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| **Post Applied For:** | |  |  | |
| **Where did you see this post advertised?** | |  |  | |
| **Surname** *(Block Letters)* | |  |  | |
| **Full Forenames** *(Block Letters)* | |  |  | |
| **Current Address** | |  | **Correspondence Address** *(If different)* | |
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| **Daytime Telephone** |  |  | **Alternative Telephone** |  |
| **Email** |  |  |  |  |

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| **Have you been known by a different name or changed your name by Deed Poll?** |  | Yes |  | No |
| *(If yes, please provide details)* | | | | |
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|  | **Asylum and Immigration Act 1996** | | | | | | | | | | | | | | |  |
|  | The Asylum and Immigration Act 1996 makes it a criminal offence for West Lakes Multi Academy Trust to employ those who do not have permission to live or work in the United Kingdom. Applicants will be required to provide documentary evidence of their right to work in the United Kingdom if invited to interview. | | | | | | | | | | | | | | |  |
|  | **Do you have the right to live and work in the United Kingdom?** | | | | | | |  | | | Yes | |  | | No |  |
|  | **National Insurance Number** *(If applicable)* |  | | | | | | | | | | | | | |  |
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|  | **Relationship** |  |
|  | If, to the best of your knowledge, you are related to any employee of West Lakes Multi Academy Trust please state the name, address and relationship to such person. |  |
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|  | **Applicants with Disabilities** | | | | |  |
|  | West Lakes Multi Academy Trust will guarantee to interview all disabled applicants who meet the essential criteria for the post for which they are applying. The Disability Discrimination Act 1995 defines a disabled person as ‘An individual who has a long term physical or mental impairment which has substantial adverse effect on their ability to carry out day to day activities’. | | | | |  |
|  | **Do you consider yourself to be disabled under the Disability Discrimination Act?** |  | Yes |  | No |  |
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|  | **Rehabilitation of Offenders Act 1974** |  |
|  | The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are **not subject to disclosure to employers** , and **cannot be taken into account**. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website, [www.gov.uk/disclosure-barring-service-check/overview](http://www.gov.uk/disclosure-barring-service-check/overview). West Lakes Multi Academy Trust supports safeguarding of children and, therefore, while we do not ask for the disclosure of criminal convictions at the application stage, if you are shortlisted for interview your suitability to work with children will be explored and this will include the disclosure of convictions. If you are shortlisted for interview a self-disclosure form will be sent to you to complete and bring at least one day prior to interview. This information will also be required as part of the application of an enhanced DBS to check your suitability to work in a school.  Please be aware that it is an offence to apply for a role in a school where the applicant is barred from engaging in regulated activity relevant to children. |  |
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|  | **References** | | | | | | | | | | | | | | | | |  | |
|  | *Please supply 2 referees who can provide employment references from your current/most recent place of work and 1 other previous employment. For teaching posts this should be your current/most recent head teacher or someone with the authority within the organisation to do so.* | | | | | | | | | | | | | | | | |  | |
|  | Name |  | | | | | | |  | Name |  | | | | | | |  | |
|  | Job Title |  | | | | | | |  | Job Title |  | | | | | | |  | |
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|  | Capacity in which known | | |  | | | | |  | Capacity in which known | | |  | | | | |  | |
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|  | Address | | | | | | | |  | Address | | | | | | | |  | |
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|  | Email | | | | | | | |  | Email | | | | | | | |  | |
|  | Telephone Number | |  | | | | | |  | Telephone Number | |  | | | | | |  | |
|  | Can we contact prior to interview? | | | |  | Yes |  | No |  | Can we contact prior to interview? | | | |  | Yes |  | No | |  |
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| **Membership of Professional Organisations and Institutions** | | | | |
| Name of Professional Body or Organisation | Date Attained | Membership Status | Membership Number | By Examination  Yes/No |
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| **Secondary Education**  In date order, most recent first, ***with no gaps unaccounted for***. | | | | | |
| Name and location of school/college | From | To | Awarding Body | Examinations taken *(include date, level, grade)* | Classification or Grade |
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| **Further Education – University, College Courses**  In date order, most recent first, ***with no gaps unaccounted for***. | | | | | |
| Name and location of establishment | From | To | Awarding Body | Examinations taken *(including subject and level)* | Classification or Grade |
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| ***(To be completed for Teaching Applications only)*** | | |
| Date Gained  Qualified Teacher Status | Probation Induction Completed  Yes or No | DfE Number |
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| **Work Related Training** | |
| Date | Course/Training Details |
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| **Present (or most recent) Employment** |
| Name and address of employer |
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| Job Title |  |  | Salary |  |

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| Date of appointment |  |  | Date of leaving *(If applicable)* |  |

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| Period of notice required |  |  | Date available to commence employment |  |

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| Reason for leaving *(If applicable)* |

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| Main duties and responsibilities |
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| **Previous Employment** |

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| In date order, most recent first, ***with no gaps unaccounted for since leaving education***. Continue on a separate sheet if necessary.  (West Lakes Multi Academy may contact all or any employers you have listed below in order to verify the employment details stated.) |

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| --- | --- | --- | --- | --- | --- |
| Name and address of Employer | From | To | | Job title, role & responsibilities | Reason for leaving |
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| **Please use this section to provide a statement of your personal qualities and experience that you believe are relevant to your suitability for the post and how you meet the person specification for the post.** |
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| **Declaration** |

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| To the best of my knowledge I declare that the information contained in this application form is accurate and correct.  I understand and agree that:  a) The provision of false information may result in disqualification from the recruitment process or termination of employment.  b) The information provided on this application may be stored and processed by West Lakes Multi Academy Trust for a period of 6 months for recruitment purposes and if successful the information will be stored on personal file and processed for the purpose of the employment relationship.  c) Where I cannot provide evidence of qualifications and / or suitable references the offer of employment may be rescinded and / or employment terminated.  d) Canvassing of members of West Lakes Multi Academy Trust, directly or indirectly for any appointment will disqualify my application.  e) Where the post for which I am applying requires me to work with children and / or vulnerable adults I hereby agree to a disclosure being made by the Disclosure and Barring Service about the existence and content of a criminal record spent or otherwise.  f) Should I be short-listed I will be required to provide documentary evidence of my right to live and work in the United Kingdom (see guidance notes).  g) In accordance with KCSIE 2022 The Trust will conduct searches, either themselves or through a third party, of the online presence and publicly available social media content of shortlisted candidates to identify any comment, image or other content that could cause reputational damage to the Trust and/or give rise to safeguarding concern. By signing this form, either electronically via email or in writing, you consent to the Trust completing those searches.  h) All information contained in this form will be treated as strictly confidential, and used only for recruitment purposes. By supplying information, you are indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 2018, and any verifications checks that may be made.  i) We do not acknowledge receipt of application forms unless accompanied by a stamped addressed envelope.  Signature: Date: |
|  |