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| **Post applied for:** | | | Click here to enter text. | | |
| **Where did you see the vacancy advertised?** | | | Click here to enter text. | | |
| **Personal Details** | | | | | |
| **Preferred Title** | | | Please select from drop-down list  **Choose an item** | | |
| **Forenames (given name):** | | | Click here to enter text. | | |
| **Surname (family name):** | | | Click here to enter text. | | |
| **Known as:** | | | Click here to enter text. | | |
| **Email** | | | | | |
| **Email address:** | | | Click here to enter text. | | |
| **Telephone** | | | | | |
| **Home:** | | | Click here to enter text. | | |
| **Work:** | | | Click here to enter text. | | |
| **Mobile** | | | Click here to enter text. | | |
| **Preferred contact number** | | | Please select from drop-down list  Choose an item. | | |
| **Address** | | | Click here to enter text. | | |
| **Special requirements at interview** | | | | | |
| The Blandford School welcomes applications from disabled people and all sections of the community. Please indicate below if you have any special requirements regarding attendance at interview.  Click here to enter text. | | | | | |
| **Employment History Please give details of your employment history, starting with your current or most recent job.** | | | | | |
| **Employer (from most recent)** | **Position and Salary** | | **Start/Finish Dates** | | **Reasons for Leaving** |
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| Please use a continuation sheet if necessary | | | | | |
| **Education, qualifications and training**  Shortlisted candidates will be expected to provide evidence of the qualifications listed on this application | | | | | |
| **Qualifications including grades** | | **Awarding body** | | **Date** | |
| **PGCE**  Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| **Degree**  Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| **A Levels/BTECs etc**  Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| **GCSEs**  Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| **Other relevant qualifications and training**  **Any other relevant qualifications and training, taken or to be taken, including short courses, with dates** | | | | | |
| Click here to enter text. | | | | | |
| **Subjects Taught (including key stages)**  Click here to enter text. | | | | | |
| **Membership of professional/technical bodies** | | | | | |
| Click here to enter text. | | | | | |
| **Relevant experience**  Please use this section to explain how your skills, experience and knowledge would make you a suitable candidate for the post. This could include voluntary work, leisure interests and other activities, which you consider to be relevant to the position. In completing this section it is important that you refer to the requirements in the job description/person specification and provide evidence of how you meet the essential and desirable criteria.  Please continue on a separate sheet if necessary. | | | | | |
| Click here to enter text. | | | | | |
| **Additional Skills**  Click here to enter text. | | | | | |
| **References**  Please provide contact details for two people who have agreed to give an employment reference on your behalf. These references must be from your two most recent places of work or education. The school also reserves the right to approach any previous employer to confirm factual information about your previous employment record.  Note: References may be taken up prior to interview if you are shortlisted.  If you are not currently working with children, but have done so in the past, please ensure you provide details of one referee for the employer for whom you have most recently worked with children. | | | | | |
| **First Reference** | | | | | |
| Name of referee | | | Click here to enter text. | | |
| Employer’s name | | | Click here to enter text. | | |
| Address 1 | | | Click here to enter text. | | |
| Address 2 | | | Click here to enter text. | | |
| Town/City | | | Click here to enter text. | | |
| County | | | Click here to enter text. | | |
| Post Code | | | Click here to enter text. | | |
| Country | | | Click here to enter text. | | |
| Telephone number | | | Click here to enter text. | | |
| Email address | | | Click here to enter text. | | |
| Relationship to you (eg Manager/Headteacher) | | | Click here to enter text. | | |
| **Second Reference** | | | | | |
| Name of referee | | | Click here to enter text. | | |
| Employer’s name | | | Click here to enter text. | | |
| Address 1 | | | Click here to enter text. | | |
| Address 2 | | | Click here to enter text. | | |
| Town/City | | | Click here to enter text. | | |
| County | | | Click here to enter text. | | |
| Post Code | | | Click here to enter text. | | |
| Country | | | Click here to enter text. | | |
| Telephone number | | | Click here to enter text. | | |
| Email address | | | Click here to enter text. | | |
| Relationship to you (eg Manager/Headteacher) | | | Click here to enter text. | | |
| **I wish to be contacted before references are taken up:** | | | Please select from drop-down list  Choose an item. | | |
| **Miscellaneous** | | | | | |
| **Do you possess a current driving licence** | | | Please select from drop-down list  Choose an item. | | |
| **Do you have the use of a vehicle or other appropriate means of transport?** | | | Please select from drop-down list  Choose an item. | | |
| **National Insurance Number:** | | | Click here to enter text. | | |
