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|  | **HUMBERSTON PARK SPECIAL SCHOOL****APPLICATION FORM** |

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| **DATA PROTECTION** |
| Throughout this form we ask for some personal data about you. We’ll only use this data in line with data protection 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
* We need to process it for our legitimate interests
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| **DISCLOSURE and BARRING CHILDCARE DISQUALIFICATION****LIVED OR WORKED ABROAD** |
| The Academy is legally obligated to process a Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which aren’t “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the Academy privacy statement.**Do you have a DBS certificate?:** Yes No Date of check: Childcare Disqualification Regulations - Pupils aged 8 and belowYou will be given a copy of the Academy’s declaration form regarding Childcare Disqualification Regulations if applicable.If you’ve lived or worked outside of the UK - The 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**  Yes No |

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| **RIGHT TO WORK IN THE UK** |
| The 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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| **INSTRUCTIONS** |
| Please complete all sections of this form using black ink or type.The sections of this application form that include 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:Applications should be sent to both the following E-Mail addresses – or posted directly to the Academy: carrolls@hpark.org.uk and office@hpark.org.uk  |

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| **PERSONAL DETAILS** |
| **Full name** |  |
| **Surname** |  |
| **Preferred title** |  |
| **NI Number** |  |

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| **CONTACT DETAILS** |
| **Address including Post Code** |  |
| **Home telephone** |  |
| **Mobile ‘phone** |  |
| **E-Mail address** |  |

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| **DISABILITY and ACCESSIBILITY** |
| The Academy is 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’re called for an interview, please state the arrangements you require. |

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| **VACANCY INFORMATION** |
| **Application for the post of?** |  |
| **Where did you first hear about this post?** |  |

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| **RELATIONSHIP TO THE SCHOOL** |
| Please list any personal relationships that exist between you and any of the following members of the school community.* Governors/Trustees
* Staff
* Pupils
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| **Name** |  |
| **Relationship** |  |
| **Role at school** |  |

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| **EMPLOYMENT HISTORY PRESENT EMPLOYER** |
| **Employer – Name and address** |  |
| **Job title** |  |
| **Employer – Contact details** | E-Mail: Telephone:  |
| **Dates employed** | From: To:  |
| **Salary and Grade/Scale** |  |
| **Permanent or Temporary** |  |
| **Period of notice** |  |

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| **PREVIOUS EMPLOYMENT Include any periods of unemployment, voluntary work or time off e.g. Maternity** |
| **Employer name and address** | **Position held** | **Dates from/To****Including Month & Year** | **Salary** | **Reason for leaving** |
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| **EDUCATION and QUALIFICATIONS** **Please provide details of your education from Secondary School onwards**You will 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 that are relevant to your application.**  |
| **Course dates** | **Length of course** | **Course title** | **Qualification obtained** | **Course provider** |
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| **TEACHER STATUS** |
| **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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| **SUPPORTING INFORMATION*** Use this section to promote yourself and demonstrate the relevance of your experience, knowledge and skills in relation to the job description and person specification
* Use specific examples rather than general statements – continue on a separate sheet if necessary
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| **Experience** |
| **Skills** |
| **Knowledge** |
| **Personal attributes/qualities** |
| **Specific achievements and/or examples of success** |

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| **REFERENCES** |
| Please give the names of 2 people who are able to comment on your suitability for this post.One must be your present or last employer.If you have not previously been employed, please provide details of another suitable referee.The Academy reserves the right to seek any additional references it deems appropriatePlease let your referees know that you have listed them as a referee, and to expect a request for a reference should you be shortlisted. |
| Name: |  | Name: |  |
| Job title |  | Job title |  |
| **E-Mail address** |  | **E-Mail address** |  |
| Address |  | Address |  |
| Phone No. |  | Phone No. |  |
| May we take up reference before interview? | **YES** | **NO** | May we take up reference before interview? | **YES** | **NO** |

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| **DECLARATION** |
| * I declare that the information given on this application form is to the best of my knowledge true and complete
* I understand that the Academy reserve the right to verify claims made in this and any subsequent findings of misleading/false information may lead to disciplinary action and dismissal
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| **Signed** | **Date** |
| Thank you for your interest.Unfortunately we cannot reply to every application, therefore if you do not receive a reply within four weeks of the closing date please consider your application unsuccessful. |

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| **Please return this application to:** | **Humberston Park Special School****St Thomas Close****Humberston****GRIMSBY****N E Lincs DN36 4HS****office@hpark.org.uk** **AND** **carrolls@hpark.org.uk** |

**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 is your sex?** | ☐Male ☐Female  |
| **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 |

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| **Which of the following best describes your sexual orientation?** |
| ☐Bisexual☐Heterosexual/straight☐Homosexual man☐Homosexual woman☐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 |
| **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 |