**Please return this form to:**

**Dobwalls C P School**

**Dobwalls, Liskeard**

**Cornwall, PL14 4LU**

**Application Form**

Please fill in **all** **sections** of the form using **black ink**/type. The information you provide will help us make a fair decision in the selection process**.** If you have any questions on how to complete this form, please contact **secretary@dobwalls.cornwall.sch.uk.** Forms should be completed in Word format and returned to **secretary@dobwalls.cornwall.sch.uk**

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| **About the role** | | | |
| Role applied for: |  |  |  |
| Location: | | |  |

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| **About you** | | | |
| Title: |  | Surname: |  |
| First name(s): |  | | |
| Home address: |  | Home phone: |  |
| Work phone: |  |
| Mobile: |  |
| Postcode: |  | Email: |  |

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| **Your current or most recent employment** | | | |
| **Note:** If you are applying for your first job, please provide any voluntary work/work experience in the “Previous employment or experience” section. | | | |
| Employer name: |  | Job title: |  |
| Employer address: |  | Salary: |  |
| Start date: |  |
| Leave date: (if applicable) |  |
| Reason for leaving: |  | | |
| Main duties and responsibilities: |  | | |

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| **Previous employment or experience** | | | | |
| Start with the most recent first and work backwards. You must explain any gaps in your work history since you left education (e.g. unemployment; career breaks; voluntary work; travel etc). | | | | |
| Dates (mm/yy) | | Employer  **or** Reason for gap | Job title, duties and responsibilities | Reason for leaving |
| From | To |
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| **Qualifications achieved from secondary, higher and further education** | | | |
| Type of qualification (GCSE, NVQ, Degree etc.) | Subject title of qualification | Grade | Date achieved  (dd/mm/yy) |
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| **Other training, courses and self-development** | | |
| Name of provider/college | Title of course/training, e.g. First Aid at Work | Qualification (if relevant) |
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| **Membership of professional bodies** | | | |
| Institute or association | Membership level | How obtained, e.g. through qualification or election | Date achieved  (mm/yy) |
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| **Teacher Training** | | | | |
| Do you have Qualified Teacher Status? | | | |  |
| Date achieved: | | | | |
| DFES GTC/Teacher reference number: | | | | |
| Statutory induction period (if qualified after 7 May 1999):- | | | | |
| Started: | | Completed: | | |
| Are you subject to any conditions or prohibitions placed on you by the GTC  (or other) in the UK? | | | |  |
| If yes, please enclose details with dates in a sealed envelope and attach to this form | | | | |
| **Teaching qualification (if not detailed above):** | | | | |
| Name of qualification, age range, subjects qualified to teach | Name of training provider | | Grade | Year achieved |
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| **Specific qualifications related to teaching and education:** | | | |
| Name of qualification (NPQH, SEN, PG Dip) | Provider | Grade | Date achieved (dd/mm/yy) |
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| **Your supporting statement** |
| This important part of your application will be used to decide if you meet the criteria and should be shortlisted for interview. Refer to the role information supplied and tell us how your skills and experience match. Use examples where possible and provide the situation or task, your action(s) and the result. Please where possible, provide relevant data and evidence of your impact.  If you are applying for your first job, provide examples of other relevant experience that will help us decide your suitability, e.g. gained through education, the community etc. |
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| **Selection requirements** |
| We will make reasonable adjustments to help a person with disabilities through the application and selection process. If you have any specific requirements to enable your participation and/or attendance during the selection process, please let us know: |
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| **References** | | | | | |
| Please provide references from **two different employers** (unless you have only had one previous employment of any kind). ***Do not use friends or relatives.* Please be aware that we will ask for references before your interview.** If any of your previous roles (voluntary or paid) involved working with children, young people and/or vulnerable adults, we will ask for information about past disciplinary issues relating to these vulnerable groups (including any in which the time penalty is ‘time expired’) and whether you have been subject to any child/vulnerable adult protection concerns and the outcome of any enquiry or disciplinary procedure. | | | | | |
| **Reference 1**: This **must** be your current or most recent employer or, if you do not have any previous employment, your most recent tutor (school, college or university). | | | **Reference 2**: If you have worked with children, young people or vulnerable adults in the past, but are not currently this **must** be the most recent employer by whom you were employed to work with these vulnerable groups. Otherwise, a reference of your choice. | | |
| Full name: |  | | Full name: |  | |
| Job title: |  | | Job title: |  | |
| Employer: |  | | Employer: |  | |
| Address: |  | | Address: |  | |
| Postcode: |  | | Postcode: |  | |
| Email: |  | | Email: |  | |
| Relationship to you: |  | | Relationship to you: |  | |
| Did this role involve working with children, young people and/or vulnerable adults? | | Yes / No | Did this role involve working with children, young people and/or vulnerable adults? | | Yes / No |

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| **Disclosure of interest** | |
| Have you ever received a redundancy payment or pension from a local authority, academy or other associated body listed under the Redundancy Payments (Continuity of Employment in Local Government, etc.) (Modification) Order 1999? | Yes / No |
| If yes, please give details including month and year: | |
| Are there any restrictions to you living and working in the UK which might affect your right to work for us (e.g. needing a work permit/visa)? | Yes / No |
| If yes, please provide details: | |
| The role information supplied will say if this post requires travel and, if so, if you need access to transport and/or a full current UK driving licence. | |
| If needed, do you have access to transport? | Yes / No |
| If needed, do you have a full current UK driving licence? | Yes / No |
| The Working Time Regulations (1998) require us to check the hours worked by employees. Would this role be your only employment? | Yes / No |
| If no, please provide details of your other role(s) and the days and hours you work: | |
| Canvassing of our employees and leaders (asking them to help you get this role), directly or indirectly, for any appointment will disqualify your application. Also, if you fail to declare any relationship with an employee or leader of SMART your application may be disqualified and, if appointed, you may be dismissed without notice. | |
| Are you related to, or have you formed any relationship (personal, financial or professional) with any current SMART employee, School Governor, Director or Member? | Yes / No |
| If yes, please give details: | |
| Do you, your partner or family have any interests (personal, financial or professional) that may conflict with you doing this role? | Yes / No |
| If yes, please give details: | |
| Have you ever been the subject of a formal disciplinary procedure?  Have you ever been dismissed from any previous employment? | Yes / No |
| If yes, please give details: | |

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| **How we protect your personal information** |
| We keep on file information from this application form and any documents you provide. This is required for recruitment purposes, the performance of any contract with you, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with prevailing data protection legislation and will not be sold to any third party. Unsuccessful application forms will be destroyed in accordance with our retention policy; anonymised data may be kept for monitoring purposes.  A copy of our privacy notice for employees is available on our website. |

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| **Your declaration** | | | | | | |
| I understand that any employment, if offered, will be subject to the information on this form being correct and I confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate. | | | | | | |
| **Signature** (applicant): | |  | | **Date:** | |  |
| Please sign and date if you are returning the form by post. If returning by email, you will be asked to sign a copy before any offer of employment is made. | | | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | | | |
| Name (printed): |  | | Contact number: | |  | |

Thank you for taking the time and effort to complete this application form. Please return the completed application to the address at the top of this form or to secretary@dobwalls.cornwall.sch.uk.

**Please ensure you complete our safeguarding form which is on the next page.**



**Safeguarding Form - Confidential**

Please fill in **all** **sections** of the form using **black ink**/type. The information you provide will help us make a fair decision in the selection process.

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| **Safeguarding children, young people and vulnerable adults** |
| It is the responsibility of all employees to maintain awareness of policies and practices regarding the safeguarding of children, young people and/or adults who may be at risk. You should report concerns/allegations in accordance with corporate guidance procedures. This responsibility applies to all SMART employees; it also applies to contractors, partners and volunteers who carry out work on behalf of SMART with or for children, young people and adults at risk.  From your training and/or experience, please give examples which demonstrate your knowledge and commitment to safeguarding and how you would help protect children, young people and adults at risk from harm, abuse or neglect. |
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**Criminal Convictions and Disqualification Declaration**

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| **SECTION A**  **Declaration of criminal convictions** | |
| This post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.  You are therefore required to declare whether you have any criminal convictions (or cautions, reprimands or warnings) including those which are ‘spent’.  The amendments to the Exceptions Order 1975 provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.  Guidance and criteria on the filtering of these cautions and convictions can be found on the [Disclosure and Barring Service website](https://www.gov.uk/government/collections/dbs-filtering-guidance). | |
| Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? | Yes / No |
| Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? | Yes / No |
| Do you have any charges pending or are you under investigation by the Police? | Yes / No |
| Have you ever been barred or restricted from working with children, young people and/or vulnerable adults? | Yes / No |

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| **SECTION B**  **Further information and declaration** | | | | | | |
| If you have answered yes to any of the above questions, please provide further information below: | | | | | | |
| **Declaration:**  I confirm that the information I have declared above is correct and I accept that if any of the information I provide is found to be false or misleading I may be disqualified from appointment.  I understand that I have a duty to inform my employer should any of this information change at any time during my employment. I understand that any subsequent offer of employment will be subject to the satisfactory outcome of all required safeguarding, vetting and barring checks. | | | | | | |
| **Signature (applicant):** | |  | | **Date:** |  | |
| Print full name: | |  | | | | |
| Please sign and date if you are returning the form by post. If returning by email, you will be asked to sign a copy before any offer of employment is made. | | | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | | | |
| Name (printed): |  | | Contact number: | | |  |