

# Academy Application form

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## DATA PROTECTION NOTICE

Throughout this form we ask for some personal data about you. We'll only use this data in line with data protection (GDPR) legislation and process your data for one or more of the following reasons permitted in law:

- You have given us your consent
- We must process it to comply with our legal obligations

More information on how we use your personal data in our privacy notice for job applicants which can be found at:  
**[www.caistoryarboroughacademy.co.uk/policies-and-reports/](http://www.caistoryarboroughacademy.co.uk/policies-and-reports/)**

## VACANCY INFORMATION

Application for the post of:

Job ID/reference number:

What date are you available to begin a new post?

Where did you first hear about this job?

## DISCLOSURE AND BARRING AND RECRUITMENT CHECKS

Caistor Yarborough Academy is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.

The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that's considered relevant to the role. Any information that is "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.

For posts in regulated activity, the DBS check will include a children's barred list check.

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

Any data processed as part of the DBS check will be processed in accordance with data protection regulations and Yarborough Academy's privacy notice.

**Do you have a DBS certificate?** ☐Yes ☐No Date of check:

**Are you on the DBS update service?** ☐Yes ☐No *If yes please provide certificate number:*

If you've lived or worked outside of the UK in the last 5 years, Caistor Yarborough Academy may require additional information in order to comply with 'safer recruitment' requirements. If you answer 'yes' to the question below, we may contact you for additional information in due course.

**Have you lived or worked outside of the UK in the last 5 years:** ☐Yes ☐No

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.

We will not ask for any criminal records information until we've received the results of a DBS check.

Any convictions listed on a DBS check will be considered on a case-by-case basis.

## RIGHT TO WORK IN THE UK

Caistor Yarborough Academy will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.

By signing this application, you agree to provide such evidence when requested.

## SIGN AND DATE

Name (please print):

Sign:

Date:

## 1. Instructions

Please complete all sections of this form using black ink or type.

The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

**Applications will only be accepted if they are completed in full.**

Please return the completed application form by the closing date by email to: **[Helen.Downie@cyac.org.uk](mailto:Helen.Downie@cyac.org.uk)**

or by post to:

**Helen Downie**

**Caistor Yarborough Academy,**

**Grimsby Road,**

**Caistor,**

**Market Rasen,**

**Lincolnshire,**

**LN7 6QH**

## 2. Personal details

PERSONAL DETAILS	
First name	
Surname	
Preferred title	
Previous surnames (please advise of month/year known by those surnames from and until)	
If you prefer to be called by a name other than the one listed above, please specify	
NI Number:	

CONTACT DETAILS	
Address	
Postcode	
Home phone	
Mobile phone	
Email address	
Month/Year moved to this address (if less than 5 years ago please provide previous addresses below)	
Previous address (where applicable including dates residing at this address)	
Previous address (where applicable including dates residing at this address)	

## DISABILITY AND ACCESSIBILITY

Caistor Yarborough Academy has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.

If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require:

## RELATIONSHIP TO CAISTOR YARBOROUGH ACADEMY

Please list any personal relationships that exist between you and any of the following members of the academy community:

Update this list and the sentence below, as appropriate

- Governors
- Staff
- Students

If you have a relationship with a governor or employee, this does not necessarily prevent them from acting as a referee for you.

Name	Relationship	Role at Academy

### 3. Employment History

Please complete the relevant applicable current employment details below

#### CURRENT EMPLOYMENT DETAILS – IF A TEACHING POST INCLUDING TEACHING ASSISTANTS

Job title	Employer details (name, address, email and/or telephone)	Dates employed	Age range taught	No. on roll	Permanent or temporary	Part-time or full-time	Salary (inc. allowances)	Description of responsibilities

#### CURRENT EMPLOYMENT DETAILS – IF A NON-TEACHING POST EXCLUDING TEACHING ASSISTANTS

Job title	Employer details (name, address, email and/or telephone)	Dates employed	Permanent or temporary	Part-time or full-time	Salary details	Description of responsibilities

## PREVIOUS EMPLOYMENT

Please provide details of all previous employment. List the most recent employment first.

Job title	Name and address of employer	Dates employed	Description of responsibilities	Reason for leaving

*Please continue on a separate sheet if necessary*

## 4. Education and training

### EDUCATION AND QUALIFICATIONS

Please provide details of your education from secondary school onwards.

You'll be required to produce evidence of qualifications.

Dates attended (month and year)	Name and location of school/college/university	Qualifications gained (including grades)

## TRAINING AND PROFESSIONAL DEVELOPMENT

Please give details of training or professional development courses undertaken in the last 3 years that are relevant to your application

Course dates	Length of course	Course title	Qualification obtained	Course provider

## TEACHER STATUS – FOR TEACHING POSITIONS ONLY

Teacher reference number	
Do you have QTS?	
QTS certificate number (where applicable)	
Date of qualification	
Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct?	
Are you subject to a General Teaching Council sanction or restriction?	



## ADDITIONAL INFORMATION

Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests.

## DRIVING LICENCE DETAILS – FOR ROLES REQUIRING DRIVING ONLY

<b>Do you have a valid driving licence?</b>	
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## 5. Letter of application

Please attach an accompanying letter explaining why you're applying for this post and how your experience, training and personal qualities match the requirements of the role as set out in the job description and person specification.

Please include your surname and the title of the post you're applying for as the file name for the attachment.

## 6. References

Please give the names of 2 people who are able to comment on your suitability for this post. One must be your current or last employer. If you've not previously been employed, please provide details of another suitable referee.

Caistor Yarborough Academy reserves the right to seek any additional references we deem appropriate.

Please let your referees know that you've listed them as a referee, and to expect a request for a reference should you be shortlisted.

NAME	RELATIONSHIP TO YOU	ADDRESS AND POST CODE	CONTACT NUMBER	EMAIL ADDRESS	IS THIS YOUR CURRENT EMPLOYER?

If either of your referees knows you by a different name, please state:

If you don't wish us to contact your referees without your prior agreement, please tick this box: ☐

## 7. Equalities monitoring

We're bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

EQUALITIES MONITORING INFORMATION								
What is your date of birth?	D	D	M	M	Y	Y	Y	Y
What gender are you?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say							
Do you identify as the gender you were assigned at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say							
How would you describe your ethnic origin?								
<b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background  <b>Asian or British Asian</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	<b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background  <b>Mixed</b> <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background				<b>Other Ethnic groups</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group  <input type="checkbox"/> Prefer not to say			
Which of the following best describes your sexual orientation?								
<input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Homosexual					<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say			

What is your religion or belief?		
<input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu	<input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> No religion	<input type="checkbox"/> Other <input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say
Pregnancy and maternity		
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	Have you given birth within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
If you answered 'yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'.		
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Learning disability/difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Mental health condition <input type="checkbox"/> Developmental condition <input type="checkbox"/> Other		