|  |  |  |
| --- | --- | --- |
|  |  |  |

**The Sheffield UTC Academy Trust**

**Job Application Form**

**Confidential**

Where did you hear about the vacancy?

|  |  |  |  |
| --- | --- | --- | --- |
| TES |  | Government Website |  |
| Local Press |  | Local Authority Website |  |
| Job Centre |  | UTC Website |  |
| Word of mouth |  | Indeed / Agency Website |  |
| Other |  | Please Specify: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **APPLICATION FOR EMPLOYMENT**  **Confidential** |  |

**Office Use Only App No**

Shortlisted: Interviewed:

Successful: Pre Offer Check:

Date Offered:

Date Accepted:

**Please return this form by email or hard copy to:**

[**HR@utcsheffield.org.uk**](mailto:HR@utcsheffield.org.uk)

Vivienne Martin

The Sheffield UTC Academy Trust

111 Matilda Street

Sheffield, S1 4QF

|  |  |  |
| --- | --- | --- |
| **JOB TITLE** Science Teacher (Chemistry) | | **JOB NUMBER** 2021/070 |
| **CITY / ~~OLP~~ / ~~Derby~~**  UTC City Centre | | **CLOSING DATE**  Midnight Sunday 16 Jan 2022 |
|  | | |
| **Surname/Family Name** | **First Name** | **Address:**  **Post Code:** |
| **Title:**  **Home Telephone:**  **Mobile Telephone:**  **Work Telephone:**  **E-mail Address:** | |
| **Date of Birth:**  **Teacher Number:**  **National Insurance Number:** |

**1. Current Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Held:** | **Employer and Address:** | **From:**  **To:**  (if applicable) | **Wage/Salary**  **Grade** |
| **Brief details of main duties/responsibilities:** | | | |
| **Reason for leaving current job(s):** | | | |
| **Or, if successful in your application, please indicate if you intend to continue working in this/these job(s), stating the job title and hours of work** | | | |
| **Length of notice required, or date you could start**: | | | |

1. **Employment History**

Please give details of all previous jobs and work experience since leaving full time education. Please list these in date order, starting with the most recent first.

\*Please list any periods where you were not in full time employment, education or training, for example periods of unemployment, voluntary work, travelling etc.

| **Employer** | **Jobs held and brief details, plus information on other periods\*** | **Reason**  **for Leaving** | **From** | **To** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Qualifications/Training**

Please give details of any qualifications obtained and training courses undertaken, **which are relevant to the job** together with dates.

| **Qualifications and Training (show grades and institution where obtained)** | **From** | **To** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Equalities**

The Sheffield UTC Academy Trust is an Equal Opportunities Employer.

I consider myself to be a disabled person

1. **Suitability for the Job**

Please state why you think you are suitable for this job. Enclose additional sheets if necessary:   
(font size 11, no more than 2 sides).

**Note:** We will recruit solely on merit. To do this we will seek to match the information you provide against the person specification. Therefore, you should ensure that you address each point identified in the person specification and provide evidence of relevant experience and skills, including areas other than paid work.

|  |
| --- |
| ***Please use additional sheets as necessary.*** |

1. **Other Information**

|  |
| --- |
| **Relationships**  Are you related to or in a significant relationship with any Member, Trustee, Governor or staff member of the Sheffield UTC Academy Trust?  NO  YES  If YES, give name:       Relationship: |
| **Criminal Records Declaration**    All applicants are to complete, sign and return Appendix A: Criminal Records Declaration Form.  As this post involves working with children if you are offered the post you will be subject to an enhanced Disclosure and Barring Service check. You must disclose all convictions, cautions, warnings, reprimands, binding over or other orders, pending prosecutions or criminal investigations that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 (as amended 2013).  Failure to disclose this information could result in the withdrawal of a job offer, disciplinary action or dismissal. Any information give will be completely confidential and will be considered only in relation to your application. |
| **Dismissal**  Other than for reasons of redundancy or on health grounds, have you ever been dismissed from employment from any employer, including employment agencies?  NO  YES  If ‘YES’ please give details, stating from where, when and the reasons for the dismissal |
| **Interviews**  Please give any dates, when you are not available for interview. |

1. **References**

Please give the names and addresses of two people to whom we may write for references.

* Referee (1) should be your present or most recent employer and MUST be the Headteacher/Principal if you currently work in a school environment.

