|  |
| --- |
| **EMPLOYMENT APPLICATION FORM** |

Please complete all sections of the form fully: CVs will not be accepted. Please note that providing false information will result in the application being rejected or withdrawal of any offer of employment, or dismissal if you are in post. Please note that checks may be carried out to verify the contents of your application form. Please complete the form in black ink.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vacancy Job Title** |  | **Job Ref Number** |  |

**PART 1**

**INFORMATION FOR SHORTLISTING AND INTERVIEWING**

|  |  |
| --- | --- |
| **Salutation (Mr, Ms, Miss, Mrs, Dr etc)** |  |
| **First Name:** |  |
| **Middle Name/s:** |  |
| **Surname/family Name:** |  |
| **Contact email address:** |  |
| **Contact telephone number** |  |
| **Social Media Tag names e.g. Twitter/Facebook/Instagram/LinkedIn etc** |  |

**2. 2. LETTER OF APPLICATION Please enclose a letter of application of no more than 2 A4 pages which details why you are suitable for the post, your experience to date and how this meets the person specification.**

**3. PRESENT / LAST APPOINTMENT**

|  |  |
| --- | --- |
| **Name, address and telephone number of last employer/school/academy** |  |
| **Job title** |  |
| **Date appointed to current post** |  |
| **Permanent/Temporary** |  |
| **Full Time/Part Time** |  |
| **Current salary** |  |
| **Notice period** |  |

**4. FULL CHRONOLOGICAL HISTORY**

Please provide a full history in chronological order (most recent first) since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment, with start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Name and address of school,** | **Dates** | **Reason**  |
| **or Position** | **other employer, or description of activity** |  **From To** | **for****leaving**  |
|  |  | **Mth** | **Yr** | **Mth** | **Yr** |  |  |
|  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
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| **2** |  |  |  |  |  |  |
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| **3** |  |  |  |  |  |  |
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| **5** |  |  |  |  |  |  |
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| **6** |  |  |  |  |  |  |
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| **7** |  |  |  |  |  |  |
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| **8** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |

Please enclose a continuation sheet if necessary

**5. SECONDARY EDUCATION and QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/College** | **From** | **To** | **Qualifications Gained (Date and Grade)**  |
|  |  |  |  |

**6. HIGHER EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names and Addresses of** **University or College and/or** **University Education Department** | **Dates****From To** | **Full or** **Part-time** | **Courses/subjects taken and** **Grade** | **Date of** **Examination and****Qualifications Obtained** |
|  |  |  |  |  |

**7. PROFESSIONAL COURSES ATTENDED** Please list relevant courses attended in past 3 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Organising Body** | **Date(s)** | **Duration** |
|  |  |  |  |

**8. OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS**

|  |
| --- |
|  |

**9. REFEREES**

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent Headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is “time expired” and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. References will not be accepted from relatives or from people writing solely in the capacity of friends.

**First referee**

|  |  |
| --- | --- |
| **Title and Name** |  |
| **Address and post code** |  |
|  |  |
|  |  |
|  |  |
| **Telephone number** |  |
| **Email address** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |
| **Please tick if you do not wish this referee to be contacted prior to interview** ***(Please be aware that this could delay the interview process)*** |

**Second** **referee**

|  |  |
| --- | --- |
| **Title and Name** |  |
| **Address and post code** |  |
|  |  |
|  |  |
| **Telephone number** |  |
| **Email address** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |
| **Please tick if you do not wish this referee to be contacted prior to interview** ***(Please be aware that this could delay the interview process)*** |

**PART 2**

**This section will be separated from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.**

**10. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Surname or family name** |  |
| **All previous surnames** |  |
| **All forenames** |  |
| **Title** |  |
| **Date of Birth** |  |
| **Current Address** |  |
|  |
|  |
| **Postcode** |  |
| **Resident at this address since** |  |
| **Home telephone number** |  |
| **Mobile telephone number** |  |
| **Email address** |  |
| **National Insurance Number** |  |
| **Have you ever been subject to a child protection investigation by your employer or the General Teaching Council/Teaching Agency/former Independent Safeguarding Authority?**  | **Yes No****If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.** |
| **Are you subject to any legal restrictions in respect of your employment in the UK?**  | **Yes No****If YES please provide details separately** |
| **Do you require a work permit?** | **Yes No****If YES please provide details separately** |
| **Are there any special arrangements which we can make for you if you are called for an interview and/or work-based assessment?**  | **Yes No****If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc).** |
| **Are you related to or have a close personal relationship with any pupil, employee, trustee, member or local academy chair?** | **Yes No** **If YES give details separately under confidential cover** |
| **TEACHERS ONLY** |
| **Early Career Teachers ONLY:****Have you provided evidence of passing the Skills Tests?  *Please tick or cross*** | **Numeracy****Literacy****ICT (if applicable)** |
| **DfE reference number (if applicable)** |  |
| **Did you qualify as a teacher after May 1999? (if applicable)** | **Yes No** **If Yes, in which school was induction completed?** |

