Academy Application form

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| Data protection notice |
| Throughout this form we ask for some personal data about you. We’ll only use this data in line with data protection (GDPR) legislation and process your data for one or more of the following reasons permitted in law:   * You have given us your consent * We must process it to comply with our legal obligations   More information on how we use your personal data in our privacy notice for job applicants which can be found at: **www.caistoryarboroughacademy.co.uk/policies-and-reports/** |

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| vacancy information |
| Application for the post of:  Job ID/reference number:  What date are you available to begin a new post?  Where did you first hear about this job? |

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| Disclosure and barring and recruitment checks |
| Caistor Yarborough Academy is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.  The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.  For posts in regulated activity, the DBS check will include a children’s barred list check.  It is an offence to seek employment in regulated activity if you are on a barred list.  Any data processed as part of the DBS check will be processed in accordance with data protection regulations and Yarborough Academy’s privacy notice.  **Do you have a DBS certificate?** ☐Yes ☐No Date of check:  **Are you on the DBS update service?** ☐Yes ☐No *If yes please provide certificate number:*  If you’ve lived or worked outside of the UK in the last 5 years, Caistor Yarborough Academy may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.  **Have you lived or worked outside of the UK in the last 5 years:** ☐Yes ☐No  Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.  We will not ask for any criminal records information until we’ve received the results of a DBS check.  Any convictions listed on a DBS check will be considered on a case-by-case basis. |

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| right to work in the uk |
| Caistor Yarborough Academy will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.  By signing this application, you agree to provide such evidence when requested. |

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| sign and date |
| Name (please print):  Sign:  Date: |

1. Instructions

Please complete all sections of this form using black ink or type.

The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

**Applications will only be accepted if they are completed in full.**

Please return the completed application form by the closing date by email to: [emma.johnson@cyac.org.uk](mailto:emma.johnson@cyac.org.uk) or by post to:

**Emma Johnson**

**Caistor Yarborough Academy,**

**Grimsby Road,**

**Caistor,**

**Market Rasen,**

**Lincolnshire,**

**LN7 6QH**

1. Personal details

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| personal details | |
| **First name** |  |
| **Surname** |  |
| **Preferred title** |  |
| **Previous surnames**  **(please advise of month/year known by those surnames from and until)** |  |
| **If you prefer to be called by a name other than the one listed above, please specify** |  |
| **NI Number:** |  |

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| contact details | |
| **Address** |  |
| **Postcode** |  |
| **Home phone** |  |
| **Mobile phone** |  |
| **Email address** |  |
| **Month/Year moved to this address**  *(if less than 5 years ago please provide previous addresses below)* |  |
| **Previous address** *(where applicable including dates residing at this address)* |  |
| **Previous address** *(where applicable including dates residing at this address)* |  |

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| disability and accessibility |
| Caistor Yarborough Academy has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.  If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require: |

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| relationship to Caistor yarborough academy | | |
| Please list any personal relationships that exist between you and any of the following members of the academy community:  Update this list and the sentence below, as appropriate   * Governors * Staff * Students   If you have a relationship with a governor or employee, this does not necessarily prevent them from acting as a referee for you. | | |
| **Name** | **Relationship** | **Role at Academy** |
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1. Employment History

**Please complete the relevant applicable current employment details below**

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| current employment details – if a teaching post including teaching assistants | | | | | | | | |
| **Job title** | **Employer details (name, address, email and/or telephone)** | **Dates employed** | **Age range taught** | **No. on roll** | **Permanent or temporary** | **Part-time or full-time** | **Salary (inc. allowances)** | **Description of responsibilities** |
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| current employment details – if a non-teaching post excluding teaching assistants | | | | | | |
| **Job title** | **Employer details (name, address, email and/or telephone)** | **Dates employed** | **Permanent or temporary** | **Part-time or full-time** | **Salary details** | **Description of responsibilities** |
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| Previous employment | | | | |
| Please provide details of all previous employment. List the most recent employment first. | | | | |
| **Job title** | **Name and address of employer** | **Dates employed** | **Description of responsibilities** | **Reason for leaving** |
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***Please continue on a separate sheet if necessary***

