



Shaw
Education
Trust

Application Form – Support

If you need a copy of this information in large print, Braille,
another language or on USB stick, please ask us.

Application for
the Post of:

Academy Name:

Do you have the right to work in the UK?

Yes ☐

No ☐

Are there any restrictions on your employment in the UK?

Yes ☐

No ☐

If yes, please provide details:

Personal Information

Last Name:

Previous Name(s): (if applicable)

First Name(s):

Home Address:

Please specify alternative
correspondence address on a
separate sheet.

Postcode:

E-mail address:

National Insurance No (If you have one):

Date of Birth:

Do you have a full current
driving licence?

Yes ☐

No ☐

Home Telephone
Number:

Do you have daily use of a
vehicle?

Yes ☐

No ☐

Work Telephone
Number:

Do you have any penalty
points on your licence?

Yes ☐

No ☐

Mobile Telephone
Number:

If so, how many?

Do you consider yourself to have a disability?

Yes ☐

No ☐

(NB: The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”)

The Shaw Education Trust operates an ‘Interview Guarantee Scheme’ for people with a disability and who meet the essential criteria of the post.

If you have a disability, are there any arrangements which we can make for you if you are called for interview?

Yes ☐

No ☐

If yes, please outline your requirements:

How did you find out about this job?

Are you applying on a Job Share basis?

Yes ☐

No ☐

If so, please state the proportion of full-time you are willing to work:

Present (or Most Recent) Employment

Date Started:		Job Title:	
Present or Final Grade/Salary:			
Specify any Additional Benefits/Payments you Receive:			
Notice Required:		Date of Leaving (if applicable):	
Reason for leaving (if applicable):			

Please Provide a Brief Description of Duties of the Post (Continue on a separate sheet if necessary):

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Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

Job Title:			
Employer, Address & Telephone Number			
Start Date:			
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
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Job Title:			
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Salary:			
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Salary:			
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Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Education

Please give details of all nationally recognised qualifications awarded/results awaited; **from GCE Advanced Level to Further Degree Level** or their equivalents in chronological order.

[illegible]

Copies of **essential qualifications** will be required on appointment.

Training (Other Continuing Professional Development)

Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary).

Title of Course:	Organising Body:	Awards (if any):	Date of Attendance: (mm/yy)

Supporting Statement for Position

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you. (Please continue on a separate sheet if necessary).

References

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address. If you have recently left full-time education, you must include a Head Teacher/College/University Principal (or their representative) as one of your references.

1st Referee

Name:

Position Held:

Organisation:

Capacity in which you
know the referee:

E-Mail Address:

Address:

Telephone No:

Have you approached your reference to confirm
they are happy to complete this for you?

Yes

☐

No

☐

Please indicate here if you are happy for this
referee to be contacted at this stage

Yes

☐

No

☐

2nd Referee

Name:

Position Held:

Organisation:

Capacity in which you
know the referee:

E-Mail Address:

Address:

Telephone No:

Have you approached your reference to confirm
they are happy to complete this for you?

Yes

☐

No

☐

Please indicate here if you are happy for this
referee to be contacted at this stage

Yes

☐

No

☐

Please note that, in any case, references will be taken up before a firm offer of appointment is made.

Immigration, Asylum and Nationality Act 2006

All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. With reference to the accompanying Guidance Notes please confirm that you are able to provide the appropriate documents.

Yes

☐

No

☐

Health Requirements

Appointment is subject to a satisfactory medical report from our Medical Adviser which will be obtained if you have indicated any medical disabilities.

SAFEGUARDING

[Safeguarding and Pupil Protection Policy 2021-22.pdf \(shaw-education.org.uk\)](http://shaw-education.org.uk)

Declarations

To your knowledge are you related to a member of staff, governor of the school or anyone elected to or employed by The Shaw Education Trust?

Yes

☐

No

☐

If 'Yes', please state their name and position held:

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 2018 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Trust, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Trust or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:

Date:



Please remember to complete and return the recruitment monitoring form as part of your application.