

Candidate Ref

APPLICATION FORM

If you need a copy of this form in large print, Braille, another language, or in audio format, please contact us to advise.

Application for the Post of:		Job Ref number:	
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Personal Information

First Name(s):		Last Name:	
Previous Name(s): (if applicable)			
Address:			
Email address:			
Home Telephone Number:		Mobile Telephone Number:	
Work Telephone Number:			
Date of Birth			
		National Insurance Number:	

*To be completed if the job requires driving or requires you to be mobile across sites/geographical area.

Do you have a full current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have daily use of a vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any penalty points on your licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please further information (specify the number of points, reason, and date issued)		

The organisation welcomes applications from disabled people.
Do you require any adjustments because of a disability to participate in the selection and interview process?

Yes No

If Yes, please outline your requirements

How did you find out about this job?	
Are you applying on a Job Share basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please state the proportion of full-time you are willing to work:	

Employment History

Present or Most Recent Employment

Job Title:			
Start Date:		End date: (if applicable)	
Employer's name, address and telephone number:			
Grade/Salary:		Allowances: (please specify)	
Notice required:		Reason for leaving:	

Please provide a brief description of the duties and achievements of the post:

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Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

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Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Job Title:			
Employer, Address & Telephone Number			
Start Date:		End Date: (If applicable)	
Salary:			
Brief Details of Duties & Achievements:			
Reason for Leaving			

Gaps

If you have any gaps in your employment history or you have lived/travelled overseas please use this section to provide details

Qualified Teacher Information

*To be completed for Teacher positions only

Date Qualified Teacher Status gained:			
Teacher Registration number:			
Subject/Specialisms:			
Age range taught:			
If you qualified after 7th May 1999, have you completed your induction year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date:

*For Trainees only

Have you passed your skill tests?	Numeracy <input type="checkbox"/>	Literacy <input type="checkbox"/>	ICT <input type="checkbox"/>
If not, when do you expect to complete them?			

Successful applicants will be required to provide evidence of their registration with the Teaching Agency

Professional Qualifications

Name of Professional Association	Professional Qualifications/ Membership & Date Obtained	By Award or Examination

Education History

Please give details of all nationally recognised qualifications awarded/results awaited, from GCE Advanced Level to Further Degree Level or their equivalents in chronological order.

Name of School/College	Qualification	Subject	Grade/Level	Date Gained

Name of School/College	Qualification	Subject	Grade/Level	Date Gained

Copies of essential qualifications will be required on appointment.

Training/Continuing Professional Development

Please list any relevant course or training you have attended in the last five years, starting with the most recent. If applying for a headship, please include details regarding NPQH.
Please continue on a separate sheet if necessary.

Title of Course	Organising Body	Awards (if any)	Date of Attendance

Supporting Information

Please provide supporting information for your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the Job Description and Person Specification. Please continue on a separate sheet if necessary but must be no more than 2 sides of A4 in not less than 11 font.

References

One reference should relate, if applicable, to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. **It is the Academy's policy to direct reference requests via the Headteacher/Principal, so please include this information should a school referee be detailed.** If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal as one of your references.

1st Referee

Name and Address:			
Telephone Number:		Capacity Known:	
Email Address:			

2nd Referee

Name and Address:			
Telephone Number:		Capacity Known:	
Email Address:			

Teaching roles: Please note your referees will be contacted should you be shortlisted for interview. The organisation reserves the right to request further references if required to satisfy the pre-employment checking process.

Support Staff roles only: Do you consent to your references being contacted if you are shortlisted for interview:

Yes No

The organisation reserves the right to request further references if required to satisfy the pre-employment checking process.

Right to Work

Immigration, Asylum and Nationality Act 2006

All shortlisted applicants will be required to provide original material evidence of their Right to Work in the UK. With reference to the accompanying Guidance Notes, please confirm that you are able to provide the appropriate documents.

Yes No

Health Requirements

Appointment is subject to a satisfactory medical report from our Medical Adviser.

Declarations

To your knowledge are you related to a member of staff, or Governor of the School?

Yes No

If yes, please state their name and position held:

The information given in this form will form part of the contract of employment for successful candidates. Under the terms of the Data Protection Act 2018 the information you give us will be kept confidential and will only be used for the purposes of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and/or electronically and if unsuccessful, your application will be disposed of after 6 months. By signing the application form I give consent to the Academy trust under which Erasmus Darwin Academy operates permission to hold, delete and use personal data for the performance of the contract in line with the Academy Document Retention Policy and GDPR Policy.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the School/Academy, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the School/Academy or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment, I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:

Date: