Application Form

Applicant Surname (CAPITAL LETTERS):

Essex County Council

Please return your completed application form to:

Thank you for your interest in this post.

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.

Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found on the reverse of this form. When submitting this form electronically you will be required to confirm the information is accurate by ticking the box in section 15.

If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process please contact the school office.

Section 1

Post Details

Application for appointment as: _____

School: _____

Reference no. (if applicable) _____

Closing date: _____

Section 2

Personal Details

Last name and title: _____ First name (s): _____

Previous names: _____ Date of birth: _____

Home telephone no: _____ Home email address: _____

Work telephone no: _____ Work email address: _____

Address:

National Insurance no: _____

Do you have the right to work in the UK? ☐ Yes ☐ No

Section 3

Present Employment (if currently employed)

Employer's name and address (if applicable):

Nature of business:

_____

Current post title: _____ Date appointed: _____

Grade/salary range: _____ Current salary: £ _____

Notice required: _____ Allowance(s) received: Type(s) _____

Reason for leaving: _____ Value(s): £ _____

Please tick the box if you do not wish to be contacted at work ☐

Section 4

Brief outline of duties in your current or most recent job

Section 5

Previous Employment

Please include all full time and part time positions. Please list the most recent first and continue on a separate sheet if necessary.

Employer	Start date	End date	Job Title	Reason for leaving

Section 6

Breaks in Employment History

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, career break, voluntary work, training.

Start date	End date	Reason for break

Section 7

Ability to travel (if required)

Do you have a valid driving licence?	Yes	☐	No	☐
Do you have access to a vehicle which you are able to use for work purposes?	Yes	☐	No	☐
If not, are you able to travel, for work purposes, by another means of transport?	Yes	☐	No	☐

Section 8

Secondary School Education (please list most recent first)

School(s)	From	To	Qualification/subject obtained and awarding body	Grade	Dates

Section 9

Continuing Education (University/College/Apprenticeships etc.)

Please list most recent first.

Education Establishments	From	To	Qualification/subject obtained and awarding body	Grade	Dates

Section 10

Professional Qualifications

Including details of professional association membership

Do you hold Qualified Teacher Status (QTS)? ☐ Yes ☐ No

Teacher Reference Number:

If yes please complete the following:

Date NQT Statutory Induction Period (if qualified since August 1999) (statutory requirement for maintained schools)

Started: _____ Completed: _____

Section 11

Other relevant training and development activities attended in the last five years

Please list the most recent first and continue on a separate sheet if necessary.

Brief description/Course title	Date	Organising body

Section 12

Information in support of this application

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary). *If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.*

Section 13

References

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

1) Name _____ 2) Name _____

Address: Address:

Position: _____ Position: _____

Telephone number: _____ Telephone number: _____

Relationship between referee and applicant: Relationship between referee and applicant:

_____ _____

Period of time applicant known to referee: Period of time applicant known to referee:

_____ _____

Email address: _____ Email address: _____

Note: (i) Referees will be contacted before interviews.

(ii) If either of your referees know you by another name please give details.

(iii) The school may contact other previous employers for a reference with your consent.

(iv) References will not be accepted from relatives or from people writing solely in the capacity of friends.

Section 14

Close Personal Relationships

Are you a relative or partner, or do you have a close personal relationship with, any employee, Trustee or Governor of the establishment to which your application is being made (or to any County Councillor or employee of Essex County Council)? If 'yes', please state the name(s) of the person(s) and relationship (see notes below).

_____ ☐ Yes ☐ No

Failure to disclose a close personal relationship as above may disqualify you.
Canvassing of Governors, Trustees, County Councillors or senior Managers of the School/Essex County Council by or on your behalf is not allowed.

Section 15

Please read the following statements and information relating to your application carefully. By submitting this form and clicking on the box below you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.

Declaration

☐ I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.

Disclosure of Criminal Convictions

Preferred candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application.

A conviction/caution/reprimand will not necessarily be a bar to obtaining employment, save in the case of management positions where a S128 Direction issued by the Secretary of State will prohibit employment.

Safer Recruitment and Childcare Disqualification Checks

☐ I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.

Preferred candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2018 (“the Regulations”) will be asked to complete a Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.

Data Protection

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

Data Protection (continued)

If I am the successful applicant I acknowledge that this information will be retained in line with the school's retention schedule. If I am not the successful candidate I acknowledge this information will be retained by the school in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.

All forms submitted (in paper or electronic format) will be held securely by the school in line with their data protection policy.

Thank you for applying for this post and your interest in working for this school. It is not our normal practice to acknowledge receipt of paper applications. If you submit this form electronically you will receive confirmation that the form has been received.

Name: _____ Date: _____

Signed: _____