• Please state whether Referee (2) is in a personal or employment capacity.

|  |  |
| --- | --- |
| **Referee (1)**  **Present or Most Recent Employer** | **Referee (2)** |
| **Name:** | **Name:** |
| **Job Title:** | **Job Title:** |
| **Company/Establishment:** | **Company/Establishment:** |
| **Capacity known:** | **Capacity Known:** |
| **Address:** | **Address:** |
| **Tel Number:**  **Email Address:** | **Tel Number:**  **Email Address:** |
| References may be taken up for shortlisted candidates prior to interview. If you do not wish a reference to be taken up at this stage, please state why      .  To comply with ‘Safer Recruitment’ we will always ask for two references at interview stage. | |
| 1. **Declaration**   I confirm that the information on this form is true and correct and will be used as part of my contract of employment.  I understand that the Trust may contact my referees and verify any qualifications/registrations, which are required for the job.  I accept that any false statement or omission may lead to my being dismissed, if appointed to the post. | |
| **Signature:** | **Date:** |

**End of Form**



**Appendix A** – REHABILITATION OF OFFENDERS DECLARATATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Posts involving working with children (under the age of 18), older people, those with disabilities, learning difficulties and other vulnerable groups are exempt from provisions of Rehabilitation of Offenders Act 1974.  If you are applying for work in this area you are required to state whether or not you have any convictions or criminal charges or summonses pending against you whether or not your conviction is regarded as “spent”.  If the post has not been exempted then you must also disclose any convictions found against you which are not spent under the terms of the Rehabilitation of Offenders Act 1974. Successful applicants will be required to have a Criminal Records Bureau disclosure (see information for applicants).  We welcome applications from diverse candidates and if you have a conviction this will not necessarily bar you from consideration for employment. Each case is looked at on its particular circumstances and background. Any failure to disclose cautions & convictions could result in dismissal or disciplinary action.  Have you ever received a caution or been convicted of any criminal offence: Yes □ No □  If yes please complete the details below including any convictions and cautions, pending prosecutions, bind over orders, including the appropriate date, the offence and the court of policy force that dealt with the offence. | | | | |
| Approximate Date | Offence | Conviction or pending prosecution | Court or police force dealing with offence | Spent or unspent |
|  |  |  |  |  |

|  |
| --- |
| **CONFIRMATION OF DETAILS** |
| I hereby confirm that all the information given in this application is correct to the best of my knowledge, that all the questions related to me have been accurately and fully answered and that I am in possession of the qualifications I claim to hold. I understand that any offer of employment is strictly subject to satisfactory references, medical clearance, school checks and Criminal Records Bureau disclosure, and that any false statement would render me liable to termination of employment. I understand that the information given in this application will be held on computer and processed in accordance with the Data Protection Act 2018 and that I consent to the storage and use of such information for employment purposes. I have read the statement of data protection and data processing.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appendix B - STRICTLY CONFIDENTIAL**

|  |
| --- |
| *Name:* |
| *Date of Birth:* |

|  |
| --- |
|  |
| Post Reference: |
| Post Title: |

|  |
| --- |
| The UTC has an Equal Opportunities Policy which covers all areas of employment, including recruitment and selection. In order to ensure the effectiveness of our policy we need the following information, which will be treated as confidential and used for monitoring purposes only. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE TICK APPROPRIATE BOXES   1. **Gender**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. **How would you describe your ethnic origin:**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Asian/Asian British |  |  | Chinese |  | | Asian/Asian British – Bangladeshi |  |  | Mixed Race |  | | Asian/Asian British – Indian |  |  | Mixed – White & Asian |  | | Asian/Asian British – Pakistani |  |  | Mixed – White & Black African |  | | Asian/Asian British – other Asian background |  |  | Mixed- White & Black Caribbean |  | | Black/Black British |  |  | Mixed – any other mixed background |  | | White |  |  | White British |  | | White – Irish |  |  | White – any other white background |  | | Other: |  |  |  |  |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | **How would you describe your sexual orientation:** | | | **Religion or Belief:** | | | Bisexual |  |  | Please state: |  | | Gay man |  |  |  |  | | Heterosexual / Straight |  |  | Prefer not to say |  | | Lesbian / Gay woman |  |  |  |  | | Transgender |  |  |  |  | | Other |  |  |  |  | | Prefer not to say |  |  |  |  |  1. **Disability**   For the purpose of the Equality Act 2010 a person is considered as being disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities. Please note that this question is being asked in order to enable us to monitor diversity in the range of persons applying to us for employment. Any answer you give is used for monitoring purposes only and as with the rest of this from is not seen by those responsible for selection or appointment of candidates.  Do you have a physical or mental impairment which has a substantial effect on your ability to carry out normal day to day activities? Yes □ No □  Please tick all of the boxes which are appropriate:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Visual Impairment |  |  | Hearing Impairment |  | | Speech Impairment |  |  | Disability affecting mobility |  | | Other Physical disability |  |  | Other medical condition |  | | Mental ill health |  |  | Temporary disability following illness |  | | Profound / complex disabilities |  |  | Multiple disabilities |  | | Cancer |  |  | HIV Infection |  | | Multiple Sclerosis |  |  | Other |  | | No disability |  |  |  |  | |