

essential criteria of the post.

Show Education Form – Support

If you need a copy of this information in large print, Braille,

another language or on USD at 1 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 restriction	ons on your employment in	n the UK? Yes			
		No 🗌			
If yes, please provide	details:				
Personal Information					
			Previous Name(s): (i	f applicable)	
Last Name:					
First Name(s):					
Home Address:					
Please specify alternative correspondence address of separate sheet.	on a	Postcode:			
E-mail address:					
National Insurance No	(If you have one):				
Date of Birth:					·
Do you have a full curr driving licence?	rent Yes 🗌	Home Telephone Number			
	No 🗌				
Do you have daily use vehicle?	of a Yes 🗌	Work Telephone Number			
	No 🗌				
Do you have any pena points on your licence	. 400	Mobile Telephone Number			
	No 🗌				
If so, how many?					
Do you consider yours	self to have a disability?			Yes No	
	efines a person as having a			 al impairment wh	nich has a
	rm adverse effect on his or rust operates an 'Interviev				meet the

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:	

Date Started:		Job Title	:		
Present or Final Grad	le/Salary:				
Specify any Additiona	al Benefits/Paym	nents you Receive:			
Notice Required:		Date of I	Leaving (if applicable):		
Reason for leaving (if	applicable):				
Please Provide a Brie	f Description of	Duties of the Post (Continue on a separate	e sheet if necessary):	

Previous Employment		
	, all periods since leaving full-time education should be according or any part-time work undertaken whilst in education. (C	
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:		
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 9		
Employer, Address & Telephone Number		
Start Date:	End Date: (If applicable)	
Salary:	, , , , ,	
Brief Details of Duties & Achievements:		
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:	
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	

		nationally recognised of their equivalents in ch		d/results awaited; from	GCE Adv	anced Leve	to
Atter	То	Name of School/College:	Qualification:	Subject:	Full or Part Time	Grade/ Level:	Date Gained:
(mm/yy)	(mm/yy)						
Copies of es	sential qual	ifications will be requi	red on appointment.				

Dies of essential qualifications will be required on appointment.	To (mm/yy)	School/College:		Time	Level:	Gaine
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pies of essential qualifications will be required on appointment.						

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

Training (Other Continuing Professional Development)

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).
<i>''</i>

References			
School/University Academic include name, address, tele	Staff. Please state in wlephone number and e-r	hat capa nail addi	ent job, or most recent employer, or a member of the city the two referees are acting, e.g. current employer. Please ress. If you have recently left full-time education, you must representative) as one of your references.
1 st Referee			
Name:			
Position Held: Organisation:			
Capacity in which you			
know the referee:			
E-Mail Address:			
Address:			
Telephone No:			
Have you approached you	r reference to confirm	Yes	
they are happy to complet	te this for you?	res	
		No	
Please indicate here if you		Yes	
referee to be contacted at	this stage		
		No	
2 nd Referee			
Name: Position Held:			
Organisation:			
Capacity in which you know the referee:			
know the referee:			
E-Mail Address:			
Address:			
Telephone No:			
Have you approached you	r reference to confirm	.,	
they are happy to complet		Yes	
		No	
Please indicate here if you		Vac	
referee to be contacted at	this stage	Yes	
		No	
Places note that	in any caso iroforonossi:	vill bo to	ken up before a firm offer of appointment is made.
riease note that, i	in any case, references v	viii De la	ren up beiore a mini oner or 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
https://www.shaw-education.org.uk/uploads/policies/Education%20Policies/Safeguarding%20and%20Pupil% 20Protection%20Policy%202022-23(i).pdf
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.