1. **COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND‑OVERS**

As the job for which you are applying involves substantial opportunity for access to children, it is important that you provide us with legally accurate answers. Upfront disclosure of a criminal record may not debar you from appointment as we shall consider the nature of the offence, how long ago and at what age it was committed and any other relevant factors. Please disclose any unspent convictions, cautions, reprimands or warnings. Please note that 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 at the Disclosure and Barring Service. Failure to declare any convictions (that not subject to DBS filtering) may disqualify you for appointment or result in summary dismissal if the discrepancy comes to light subsequently.

Do you have **ANY** convictions, cautions or reprimands, warnings or bind-overs?

Please tick the relevant box

**Yes  No **

If the answer is "yes", you must record full details in a separate, sealed envelope marked with your name and 'Confidential: Criminal Record Declaration' and bring this with you on the day of your interview. If you would like to discuss this beforehand, please telephone in confidence to the Headteacher for advice. In accordance with statutory requirements, an offer of employment will be subject to satisfactory DBS clearance.

**12. UK GDPR and DATA PROTECTION ACT**

The information collected on this form will be used in compliance with the UK GDPR and Data Protection Act 1998. The information is collected for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, to trustees, Occupational Health, DfE, Teachers Pensions Agency and local government pensions scheme, Department for Education, pension, payroll and personnel providers including relevant statutory bodies. For further information refer to the trust’s privacy policy via Tees Valley Education website: <https://www.teesvalleyeducation.co.uk/>.

You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud.

**13. NOTES**

a) When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant’s information pack.

b) Canvassing, directly or indirectly, an employee, trustee, member, local academy chair will disqualify the application.

c) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

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**14. DECLARATION**

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or dismissal if I am in post. I understand and accept that the information I have provided may be used in accordance with paragraph 13 above, and in particular that checks may be carried out to verify the contents of my application form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of applicant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print name**

**This section of the application form will not be available to the shortlisting/interview panel.**

**PART 3 EQUALITY AND DIVERSITY MONITORING**

**This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the UK GDPR and Data Protection Act.**

**Ethnic Group** *Workforce*

*Census Code* *Please tick*

|  |  |  |  |
| --- | --- | --- | --- |
| White | WBRI | British English Welsh Northern Irish Scottish |  |
| WIRI | Irish |  |
| OOTH | Irish Traveller |  |
| OOTH | Gypsy |  |
| WOTH | Other White background |  |
| Mixed | MWBC | White and Black Caribbean |  |
| MWBA | White and Black African |  |
| MWAS | White and Asian |  |
| MOTH | Other Mixed background |  |
| Asian or Asian British | AIND | Indian |  |
| APKN | Pakistani |  |
| ABAN | Bangladeshi |  |
| CHNE | Chinese |  |
| AOTH | Other Asian background |  |
| Black or Black British | BCRB | Caribbean |  |
| BAFR | African |  |
| BOTH | Other Black background |  |
| Other ethnic group | OOTH | Arab |  |
|  | *Write in:*  |  |
| Prefer not to say | REFU |  |  |

**Religion** *Please tick* **Disability** *Please tick*

 Do you consider that you have a disability?

|  |  |
| --- | --- |
| No religion |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion *write in* |  |
| Prefer not to say |  |
|  |  |

|  |  |
| --- | --- |
| Yes  |  |
| No |  |
| Prefer not to say |  |
| My disability is: *Please tick* |
| Physical Impairment |  |
| Sensory Impairment |  |
| Mental Health Condition |  |
| Learning Disability/ Difficulty |  |
| Long standing illness |  |
| Other |  |
| Prefer not to say |  |
|  |  |

**Sexual Orientation** *Please tick*

|  |  |
| --- | --- |
| Bi-sexual |  |
| Gay |  |
| Lesbian |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

**Gender** *Please tick*

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |

**Personal relationship** *Please tick*

|  |  |
| --- | --- |
| Single |  |
| Living together |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |