

This application form should be completed for all teaching posts. Applicants should also complete a short covering letter to accompany this form (no more than 3 sides of A4). The covering letter should include reasons for applying for the particular post, details of how the applicant meets the person specification and also current salary/benefits.

**1. Post Applied for:**

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| --- |
| Details of Position: |

**2. Personal Details**

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| --- | --- |
| Title: | First Name(s): |
| Address: | Surname/Family Name: |
| Telephone Number (Home): |
| Telephone Number (Mobile): |
| Email |
| Post Code: |
| Address for Correspondence (if different to home address) |  |
|  |
| Post Code: |
| National Insurance Number: | Where did you see or hear of this job? |
| Are you a European Economic Area / EU national?    If No, do you have the right to work in the UK without restriction?  YES / NO (Delete as appropriate and please provide further detail of any visa/expiry date)  If you are successful in your application, would you require a work permit / certificate of sponsorship prior to taking up employment? | |

**3. Employment History**

Please give details of all jobs held including part time and unpaid work, starting with your present / last employer. You are required to account for, or give an explanation for any gaps in your employment history, including any periods of unemployment, travelling, career breaks, parenting breaks etc.

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| --- | --- |
| **Present Employment** | |
| Job Title: | Employer: |
| Current Salary: | Address: |
| Current Scale if applicable: |
| Employed from: | Employed to: |
| Notice Required: | Reason for leaving: |
| Please give a brief description of your current duties, responsibilities and achievements. | |

**Employment History Continued**

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| --- | --- | --- | --- | --- | --- |
| **Previous Employment** | | | | | |
| **Start date**  **(MM/YY)** | **End date**  **(MM/YY)** | **Employer (Name**  **& Full Address)** | **Title, roles held and main duties** | **Salary/ Grade** | **Reason for leaving** |
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**4. Educational / Technical / Professional Qualifications**

(Please name any institute or professional body in full, rather than using initials)

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| --- | --- | --- | --- |
| **Secondary Education** | | | |
| **Where attained** | **Subjects / Qualifications** | **Grade** | **Dates**  **(month & year)** |
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| **Higher/Further Education** | | | |
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| **Teaching Qualifications** | | | |
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| **Qualifications being studied for (if applicable)** | | | |
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| **5. Professional Development** |

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| --- | --- | --- | --- |
| **Training Provider** | **Course** | **Qualification/Certificate** | **Dates Achieved** |
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**6. Details of any Relevant Membership of Professional Institutes**

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| --- | --- | --- | --- |
| **Institute** | **Membership Number** | **Level of Membership** | **Date** |
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**7. Relevant Knowledge, Experience and Skills**

As outlined above, please complete a short covering letter to accompany this application form.

**8. References**

|  |  |  |
| --- | --- | --- |
| Please indicate two people who can provide references, one of whom must be your present/last employer. | | |
| Name: |  | Name: |
| Address: | Address: |
| Tel. | Tel. No: |
| E-mail: | E-mail: |
| Occupation: | Occupation: |
| Relationship: | Relationship: |
| **Would you be happy for us to contact your nominated referee prior to interview?** | **Would you be happy for us to contact your nominated referee prior to interview?** |

**9. Declarations**

**Working with Children**

I confirm that I am not disqualified from work with children, or subject to any sanctions imposed by a regulatory body and that my

appointment will be subject to obtaining a satisfactory disclosure at enhanced level through DBS.

***Signed: Date:***

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| --- |
| **Declaration of Criminal Offences**  The job for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions or cautions you may have which are not regarded as protected by the Exceptions Order 1975 (2013) and have not been filtered as a result. You should also declare **when requested** any other matters that may have a bearing upon your suitability. Further guidance on the DBS filtering arrangements may be obtained from [https://www](http://www.gov.uk/government/).gov[.uk/government/](http://www.gov.uk/government/) publications/dbs-filtering-guidance.  The information you give will be treated in confidence and will only be taken into account in relation to an application where the exemption applies. As the occupant of the post will have substantial access to children, a disclosure request will be made of the Disclosure and Barring Service (DBS) to ascertain whether their records reveal any criminal convictions (including spent ones) relating to the successful applicant.  All information given will be treated in the strictest confidence and will be used for this job application only. The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making this decision the panel will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors which may be relevant.  Failure to declare a conviction may, however, disqualify you from appointment, or result in summary dismissal if the discrepancy comes to light. |

**Declaration**

I hereby give my consent for personal information (including recruitment monitoring) provided as part of this application to be held on

computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data

Protection Act 1998.

I have completed this application form (and accompanying documents) accurately and truthfully. I have not withheld any

information that could reasonably be considered relevant to my application. I understand that the appointment, if

offered, will be subject to the information on this application being correct.

I understand that providing false information with regards my application shall disqualify me from such appointment,

or if discovered after employment, may lead to my dismissal.

***Signed: Date:***

***If you are returning this form by email, you will be required to sign this form if you are called for an interview.***

Equality and Diversity Monitoring Form

We are committed to a policy of valuing Equality and Diversity. In order to monitor the effectiveness of this policy, all applicants for employment are asked to complete this form. The data will be used in an anonymous format to provide statistical information and enable UTC Bolton to comply with its legal obligations.

**The information provided on this form will not be used in the selection process.**

**Position Applied For:**

**Date of Birth:** (DD/MM/YY)

**Legal Sex**:

☐ Male ☐ Female

Is your gender identity consistent with the sex you were assigned at birth?

☐Yes ☐ No ☐ Prefer not to say

**Ethnic Origin:**

☐ Prefer not to say ☐ Chinese

☐White ☐ Other Asian background

☐ Gypsy or Traveller ☐ Mixed – White and Black Caribbean

☐ Black or Black British – Caribbean ☐ Mixed – White and Black African

☐ Black or Black British – African ☐ Mixed – White and Asian

☐ Other Black background ☐ Other Mixed background

☐ Asian or Asian British – Indian ☐ Arab

☐ Asian or Asian British – Pakistani ☐ Other Ethnic background

☐ Asian or Asian British – Bangladeshi ☐ Not Known

**Nationality:** Please specify:

**Religious Beliefs:**

☐ Christian (including Church of England, Catholic, Protestant & all other Christian denominations)

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| --- | --- | --- | --- | --- |
| ☐ | Sikh | ☐ Jewish | ☐ Hindu | No Religion |
| ☐ | Buddhist | ☐ Muslim | ☐ Other | ☐ Declined to indicate |

**Sexual Orientation:**

☐ Heterosexual ☐ Gay man ☐Gay woman/Lesbian ☐ Bisexual

☐ Prefer not to say ☐ Other

**Disability**:

The Equality Act 2010 seeks to protect the employment rights of people with disabilities. The Act defines a disability as any physical or mental impairment, which has a substantial or long term adverse effect on the ability to carry out normal day to day activities.

**Do you regard yourself as disabled, as defined by the Equality Act?**

☐ Yes No☐ ☐ Prefer not to say

If you have answered yes above, please tell us what type of disability this is (you may tick more than one box)

☐ Two or more impairments and/or disabling medical conditions

☐ Specific learning disability (such as dyslexia, dyspraxia or AD(H)D)

☐ General learning disability (such as Down’s syndrome)

☐ A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder

☐ A long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

☐ A mental health condition (such as depression, schizophrenia or anxiety disorder)

☐ A physical impairment or mobility issues (such as difficulty using arms or using wheelchair or crutches)

☐ Deaf or serious hearing impairment

☐ Blind or serious visual impairment uncorrected by glasses

☐ A disability, impairment or medical condition that is not listed above

***Please return this completed Equal Opportunities form with your application form***