| **Are you currently an employee of Dorset County Council?** | | | Please select from drop-down list  Choose an item.  If YES, please provide details of your Personnel Number (which can be found on your payslip)  **Personnel Number:** Click here to enter text. | | |
| **Are you related to an employee of the council, an elected councillor or a governor of the school?** | | | Please select from drop-down list  Choose an item.    If YES, please give details  Click here to enter text. | | |
| **Declarations** | | | | | |
| **Teaching Agency/Institute for Learning**  Do you hold qualified teacher status (QTS/QTLS) | | | Please select from drop-down list  Choose an item. | | |
| **Date of award** | | | Click here to enter text. | | |
| **QTS certificate number** | | | Click here to enter text. | | |
| **Teaching Agency/IfL reference number** | | | Click here to enter text. | | |
| **Are you subject to any sanctions imposed by the Teaching Agency?** | | | Please select from drop-down list  Choose an item.    If YES, please give details below  Click here to enter text. | | |
| **Induction Period (applicable to those teachers who qualified after 7 May 1999)** | | | Have you successfully completed a period of probation? Please select from drop-down list  Choose an item. | | |
| The post you are applying for is exempt from the Rehabilitation of Offenders Act 1974. You are required to reveal any information concerning spent or unspent convictions, cautions, reprimands or warnings.  Arrangements were introduced on 29th May 2013 to filter out certain old and minor convictions and cautions for criminal record certificates and enhanced criminal record certificates issued by the Disclosure and Barring Service (DBS). These arrangements are set out in The Police Act 1997 (Criminal Record Certificates: Relevant Matters) (Amendment) (England and Wales) Order 2013 (the “Order”). Please refer to this document if you are in any doubt on what convictions to disclose. | | | | | |
| **Do you have any spent or unspent convictions, cautions, reprimands or warnings?** | | | Please select from drop-down list  Choose an item. | | |
| **Are you barred from working with children or vulnerable adults?** | | | Please select from drop-down list  Choose an item. | | |
| **Have you lived outside the UK for more than three months in the past five years?** | | | Please select from drop-down list  Choose an item. | | |
| For the purpose of the Data Protection Act 1998 I give my consent to this form and related information being processed and retained on file and to the council and school verifying the information I have provided with third parties in administering its recruitment process.  I declare that the information given on this form is to the best of my knowledge and belief correct and I understand that if I give you any false information or fail to provide full and complete information it may lead to my dismissal if I am appointed. I further understand that canvassing councillors, senior offices or governors either directly or indirectly will disqualify me for appointment. | | | | | |
| **I agree to the declarations made on this form** | | | | | |
| **Diversity questionnaire** | | | | | |
| We will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to diversity and equality of opportunity in our employment policies and practices. Our aim is to promote diversity so that no employee or potential employee will be subject to unlawful or unfair discrimination because of gender, age, marital or civil partnership status, colour, race, nationality or other ethnic or national origin, disability, religion, sexual orientation, gender reassignment, pregnancy or maternity or membership or non-membership of a trade union or political beliefs. We will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.  In order to help us monitor the effectiveness of our Diversity Employment Policy (and for no other reason) all applicants are asked to provide the information requested below. This information is confidential and does not form part of your application and will not be taken into account when making the appointment. | | | | | |
| **Which of the following best describes your ethnic origin?** | | | Please select from drop down list  Choose an item. | | |
| **Gender** | | | Please select from drop down list  Choose an item. | | |
| **Which of the following best describe your sexual orientation?** | | | Please select from drop down list  Choose an item. | | |
| **Do you consider yourself to have a disability?**  (for this purpose disability means any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities) | | | Please select from drop down list  Choose an item. | | |
| **If you have answered yes to the above please state the type of disability which applies to you (please select all that apply)** | | | | | |
| Hearing impairment | | | Learning disability | | |
| Mental health illness | | | Physical impairment | | |
| Speech impairment | | | Visual impairment | | |
| Long standing illness or health condition | | | Click here to enter text. | | |
| **Please indicate below if you have any special requirements regarding attendance at interview** | | | | | |
| Click here to enter text. | | | | | |
| **Date of birth** | | | Click here to enter a date. | | |
| **Which of the following best describes your faith/religion/belief?** | | | Please select from drop down list  Choose an item. | | |

**Continuation Sheet**

Click here to enter text.