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| **VACANCY DETAILS** | |
| Position applied for | Click or tap here to enter text. |
| Where did you hear about this vacancy? | \*Recruitment site  DCC  Internal  \*Social media  Via friend  School Website  \*Other  \*Please state where: |
| **PERSONAL DETAILS** | |
| Title | Mr  Mrs  Miss  Ms  Other: |
| Surname |  |
| Previous Surname |  |
| Forenames |  |
| Preferred Forename |  |
| Address |  |
| Postcode |  |

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| **CONTACT DETAILS** | | |
| Email address |  | |
| Telephone | Home |  |
| Work |  |
| Mobile |  |

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| **ELIGIBILITY TO WORK IN THE UK** | |
| National Insurance No. |  |
| Do you have the right to work in the UK? | Yes  No |
| If you are not a British National or the holder of an EU or EEA passport, please indicate in what capacity you are residing | |
| in the UK |  |

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| **CURRENT/MOST RECENT EMPLOYMENT** | | | | |
| Employer’s Name |  | | | |
| Employer’s Address  Postcode |  | | | |
| Position Held |  | | | |
| Current Salary | £ | | | |
| Grade | **Grade** |  | **Spinal Column Point** |  |
| Date Appointed | Click or tap to enter a date. | | | |
| Notice Period |  | | | |
| Reason for Leaving |  | | | |
| Can we contact you at work? | Yes  No | | | |
| Main duties  Click or tap here to enter text. | | | | |

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| **TEACHING INFORMATION** | *Details of your teaching experience* |
| Subject(s) taught: |  |
| Ages you have taught: |  |
| DfE number: |  |
| Do you have Qualified Teacher Status? | Yes  No |
| I have a National Professional Qualification for Headship (NPQH) | Yes  No |
| I am a member of the Teachers’ Pension Scheme | Yes  No |

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| **SUPPORTING STATEMENT** |
| The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview. Please use this space to state how your skills, experience and training enable you to meet the requirements for the role for which you are applying for. Please refer to the criteria outlined in the person specification and respond in the order that each criteria point appears. |
| Click or tap here to enter text. |

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| **PREVIOUS EMPLOYMENT HISTORY (MOST RECENT FIRST) - \**Please explain any gaps in your employment history****.* | | | |
| Employer’s Name |  | Position Held |  |
| Employment commenced | Click or tap to enter a date. | Employment end date | Click or tap to enter a date. |
| Full or Part-Time | Full-Time  Part-Time | Reason for Leaving |  |
| Responsibilities |  | | |

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| Employer’s Name |  | Position Held |  |
| Employment commenced | Click or tap to enter a date. | Employment end date | Click or tap to enter a date. |
| Full or Part-Time | Full-Time  Part-Time | Reason for Leaving |  |
| Responsibilities |  | | |

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| Employer’s Name |  | Position Held |  |
| Employment commenced | Click or tap to enter a date. | Employment end date | Click or tap to enter a date. |
| Full or Part-Time | Full-Time  Part-Time | Reason for Leaving |  |
| Responsibilities |  | | |
| Reason for leaving |  | | |

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| Employer’s Name |  | **Position Held** |  |
| Employment commenced | Click or tap to enter a date. | **Employment end date** | Click or tap to enter a date. |
| Full or Part-Time | Full-Time  Part-Time | **Reason for Leaving** |  |
| Responsibilities |  | | |

Please tick here if continuing on a separate sheet

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| **\* GAPS IN EMPLOYMENT HISTORY:** *Please detail below any periods of time when you have not been employed since leaving secondary education.* | | |
| Date From (Month/Year) | Date to (Month/Year | Reason |
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Please tick here if continuing on a separate sheet

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| **REFERENCES** |
| Referees named below must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor/Headteacher or a suitable professional. It is our policy to contact referees prior to interview. If you do not wish us to contact the referee prior to interview please enter ‘X’ in the box applicable below. |

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| **Current (Most Recent) Employer** | I do not wish you to contact this referee prior to interview |
| Title | Mr  Mrs  Miss  Ms  Other: |
| First Name |  |
| Surname |  |
| Organisation |  |
| Designation of Referee  e.g. Headteacher, Line Manager, Relation, Friend etc. |  |
| Address |  |
| Telephone Number |  |
| Email address |  |

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| **Previous Employer** | I do not wish you to contact this referee prior to interview |
| Title | Mr  Mrs  Miss  Ms  Other: |
| First Name |  |
| Surname |  |
| Organisation |  |
| Designation of Referee  e.g. Headteacher, Line Manager, Relation, Friend etc. |  |
| Address |  |
| Telephone Number |  |
| Email address |  |

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| **EDUCATION, QUALIFICATIONS AND PROFESSIONAL MEMBERSHIPS**  *Please note, if shortlisted for interview you will be required to provide proof of your qualifications and memberships.* | | |
| **Qualifications, Short Courses and Teacher Training** | | |
| **Date** | **School/College/University/Awarding Body** | **Qualifications Achieved** |
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| All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a School Governor or an employee of St Edward’s School to use their influence to help you get a job. | |
| If selected for interview, you must, at that stage, make known any personal or business relationship which may conflict with the role applied for. | |
| Are you related to a School Governor or employee of St Edward’s School? Yes  No | |
| If ‘yes’, please provide | Name: |
| Relationship: |
| If selected for interview would you prefer to be contacted by: | Phone  Email |

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| **DATA PROTECTION LEGISLATION** |
| The information you have provided will be held in compliance with the Data Protection Regulations 2018. If you have previous Local Government service or other service which counts as continuous, St Edwards School will seek confirmation from your last Authority of your date of employment for continuous service purposes in the event of you being offered the post. The School will also seek details of the number of day’s sickness absence (not reasons) in the last 12 months for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form. |

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| **DECLARATION** | | |
| I declare that the information I have provided on this application form is full, accurate and complete. I understand that if I provide false information or fail to provide full complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of employment or, to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure Barring Service checks, where applicable.  Signature:  Date: | | |
| **EQUAL OPPORTUNITIES** | | |
| St Edward’s School will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified. In order to help the School, monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This slip will be detached from your application form upon receipt and the information will not be taken into account when shortlisting or making the appointment. If you are successful at interview and take up employment with the School, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998. | | |
| **Name** |  | |
| **Date of Birth** | Click or tap to enter a date. | |
| **Gender** | Male  Female | |
| **Position Applied for** |  | |
| **School** | St Edward’s School | |
| **Disability –** *For more information, please contact the Equality and Human Rights Commission Helpline on 0808 800 0082* | | |
| Do you consider yourself to have a disability under the Equality Act 2010?  A disability is defined as a ‘physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities.’ | | Yes  No  Prefer not to say |

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| **Nationality** |  |

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| **Ethnic Origin** | White | British  Irish |  |
| Mixed | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background |  |
| Asian or Asian British | Indian  Pakistani  Bangladeshi  Any other Asian background |  |
| Black or Black British | Caribbean  African  Any other Black background |  |
| Other Ethnic Group | Chinese  Any other Ethnic group |  |

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| **Sexual Orientation** | Heterosexual |  |
| Bisexual |  |
| Gay/Lesbian |  |
| Prefer not to say |  |

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| **Religion and Belief** | | |
| Church of England | Catholic | Other |

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