1. Education and training

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| education and qualifications | | |
| Please provide details of your education from secondary school onwards.  You’ll be required to produce evidence of qualifications. | | |
| **Dates attended (month and year)** | **Name and location of school/college/university** | **Qualifications gained (including grades)** |
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| training and professional development | | | | |
| Please give details of training or professional development courses undertaken in the last 3 years that are relevant to your application | | | | |
| **Course dates** | **Length of course** | **Course title** | **Qualification obtained** | **Course provider** |
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| teacher status – for teaching positions only | |
| **Teacher reference number** |  |
| **Do you have QTS?** |  |
| **QTS certificate number (where applicable)** |  |
| **Date of qualification** |  |
| **Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct?** |  |
| **Are you subject to a General Teaching Council sanction or restriction?** |  |

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| Additional information |
| Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests. |
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| Driving licence details – for roles requiring driving only | |
| **Do you have a valid driving licence?** |  |

1. Letter of application

Please attach an accompanying letter explaining why you’re applying for this post and how your experience, training and personal qualities match the requirements of the role as set out in the job description and person specification.

Please include your surname and the title of the post you’re applying for as the file name for the attachment.

1. References

Please give the names of 2 people who are able to comment on your suitability for this post. One must be your current or last employer. If you’ve not previously been employed, please provide details of another suitable referee.

Caistor Yarborough Academy reserves the right to seek any additional references we deem appropriate.

Please let your referees know that you’ve listed them as a referee, and to expect a request for a reference should you be shortlisted.

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| Name | Relationship to you | address and post code | contact number | email address | is this your current employer? |
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If either of your referees knows you by a different name, please state:

If you don’t wish us to contact your referees without your prior agreement, please tick this box: ☐

1. Equalities monitoring

We’re bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

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| equalities monitoring information | | | | | | | | | | |
| **What is your date of birth?** | | **D** | **D** | **M** | | **M** | **Y** | **Y** | **Y** | **Y** |
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| **What gender are you?** | | ☐Male  ☐Female  ☐Other  ☐Prefer not to say | | | | | | | | |
| **Do you identify as the gender you were assigned at birth?** | | ☐Yes  ☐No  ☐Prefer not to say | | | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | | | | |
| **White**  ☐British  ☐Irish  ☐Gypsy or Irish Traveller  ☐Any other White background  **Asian or British Asian**  ☐Bangladeshi  ☐Indian  ☐Pakistani  ☐Chinese | **Black or Black British**  ☐African  ☐Caribbean  ☐Any other Black background  **Mixed**  ☐White and Asian  ☐White and Black African  ☐White and Black Caribbean  ☐Any other mixed background | | | | **Other Ethnic groups**  ☐Arab  ☐Any other ethnic group  ☐Prefer not to say | | | | | |
| **Which of the following best describes your sexual orientation?** | | | | | | | | | | |
| ☐Bisexual  ☐Heterosexual/straight  ☐Homosexual | | ☐Other  ☐Prefer not to say | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | |
| ☐Agnostic  ☐Atheist  ☐Buddhist  ☐Christian  ☐Hindu | ☐Jain  ☐Jewish  ☐Muslim  ☐No religion | | | | ☐Other  ☐Pagan  ☐Sikh  ☐Prefer not to say | | | | | |
| **Pregnancy and maternity** | | | | | | | | | | |
| Are you pregnant?  ☐Yes  ☐No  ☐Prefer not to say | | Have you given birth within the last 12 months?  ☐Yes  ☐No  ☐Prefer not to say | | | | | | | | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | | | | | | | | |
| ☐Yes  ☐No  ☐Prefer not to say | | | | | | | | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | | | | | | | | |
| ☐Physical impairment  ☐Sensory impairment  ☐Learning disability/difficulty  ☐Long-standing illness  ☐Mental health condition  ☐Developmental condition  ☐Other | | | | | | | | | | |