being processed by them in administering the recruitment process.    I declare that the information I have given on this form is complete and accurate and I am not banned or disqualified from working with children, not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, the Secretary of State or a regulatory body. I also confirm I am in possession of the certificates I claim to hold. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment or dismissal at any time in the future, and possible criminal prosecution.     |  |  |  | | --- | --- | --- | | Signed by : | Print Name: | Date : | |  |  |  |   **Please check that all sections of this form have been completed and if returning by post, that you have signed the declaration above.**  **If sent electronically you will be asked to sign the form if you are interviewed.** |

**Any further information you would like to add – please write on separate sheet**

**N.B. CANVASSING FOR THIS APPOINTMENT WILL LEAD TO DISQUALIFICATION**