1. **APPLICATION FORM**

Please fill in **all** **relevant** **sections** of the form using **black ink**/type. The information you provide will help us make a fair decision in the selection process. **Please note,** **CV’s are not accepted.** Applications received after the closing date will not normally be considered. Applications should be returned to: Mrs Fiona Weller, Pencalenick School, St Clement, Truro, TR1 1TE or to [admin@pencalenick.org](mailto:admin@pencalenick.org)

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| **1. VACANCY DETAILS** | | | |
| Post applied for: |  | Closing date: |  |
| School/Department: |  | Interview date: |  |

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| **2. PERSONAL DETAILS** | | | |
| Surname: |  | Title: | Mr/Mrs/Miss/Ms/Other: |
| Previous Surname: |  | | |
| First name(s): |  | | |
| Date of birth: |  | Teacher No: |  |
| Home address: |  | Home phone: |  |
| Work phone: |  |
| Mobile: |  |
| Post code: |  | Email: |  |
| NI Number: |  | (You can get this from the Department of Work and Pensions) | |

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| **3. YOUR CURRENT OR MOST RECENT EMPLOYMENT** | | | | | | | | | | |
| **Note:** If you are applying for your first job, please provide any voluntary work/work experience in the “Previous employment or experience” section. | | | | | | | | | | |
| Employer name: | | | | |  | | Job title: |  | | |
| Employer address: | | | | |  | | Salary: |  | | |
| Start date: |  | | |
| Notice required: |  | | |
| Date of Leaving: (if applicable) |  | | |
| Reason for leaving  (if applicable): | | | | |  | | | | | |
| Main duties and responsibilities: | | | | |  | | | | | |
| **4. PREVIOUS EMPLOYMENT OR EXPERIENCE** | | | | | | | | | | |
| Start with the **most recent employment first and work backwards**. Please ensure specific dates are provided. You must explain any gaps in your work history since you left education (e.g. unemployment; career breaks; voluntary work; travel etc.). | | | | | | | | | | |
| Dates **(mm/yy)** | | | | Employer  **or** Reason for gap | | Job title, duties and responsibilities | | | | Reason for leaving |
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| **5. EDUCATION** | | | | | | | | | | |
| Enter details of your attendance at educational establishments, from ‘secondary’ school level onward (school, college, or university) starting with the most recent first. | | | | | | | | | | |
| Dates (mm/yy) | | | Name and address of School, College, or University | | | | Qualification | | Grade | |
| From | To | |
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| **6. PROFESSIONAL QUALIFICATIONS, TRAINING AND SELF DEVELOPMENT** | | |
| Name of provider/college | Title of course/training, e.g. First Aid at Work | Qualification (if relevant) |
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| **7. MEMBERSHIP OF PROFESSIONAL BODIES** | | | |
| Institute or association | Membership level | How obtained, e.g. through qualification, experience, or election | Date achieved  (mm/yy) |
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| **8. YOUR SUPPORTING STATEMENT** |
| This important part of your application will be used to decide if you meet the criteria and should be shortlisted for interview. Refer to the role information supplied and tell us how your skills and experience match. Use examples where possible and provide the situation or task, your action(s) and the result. If you are applying for your first job, provide examples of other relevant experience that will help us decide your suitability, e.g. gained through education, the community etc. |
| Continue on a separate sheet if necessary |
| **9. SAFEGUARDING CHILDREN AND YOUNG PEOPLE** |
| We are committed to safeguarding children and young people. From your training and/or experience, please give examples which demonstrate your knowledge and commitment to safeguarding and how you would ensure these vulnerable groups remain in a safe environment. |
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| **10. INTERVIEW REQUIREMENTS** |
| We will make reasonable adjustments to help a person with disabilities through the application and selection process. If you have specific requirements for attending an interview (i.e. ground floor interview room) please let us know below: |
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| **11. REFERENCES** | | | | | | |
| You must provide details of two referees (do not include a relative, unless you have worked for them directly **References for shortlisted candidates will be taken up before interview**. With all references we will ask for information about past disciplinary issues and whether you have been subject to any child/vulnerable adult protection concerns and the outcome of any enquiry or disciplinary procedure. If you have any concerns, please contact us. | | | | | | |
| **Reference 1**: This **must be your present employer, or if you are currently unemployed, your last employer, or if you are leaving full-time education, your Headteacher, College Principal, or University Tutor**. | | **Reference 2**: Should be a professional reference and comment on your skills and abilities in relation to the job for which you have applied. If you are applying for a teaching or learning mentor position, at least one reference must relate to a post where you worked with children. | | | | |
| Full name: |  | Full name: | | |  | |
| Job title: |  | Job title: | | |  | |
| Employer: |  | Employer: | | |  | |
| Address: |  | Address: | | |  | |
| Postcode: |  | Postcode: | | |  | |
| Telephone No: |  | Telephone No: | | |  | |
| Email: |  | Email: | | |  | |
| Relationship to you: |  | Relationship to you: | | |  | |
| **12. DECLARATION OF CRIMINAL CONVICTIONS** | | | | | | | |
| This post is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to disclose **ALL** criminal convictions, which have incurred in or outside of the UK, including any which may be ‘spent’. You should also include details of any cautions, reprimands or final warnings. | | | | | | | |
| Have you ever been convicted of any criminal offence, whether ‘spent’ or ‘unspent’, as defined in the Rehabilitation of Offenders Act 1974 or do you have any charges pending? | | | | | | | Yes/No |
| If yes, please provide details: | | | | | | | |
| Have you ever been cautioned, reprimanded, or received a final warning which although not considered to be criminal convictions and become ‘spent’ immediately, must be considered in relation to this exempt post? | | | | | | | Yes/No |
| If yes, please provide details: | | | | | | | |
| Any subsequent offer of employment will be subject to a criminal record check (disclosure request) from the Disclosure and Barring Service (DBS). This check will include details of cautions, reprimands or final warnings as well as convictions. Appointment will be subject to the information received from the DBS.  I accept that if any of the information is found to be false or misleading, this may result in any offer of employment being withdrawn. I understand that any subsequent offer of employment will be subject to the outcome of a criminal record check from the DBS and that by signing below (including electronic signature), I authorise the Special Partnership Trust to initiate appropriate checks. | | | | | | | |
| **Signature:** | |  | | **Date:** |  | | |

