

CHILTERN WAY ACADEMY TRUST TEACHING APPLICATION FORM



PLEASE COMPLETE USING BLACK INK OR TYPE.

APPLICATION FOR THE POST OF:

SURNAME:'

FORENAME(S):

TITLE:

Please give details of any previous surnames:

ADDRESS FOR CORRESPONDENCE:

TELEPHONE NUMBERS

HOME:

POSTCODE:

WORK:

May we contact you at work?

Yes/No

E-MAIL ADDRESS:

MOBILE:

NATIONAL INSURANCE NUMBER:

Employment history

PRESENT OR MOST RECENT EMPLOYMENT

Name & address of employer:

Job title and summary of main duties:

Nature of business:

Are you still currently employed by this organisation?:

Date of appointment: / /

Grade and details of allowance:

Reasons for leaving (If applicable):

Salary Scale and Current Salary:

Notice required:

PREVIOUS NON-TEACHING EMPLOYMENT

Please summarise your employment history since leaving full-time education, paid or unpaid, or working in a voluntary organisation or agency, full or part-time. Start with the most recent. Please continue on a separate sheet if necessary.

Employer's name and address	From month / year	To month / year	Job title and summary of main duties	Reasons for leaving

Please describe the reason and duration of any period(s) longer than 1 month when you have not been in employment since leaving full-time education.

Teaching experience

Do you hold Qualified Teacher Status? *Yes/No If yes, please give date of award _____

If you are a Newly Qualified Teacher please complete **Section A**, detailing any teaching experience gained through teaching placements.

If you are a Qualified Teacher, please complete **Section B** only.

Section A: For Newly Qualified Teaching staff

Dates		School name	Primary/Secondary/ Special	Age of children taught
From	To			

Section B: For Qualified Teaching staff only

Name of School or College	Type of school or college	Number on roll	Status			Exact dates of service	
			Full or part time	Qual or unqual	Salary scale	From:	To:

Are you registered with the TRA?		*Yes/No	* please delete
TRN Reference Number: Mandatory field/please complete if appropriate		Date Issued: Mandatory field/please complete if appropriate	/ /
Date of Satisfactory Completion of Induction:	/ /	Name of confirming Authority of induction period:	

Are you subject to any conditions or prohibitions placed on you by the Teaching Regulation Agency or other equivalent body? *Yes/No

If YES, please give full details

Support of application

Please use this section to give any further details of experience that may be relevant to this post. Make sure you read the job description and person specification and refer to it throughout.

Please continue, if necessary, on a further sheet, which must be attached securely to this form.

Qualifications and training

EDUCATIONAL AND ACADEMIC QUALIFICATIONS (Secondary, Further/Higher or work based)

Please give details of your education with examination dates, results and qualifications obtained. Please include any training and membership of professional bodies, relevant to the application. (Please continue on a separate sheet if necessary) Evidence of qualifications may be requested.

Examination, course (with dates)	From	To	Result/qualifications gained

INSERVICE TRAINING Give details of the most recent, relevant courses attended and indicate any awards earned.

Course title	Provider	Duration	Dates

References

Give details of two people who have knowledge of you in a working / educational environment, paid or unpaid. The first reference should be your present or most recent employer. If you are a student give appropriate school or college referees. References must cover a 5 year consecutive period. **It is the normal practice for references to be obtained before any formal interview.**

If you were known to either of your referees by another name please give details:

<p>1st Referee. If this is your current employer please confirm that we can contact before interview. Y / N</p> <p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>Tel: _____</p> <p>Email: _____</p> <p>In what capacity does the above know you?</p>	<p>2nd Referee.</p> <p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>Tel: _____</p> <p>Email: _____</p> <p>In what capacity does the above know you?</p>
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Additional information

1. To comply with the Asylum and Immigration legislation during the selection process you will be required to give evidence of your ability to work in the UK.
2. Under the Working Time Directive, you should not work more than 48 hours a week. Do you plan to undertake work for other employers, which would cause a breach of these regulations? Yes/No
If so, please give details:
3. Do you hold a full current driving licence? Yes/No
4. Are you able to travel to different locations across the County? Yes/No
5. Have you ever been subject to any disciplinary action by your employer or professional body? Yes/No
If yes, please give details
6. Are you a relative or partner of any employee of the Academy and/or trustee of the Academy? Yes/No
If yes, please state name of person and relationship:
7. If you have a disability please let us know of any special arrangements which would assist if you are short listed for interview:
8. Where did you see the advertisement for this post? Please circle: TES; BC job website; BC social media; careers fair; local press; national press; trade press; other website

Data Protection

Your data will be processed in accordance with data protection legislation. Processing of your data will take place either because:

- You consent to your data being processed
- Processing is necessary to evaluate your application for the position for which you have applied
- Processing is necessary for complying with legal obligations
- Processing is necessary for our legitimate interests

For further information, please see our privacy notice for job applicants.

Declaration

I agree that any offer of employment with Chiltern Way Academy Trust is subject to satisfactory evidence of the right to work in the UK, satisfactory references, DBS check and other pre-employment vetting checks.

In accordance with the Data Protection Act (2018), Chiltern Way Academy Trust will hold and use my personal information about me for personnel reasons and to enable the organisation to keep in touch with me. This information will be stored in both manual and/or computer form. I understand that my data will be used in connection with recruitment and may be passed to non-Academy employees, such as Academy Trustees, consultants and referees in connection with my application for a role. If unsuccessful, information will be held in line with our retention standards.

Chiltern Way Academy Trust is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information see our Privacy Policy

I confirm that the information given in this application and any attachments is factually correct and complete and I understand that any false information may, in the event of employment, result in dismissal or disciplinary action by the school.

Signed:

Date: / /

It is an offence to seek employment in regulated activity if you are on a barred list.

Please note you will be asked to sign this form if you are invited to an interview:

Please email your completed form to applications@chilternway.org

Alternatively, post to HR Department, Chiltern Way Academy Trust, Church Lane, Wendover HP22 6NL

If you have not been contacted within 3 weeks of the closing date, you must assume that your application has, on this occasion, been unsuccessful.

Please complete the Recruitment Monitoring information.

Recruitment Monitoring



Chiltern Way Academy Trust

Chiltern Way Academy Trust operates a Diversity Policy and is committed to appointing the best candidate, on the basis of their ability to do the job.

The Codes of Practice published by the Equality and Human Rights Commission advise employers to monitor the outcome of selection decisions to ensure that discrimination does not occur within our recruitment and selection process.

The information you give is confidential and is used for monitoring purposes only.

Application for the post of:

Full name:

Date of birth: dd/mm/yyyy

Please complete the sections below

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

GENDER

What is your gender (please tick)?

Male

Female

Prefer not to say

(If you are undergoing gender reassignment, please use the gender you identify with.)

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

I have no particular religion or belief

Prefer not to say

ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A		B		C	
White:		Mixed race:		Asian or Asian British:	
British - English, Northern Irish, Scottish or Welsh	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
D		E			
Black or Black British:		Chinese and other groups:			
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>		
Other Black background	<input type="checkbox"/>				

DISABILITY

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Used to have a disability but have now recovered	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		