**APPLICATION FOR EMPLOYMENT**

**Private & Confidential**

PERSONAL DETAILS

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| Position applied for: Click here to enter text. |
| Surname: Click here to enter text. | Initial(s): Click here to enter text. |
| Teacher Ref No:Click here to enter text.  | Do you hold QTS/QTLS status?Choose an item. |
| Address:Click here to enter text. | Home Phone No:Click here to enter text.Mobile Phone No:Click here to enter text.Email Address:Click here to enter text. |
| Do you require a Work Permit to work in the UK? Choose an item. |

EDUCATION DETAILS

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| --- | --- | --- | --- |
| College/University:Click here to enter text. | From:Click here to enter text. | To:Click here to enter text. | Qualifications Gained (with grades): Click here to enter text. |
| School:Click here to enter text. | From:Click here to enter text. | To:Click here to enter text. | Qualifications Gained (with grades): Click here to enter text. |
| Other professional qualifications and relevant recent training undertaken:Click here to enter text. |

CURRENT EMPLOYER

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| Current /Previous Employer (if not currently employed):Click here to enter text. |
| Position:Click here to enter text.  | Salary:Click here to enter text. | Date of AppointmentClick here to enter a date. | Notice period:Click here to enter text. | Reason for Leaving:Click here to enter text. |
| Summary of Duties and Responsibilities:Click here to enter text. |

PREVIOUS EMPLOYMENT HISTORY Complete in full (in chronological order), giving reasons for any gaps

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| --- | --- | --- | --- |
| From/To:Click here to enter text. | Employer:Click here to enter text. | Job Title and Duties:Click here to enter text.  | Reason For leaving:Click here to enter text. |

REASONS FOR APPLYING FOR THIS POSITION

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| Please provide a statement of the personal qualities and experience you believe are relevant to your suitability for the role, including details of how you meet the person specification. (Please note this should be no longer than 2 sides of A4)Click here to enter text. |

REFERENCES

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| Please provide details of two employment referees, one of whom **must** be your present or most recent employer. If you are not currently working with children but have done so in the past, one of your referees should be in connection with that employment.If you are a student, please give an academic referee. Please note that if you are applying for a post which requires unsupervised access to children, the Academy reserves the right to approach any past employer for a reference. Information requested will include details of your performance, capability and disciplinary records, and opinion on your suitability to work with children. The Academy cannot accept references from relatives or people writing solely as friends. Your referees are normally contacted prior to interview unless you indicate otherwise. |
| First Referee:Name and relationship to applicantClick here to enter text. | Second Referee:Name and relationship to applicantClick here to enter text. |
| Position:Click here to enter text. | Position:Click here to enter text. |
| Organisation:Click here to enter text. | Organisation:Click here to enter text. |
| Address:Click here to enter text. | Address:Click here to enter text. |
| Contact Tel No:Click here to enter text. | Contact Tel No:Click here to enter text. |
| Email Address:Click here to enter text. | Email Address:Click here to enter text. |
| Can this referee be contacted prior to interview?Choose an item. | Can this referee be contacted prior to interview?Choose an item. |

FAMILY OR CLOSE RELATIONSHIPS TO EXISTING PUPIL, EMPLOYEE OR GOVERNOR

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| You are required to declare any family or close relationship to any existing pupil, employee or member of the Board of Governors in the space below: Click here to enter text. |

DECLARATIONS

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| * I confirm that that I am not disqualified from work with children, or subject to any sanctions imposed by a regulatory body.
* I confirm that the information contained on this form is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
* I agree to the information I have provided (including any additional information submitted) being used for the purpose of processing my application, in connection with my employment (if my application is successful) and for monitoring the efficiency of the recruitment and other employment procedures.
* I agree that should I be successful in this application, I will apply to the Disclosure & Barring Service (DBS) for an enhanced disclosure. I also agree that the Academy may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the Academy, any offer of employment may be withdrawn or my employment terminated.
* I agree to provide evidence of qualifications listed on my application, if required.
 |
| Signed: Click here to enter text. | Date: Click here to enter a date. |

The information contained on this application form will be used for the purposes of processing your application and for unsuccessful applicants it will be retained for a period of 6 months, after which it will be destroyed. The information may also be used for the purposes of audit and ensuring that the Academy is complying with any legal obligation.

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**EQUAL OPPORTUNITY MONITORING**

**Private & Confidential**

Manchester Health Academy operates a policy which aims to ensure that unfair discrimination does not take place. The information requested below can help us to monitor the effectiveness of our policy.

This information will be held separately from your application and will not form any part of the selection process. The information is treated confidentially and is not used for any other purpose.

|  |  |
| --- | --- |
| **Post applied for:** | Click here to enter text. |
| **Where did you hear of this vacancy?** | Click here to enter text. |
| **Name:** | Click here to enter text. |
| **Age range:** | [ ] Under 18 [ ] 18 – 24 [ ] 25 – 29 [ ] 30 – 39 [ ] 40 – 49 [ ] 50 – 59 [ ]  60 – 64 [ ] 65+ [ ] Prefer not to say |
| **Gender:** | Choose an item. |
| **Do you consider yourself to have** **a disability?**The Disability Discrimination Act (2005) defines a person as disabled if they have a physical or mental impairment which has a subsequent and long-term adverse effect on their ability to carry out normal day-to-day activities. | Choose an item. |
| **Ethnic Origin:**Please select the classification that most describes your cultural background |
|  White | [ ] British [ ] Irish[ ] Other White background (please state) Click here to enter text. |
| Mixed | [ ] White and Black Caribbean[ ] White and Black African[ ] White and Asian[ ] Other mixed background (please state) Click here to enter text. |
| Asian or Asian British | [ ] Indian[ ] Pakistani[ ] Bangladeshi[ ] Other Asian background (please state) Click here to enter text. |
| Black or Black British | [ ] Caribbean[ ] African[ ] Other Black background (please state) Click here to enter text. |
| Chinese, Chinese British, Chinese Irish or other ethnic group | [ ] Chinese[ ] Other Ethnic Group (please state) Click here to enter text. |
| Prefer not to say |[ ]

|  |  |
| --- | --- |
| Signed: Click here to enter text.  | Date: Click here to enter a date. |