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| **13A. ADDITIONAL INFORMATION** | |
| Have you ever been the subject of a formal disciplinary procedure?  Have you ever been dismissed from any previous employment? | Yes/No |
| If yes, please give details: | |
| How many days have you been absent in the last 3 years (**most recent first**)? | |
| Year 1 - total absence in ‘days’ is: |  |
| Year 2 - total absence in ‘days’ is: |  |
| Year 3 - total absence in ‘days’ is: |  |
| Are there any restrictions to you living and working in the UK which might affect your right to work for us (e.g. needing a work permit/visa)? | Yes/No |
| If yes, please provide details: | |
| The role information supplied will say if this post requires travel and, if so, if you need access to transport and/or a full current UK driving licence. | |
| If needed, do you have access to transport? | Yes/No |
| If needed, do you have a full current UK driving licence? | Yes/No |
| The Working Time Regulations (1998) require us to monitor the hours worked by employees. Would this role be your only employment? | Yes/No |
| If no, please provide details of all your other role(s) and the days and hours you work: | |
| Canvassing our employees (asking them to help you get this role) directly, or indirectly, will disqualify your application. Also, if you fail to declare any relationship with an employee, or governor within the Trust, your application may be disqualified and, if appointed, you may be dismissed without notice. | |
| Are you related to, or have you formed any relationship (personal, financial or professional) with any current employee or governor within the Trust? | Yes/No |
| If yes, please give details: | |
| Do you, your partner, or family have any interests (personal, financial or professional) that may conflict with you doing this role? | Yes/No |
| If yes, please give details: | |

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| **13B. ADDITIONAL INFORMATION FOR TEACHING POSTS ONLY** | |
| Do you have Qualified Teacher Status (QTS)? | Yes/No |
| Your DfE teacher reference number (if applicable): |  |
| Date of recognition by DfE/DCSF as your becoming a qualified teacher |  |
| Statutory Induction Period (if qualified after 7 May 1999) |  |
| Are you subject to any conditions or prohibitions placed on you by the GTC/DfE or other body in the UK | Yes/No |
| If yes, please give details: | |
| Principal subject(s) that you are qualified to teach: | |
| Please give details: | |
| Other subjects which you teach/have taught: | |
| Please give details: | |

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| **14. HOW WE PROTECT YOUR PERSONAL INFORMATION** |
| We keep on file information from this application form and any documents you attach. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation and will not be sold to any third party. Unsuccessful application forms will be destroyed after 6 months. |

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| **15. YOUR DECLARATION** | | | | | | |
| I understand that any employment, if offered, will be subject to the information on this form being correct in addition to satisfactory references and employment checks. I understand that if appointed, I am liable to dismissal from the Special Partnership Trust without notice if the information on this form is later proved to be inaccurate. In signing this form I confirm that no valid information has been wilfully withheld. | | | | | | |
| **Signature** (applicant): | |  | | **Date:** | |  |
| Please sign and date the above and email this form to [admin@pencalenick.org](mailto:admin@pencalenick.org) **.** If returning by post send to Mrs Fiona Weller, Pencalenick School, St Clement, Truro, TR1 1TE. You will be asked to sign a ‘hard copy’ before any offer of employment is made. | | | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | | | |
| Name (printed): |  | | Contact number: | |  | |

The Special Partnership Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. All offers of employment are subject to the satisfactory completion of checks and references, including an enhanced Disclosure and Barring Service (DBS) check.