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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicants Surname | | | | | Click or tap here to enter text. | | | | | | | | | | |
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| Thank you for your interest in this post.  The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.  Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found at the end of this form. When submitting this form electronically you will be required to confirm the information is accurate by ticking the box in section 15.  If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process, please contact our HR Team on 01708 741748. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Post details | | | | | | | | | | | | | Section 1 | | |
| Application for appointment as | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Academy | | | | | | Choose an item. | | | | | | | | | |
| Reference No. (if applicable) | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Closing Date | | | | | | Click or tap to enter a date. | | | | | | | | | |
| How did you hear about this? | | | | | | Click or tap here to enter text. | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| Personal details | | | | | | | | | | | | | Section 2 | | |
| Last Name & Title | | | | | | Click or tap here to enter text. | | | | | First name(s) | | | Click or tap here to enter text. | |
| Previous Names | | | | | | Click or tap here to enter text. | | | | | Date of Birth | | | Click or tap to enter a date. | |
| Home Telephone | | | | | | Click or tap here to enter text. | | | | | Mobile Number | | | Click or tap here to enter text. | |
| Home Email | | | | | | Click or tap here to enter text. | | | | | Work Email | | | Click or tap here to enter text. | |
| Address | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Do you have the right to work in the UK? | | | | | | Yes | | No | | | National Insurance Number | | | Click or tap here to enter text. | |
|  | | | | | |  | |  | | |  | | |  | |
| Present Employment (if currently employed) | | | | | | | | | | | | | Section 3 | | |
| Employers Name & Address | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Nature of Business | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Current Post | | | | | | Click or tap here to enter text. | | | | | Date Appointed | | | Click or tap to enter a date. | |
| Grade/Salary Range | | | | | | Click or tap here to enter text. | | | | | Currently Salary £ | | | Click or tap here to enter text. | |
| Allowances Received | | | | | | Click or tap here to enter text. | | | | | Value(s) £ | | | Click or tap here to enter text. | |
| Reason for Leaving | | | | | | Click or tap here to enter text. | | | | | Notice Required | | | Click or tap here to enter text. | |
| Please tick if you do not wish to be contacted at work | | | | | | | | | | | | | | | |
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| Brief outline of duties in your current or most recent job | | | | | | | | | | | | | Section 4 | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | Section 5 | | |
| Employer | | | | | | Start Date | | End Date | | | Job Title | | | Reason for Leaving | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
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| Breaks in Employment History | | | | | | | | | | | | | Section 6 | | |
| If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, career break, voluntary work, training. | | | | | | | | | | | | | | | |
| Start Date | End Date | | | | | Reason for Break | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | | | | | |
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| Ability to Travel (if required) | | | | | | | | | | | | | Section 7 | | |
| Do you have a valid driving licence? | | | | | | | | | | | | | | Yes | No |
| Do you have access to a vehicle you are able to use for work purposes? | | | | | | | | | | | | | | Yes | No |
| If not, are you able to travel, for work purposes, by another means of transport? | | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | |  |  |
| Secondary School Education | | | | | | | | | | | | | Section 8 | | |
| School(s) | | | Start Date | | | | End Date | | Qualification/Subject Obtained and awarding body | | | | | Grade | Date(s) |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
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| Continuing Education (University/College/Apprenticeships etc) Please list most recent first. | | | | | | | | | | | | | Section 9 | | |
| Educational Establishment | | | Start Date | | | | End Date | | Qualification/Subject Obtained and awarding body | | | | | Grade | Date(s) |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
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| Professional Qualifications | | | | | | | | | | | | | Section 10 | | |
| Do you hold Qualified Teacher Status (QTS)? | | | | | | | | | | | | | | Yes | No |
| Teacher Reference Number | | | | | | | | | | | | | | Click or tap here to enter text. | |
| If yes, please complete the following Dates of NQT Statutory Induction Period (if qualified since August 1999) This is statutory requirement for maintained schools | | | | | | | | | | | | | | | |
| Start Date | | Click or tap to enter a date. | | | | | | | | End Date | | Click or tap to enter a date. | | | |
|  | |  | | | | | | | |  | |  | | | |
| Other Relevant Training and Development | | | | | | | | | | | | | Section 11 | | |
| Brief Description/Course Title | | | | | | | | | | Date | | Organising Body | | | |
| Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
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| Information in support of this application | | | | | | | | | | | | | Section 12 | | |
| Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary). If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.  Click or tap here to enter text. | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | Section 13 | | |
| Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months. | | | | | | | | | | | | | | | |
| Reference 1 | | | | | | | | | | | | | | | |
| Name | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Address | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Position | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Telephone Number | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Email Address | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Relationship between referee and applicant | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Period of time applicant known to referee | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Reference 2 | | | | | | | | | | | | | | | |
| Name | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Address | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Position | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Telephone Number | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Email Address | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Relationship between referee and applicant | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Period of time applicant known to referee | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Notes   1. Referees will be contacted before interviews. 2. If either of your referees know you by another name, please give details. 3. The Trust may contact other previous employers for a reference without your consent. 4. References will not be accepted from relatives or from people writing solely in the capacity of friends. | | | | | | | | | | | | | | | |
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| Close personal relationships | | | | | | | | | | | | | Section 14 | | |
| Are you a relative or partner, or do you have a close personal relationship with, any employee, Trustee or Governor of the establishment to which your application is being made (or to any County Councillor or employee of Havering Council)?  Yes  No  If ‘yes’, please state the name(s) of the person(s) and relationship (see notes below). | | | | | | | | | | | | | | | |
| Name of person | | | | | | | | | | Relationship | | | | | |
| Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | |
| Failure to disclosure a close personal relationship as above may disqualify you. Canvassing of Governors, Trustees, County Councillors or Senior Managers of the Trust/Havering Council by or on your behalf is not allowed. | | | | | | | | | | | | | | | |

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| Declarations | | | | Section 15 |
| Please read the following statements and information relating to your application carefully. By submitting this form and clicking on the box below you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.  I certify that the information I have supplied on this form is accurate and true to the best of my knowledge. | | | | |
| ****Disclosure of Criminal Convictions**** **Short-listed candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application. A conviction/caution/reprimand will not necessarily be a bar to obtaining employment, save in the case of management positions where a S128 Direction issued by the Secretary of State will prohibit employment.** | | | | |
| ****Safer Recruitment and Childcare Disqualification Checks**** **Shortlisted candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2009 (“the Regulations”) will be asked to complete a Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.**  **I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.** | | | | |
| ****Data Protection**** **I acknowledge that by completing this form the Trust will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the Trust will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.**  **If I am the successful applicant I acknowledge that this information will be retained in line with the Trust’s retention schedule. If I am not the successful candidate, I acknowledge this information will be retained by the Trust in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.**  **All forms submitted (in paper or electronic format) will be held securely by the Trust in line with their data protection policy.**  **Thank you for applying for this post and your interest in working for this Trust. It is not our normal practice to acknowledge receipt of paper applications. If you submit this form electronically you will receive confirmation that the form has been received.** | | | | |
| **Name** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. | |
| **Signed** |  | | | |