|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | RIVERS Final Logo see through |  | | |
| Application FormTEACHING **CONFIDENTIAL** | |
| **Candidate's Name** |  |
| **School/Establishment** |  |
| **Post** |  |
| Thank you for requesting an application form for the above vacancy. Please ensure that you complete all sections of this form in black ink or typeface to enable photocopying of the form.  **Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested.**  Forms will only be acknowledged if a stamped addressed envelope is enclosed on return. If you do not receive a letter within six weeks from the closing date, you should assume that your application has been unsuccessful. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Personal Details** | | | | |
| Surname /  Family Name |  | | Forenames(s): |  |
|  |  | |  |  |
| Former Surname/  Family Name |  | |  |  |
|  |  | |  |  |
| Preferred Title: |  | |  | Date of Birth: (DD/MM/YY)   /  / |
|  |  | |  |  |
| Home Address: |  | | Contact  Address  (if different) |  |
|  |  | |  |  |
| DfES Reference  No: |  | | National  Insurance No: |  |
|  |  | |  |  |
| Telephone No:  (Home) |  | | Telephone No:  (Work) |  |
|  |  | |  |  |
| Email Address:  (Home) |  | | Email Address:  (Work) |  |
|  |  | |  |  |
| **Disability Confident** See the source image  'Under the ‘Disability Confident' Scheme the Governing Body undertakes to interview disabled people who meet the minimum essential criteria detailed on the person specification.  Do you consider that you would qualify for an interview under the Scheme YES  NO  If you need any particular arrangements to be made for interview e.g. access, sign interpreter, induction loop system, taping of documents etc., please specify them below: | | | | |
|  | | | | |
| Relationships Are you related to an employee of the school, trust or board members?  Yes  No | | | | |
| If yes, please state relationship: | |  | | |
| Note: *Canvassing will lead to disqualification for appointment.* | | | | |
| Pension Are you in receipt of a Teacher’s Pension?  Yes  No  If yes, please specify reason and date: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Education, Training and Qualifications**  Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post. | | | |
| Name of School/College/University  attended | From - To  (Month/Year) | (\*) Qualifications  including Grades | Date Obtained  (Month/Year) |
| Schools (after age 11) |  |  |  |
|  |  |  |  |
| Further or Higher Education  (Full or Part Time) |  |  |  |
|  |  |  |  |
| Teaching Qualifications |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Age Range Trained | | | |
|  |  |  |  |
| Professional Development  *(relevant courses and other including dates)* | | | |
|  |  |  |  |
| Membership of Professional Bodies (excluding Teachers' Professional associations) | | | |
| \* *Applicants invited for interview will be required to produce documentary evidence of their qualifications* | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Employment/Work Experience**  Please include any previous work experience, either paid, unpaid or voluntary starting with the most recent. | | | | | | | | | | | | |
|  | Current/most recent School or other employer (with address) | | | | | | | | | | | |
|  |  | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Position Held: |  | | | | | | | Full or  Part Time: |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Present salary and point on pay spine: | |  | | |  | Date employment ceased if applicable & reason for leaving: | | | | |  |
|  |  |  |  |  |  |  |  |
|  | Date Started: |  | | | |  |  | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Employing Authority: |  | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Age Range: |  | | Boys/Girls/  Mixed: |  | | |  | Approx No.  on Roll: | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Duties and Responsibilities: | | | | | | | | | | | |
|  | Date Passed Threshold (if applicable): | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Previous schools or other employers/employer and  Employing Authority | Age Range + Boys/Girls/ Mixed | Approx. No. on Roll | Position held and responsibilities (and  full time or part time) | Dates | | Reasons for  Leaving |
| From | To |
|  |  |  |  |  |  |  |

|  |
| --- |
| **4. Supporting Statement**  **Please use this space to give information in support of your application for this post. You may wish to include details of any interests, experience, responsibilities or education philosophy which you consider relevant.** |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. Convictions/Disqualifications  EXEMPT EMPLOYMENT  As the work of this post involves working with children, other vulnerable groups or in a position of trust it is therefore exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare:   * All unspent convictions and conditional cautions * All spent convictions and adult cautions that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2020).   Do you have any unspent convictions or conditional cautions?  Yes 🞏 No 🞏  Do you have any spent adult cautions (simple or conditional) or convictions that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)?  Yes 🞏 No 🞏  If you have answered yes to either question, you can disclose your criminal record on a separate sheet provided that you mark a cross on the line below and attach the details in an envelope that you should bring to an interview. The envelope should be marked CONFIDENTIAL and state your name and details of the post.  I have attached details of my conviction separately\_\_\_\_\_ (please mark with an X if appropriate.)  If this post meets 'Regulated Activity' (as defined in the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012) the relevant barred list(s) for children and adults will also be checked.  The County Council will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions.  **It is important that applicants understand that deliberate attempts to conceal the information requested could result in disciplinary proceedings or dismissal**  Please see: [www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates](http://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates) for information regarding filtering of convictions.  Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from any job offer in relation to this form.  Please give details and dates of any unspent and unfiltered spent criminal convictions, disqualifications, cautions or driving offences (or alternatively state "none" if that is the case): | | | |
| **6. References**  Please give details of two people who are able and willing to comment on your suitability for this job. If you are or have  been employed, one should be your present or most recent employer.  *Please remember to include a church referee if requested in the post details.* | | | |
| A. | Name: | B. | Name: |
| Address: | Address: |
| Telephone number: | Telephone number: |
| Email address: | Email address: |
| Relationship to you e.g. Headteacher: | Relationship to you e.g. Headteacher: |
| ***Note:*** Unless you specify otherwise, we will not consult you prior to approaching these referees. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. Declaration** | | | | |
|  | I declare that the information given in this application form is correct and complete. | | | |
|  | Signature: |  |  | Date:   /  / |
|  | ***Note:*** False statements or failure to disclosure any information requested in this application form may disqualify a candidate.  Discovery after appointment may lead to dismissal or disciplinary action by the Authority. | | | |
|  | Data Protection Act 1998 – Consent and Certification of Details  As part of the process of appointing a new teacher, the Authority may disclose information to, and request information from, third  parties for the purpose of undertaking pre employment checks. In accordance with the Data Protection Act 1998, your consent is  required before approaching third parties for information in relation to pre-employment checks. | | | |
|  | Signature: |  |  | Date:   /  / |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
|  | | | | RIVERS Final Logo see through | | | | | |  | | |
| Equal Opportunities Monitoring Form  The Rivers CofE Academy Trust is committed to the elimination of all forms of unjustifiable discrimination.  We will actively pursue equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. Personal circumstances and characteristics will only be taken into account when they can be justified as being relevant to employment. To enable the trust to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** to complete the questions detailed below.  **This information will be treated as completely confidential and will be used for monitoring purposes**  **only. This information will be detached from the application form on receipt and will not be**  **considered during the selection process.** | | | | | | | | | | | | |
|  | **Please tick as appropriate:**  **1. Which of the following do you consider to be your ethnic origin?**  (tick only one box), see below for explanatory notes. | | | | | | | | | | |  |
|  |  | White British (AWB) | | | White and Black Caribbean (BWBC) | | | | Indian (CIN) | | |  |
|  | White Irish (AWI) | | | White and Black African (BWBA) | | | | Pakistani (CP) | | |
|  | White Other (AWO) | | | White and Asian (BWA) | | | | Bangladeshi (CB) | | |
|  |  | | | Mixed Other (BMO) | | | | Asian Other (CAO) | | |
|  | Caribbean (DBC) | | |  | | | |  | | |
|  | African (DBA) | | | Chinese (ECH) | | | |  | | |
|  | Black Other (DBO) | | | Other Ethnic Group (EOE) (Please describe) ........................ | | | | | | |
|  | **2. Are you** MaleFemale  **3. Do you have a disability?** YesNo | | | | | | | | | | |  |
|  | For these purposes, disability is defined as any physical or mental impairment which has a  substantial and long term (over 12 months) adverse effect on your ability to carry out normal  day to day activities.  **4. Please tick the age band currently applicable to you** | | | | | | | | | | |  |
|  | i. up to 19 | | ii. 20-29 | | | iii. 30-39 | iv. 40-49 | v. 50-65 | | | vi. Over 65 |  |
| **Where did you see this post advertised?** | | | | | | | | | | | | |
| **Monitoring Form Explanatory Notes**  The ethnic groups set out above are those recommended by the Commission for Racial Equality and used in  the 2001 Census.  Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad  ethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than one  ethnic group, please tick the group to which you consider you belong or tick the ‘other ethnic group’ box and  give details in the space provided above. | | | | | | | | | | | | |

Please ensure that you have completed all sections

of this form. Please do not send your Curriculum

Vitae (CV) or any Testimonials unless requested.

