

Application for employment

HR use only Ref:

IMPORTANT: We cannot accept applications that have been completed using Apple Preview or other third party PDF viewers. Only applications that have been completed using either Adobe Reader or Adobe Acrobat will be accepted. Adobe Reader may be downloaded for free from here. Please tick this box to confirm that you have used Adobe Reader or Acrobat to fill in this form: Post applied for: Please tell us how you found out about the post: Publication (please state which one): Internet (please state which site or search engine): Other (please specify): Section I: Personal details Surname: Title (Mr, Mrs, Miss, Ms or other): Forename(s): Address: Postcode: Daytime telephone: Evening telephone: Mobile telephone: Email address: NUMBERS LETTER National Insurance number: No If you are not a European citizen please state if you require a work permit: Yes Teacher number (if applicable): Date QTS obtained (if applicable):



Application for employment

HR use only	
Ref:	

Section 2: Equal Opportunities Monitoring Form

OAT is committed to achieving equal opportunities for all within its employment policies and procedures. We treat all employees and applicants for employment on merit and do not take into consideration factors that are not relevant to the job or shown to be justified, including age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, which includes colour, nationality and ethnic or national origins), religion or belief, gender or sexual orientation. These are known as protected characteristics.

We monitor our employment activity to help us examine how our Equal Opportunities Policy is working and to take action for improvement should we identify areas where it is not working well.

Any information you provide will be treated in the strictest confidence and held separately from your personnel records. It will be used for statistical monitoring purposes only and has no impact whatsoever upon your application or subsequent employment.

Please tell us about the position you have a	applied for:				
Post reference number:					
Position applied for:					
Is the position: Full time	Part time	Perm	anent	Temporary	
Please tell us about yourself: answering the recognise the diversity needs of our workfor you prefer not to respond to some of these	orce. However, we under				
Age – please indicate: 16–24	25–29	30–39	40–49	50–59	60–74
Ethnicity – how would you describe your et	hnicity? Please tick one o	f the boxes belo	w or tick here if you	prefer not to say:	
White:					
British	Irish		Scottish		
Welsh	English		Northern Irish		
Gypsy / Traveller	Other White backg	round			
Mixed:					
White and Black Caribbean	White and Black Af	rican	White and Asia	เท	
Other Mixed background	_				
Asian or Asian British:					
Indian	Pakistani		Bangladeshi		
Chinese	Other Asian backgr	round			
Black or Black British:					
African	Caribbean		Other Black ba	ckground	
Other ethnic group:					
Arab	Other ethnic group	(please specify):			



Application for employment

HR use only	
Ref:	

Section 2: Equal Opportunities Monitoring Form (continued)			
What is your nationality?			
Do you require a Work Permit?		Yes	No
Religion or belief – please indica	te what best describes you:		
Buddhist	Christian	Hindu	Jewish
Muslim	Sikh	Agnostic	Atheist
No religion	Other religion/belief	Prefer not to say	
Gender – please indicate what b	est describes you:		
Female	Male	Prefer not to say	
Transgender – do you currently	live or plan to live in the gender opposite	to your gender at birth:	
Yes	No	Prefer not to say	
Sexual orientation – please indic	cate your sexual orientation:		
Heterosexual	Gay man	Gay woman / lesbian	
Bisexual	Other	Prefer not to say	



Application for employment

HR use	only
Ref:	

Section 2: Equal Opportunities Monitoring Form (continued)

Disability

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities which has lasted or is expected to last, at least 12 months. Alternatively some conditions, such as severe disfigurement, a diagnosis of cancer, HIV infection, multiple sclerosis or a progressive condition, are also covered under the Act. To help us make reasonable adjustments to address your needs for support to overcome barriers in the workplace:

Do you consider yourself to have a consider yourself to have a	disability or long-term health condition?	
Yes	No	Prefer not to say
If yes, which of the following apply to	you? (you can select more than one)	
Blind or visual impairment	Deaf or hearing impairment	Learning difficulty
Mental health condition	Mobility	Physical impairment
Other disability	None of these	Prefer not to say
To ensure we offer you a fair recruit be invited to interview:	ment process, please tell us whether you r	equire any reasonable adjustment should you
Yes	No	
If yes, please provide details:		
We will endeavour to provide access, not unfairly disadvantaged.	equipment or other practical support to er	sure that applicants attending interviews are
I hereby declare that the inf	formation provided on all parts	of this form is correct.
Signature of applicant:	Į.	Date:



Application for employment

HR use only Ref:

Section 3: Present appointment		
Post held:		
Date of appointment:		
Employer's name and address:		
Present basic salary: £		
Present salary grade or range: grade:	or range: from £	to £
Other allowances:		
Brief description of duties:		
Period of notice:	Last day of service (if no longer emplo	yed):
Reason for leaving (if no longer employed):		



Application for employment

HR use only	
Ref:	

Section	4: Previou	s Emplo	vment
Jection	T. I I EVIOU	a Filibic	PALLICITE

Previous Employment (most recent employer first). Please cover the last 10 years or complete employment history if under 10 years and state nature of business.

Name of employer:	
Address:	
Postcode:	
Position held:	
Dates of employment: from:	to:
Summary of duties:	
Reason for leaving:	
Name of employer:	
Address:	
Postcode:	
Position held:	
Dates of employment: from:	to:
Summary of duties:	

Reason for leaving:



Application for employment

HR use only Ref:

Section 4: Previous Employment	(continued)
Name of employer:	
Address:	
Postcode:	
Position held:	
Dates of employment: from:	to:
Summary of duties:	
Reason for leaving:	
Name of employer:	
Address:	
Postcode:	
Position held:	
Dates of employment: from:	to:
Summary of duties:	
Reason for leaving:	

Application for employment

HR use only Ref:

Secondary schools, colleges, universities and/or other institutions	Date from	Date to	Details of examinations passed and qualifications obtained



Application for employment

HR use only Ref:

Section	4.	In-service	training	Courses	attend	ad
Section	Ο.	III-sei vice	u aning	Courses	attend	eu

Title	Provider	Date



Application for employment

HR use only Ref:

Section 7: Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Person Specification. If you are, or have been, involved in voluntary/unpaid activities, you may also include this information. Attach any additional sheets securely.



Application for employment

HR	use	only	
Ref	:		

Section 8: References

Two persons to whom an approach may be made with reference to your work experience. One of these must be your present or most recent employer. If you do not wish your referees to be contacted before your interview please tick the box indicated. Two satisfactory references will be required before a job offer will be made.

Present employer
Name:
Telephone:
Email:
Occupation:
Address:
Do not contact prior to interview:
Previous employer (or alternative referee. Please state in what capacity the referee is known).
Previous employer (or alternative referee. Please state in what capacity the referee is known). Name:
Name:
Name: Telephone:
Name: Telephone: Email:
Name: Telephone: Email: Occupation:



Application for employment

HR use only	
Ref:	

Section 9: Rehabilitation of Offenders Act 1974				
The post for which you are applying is one for which you are obliged to declare all convictions.				
Do you have any convictions? If 'Yes' please give details/dates of offence(s) and sentence:	Yes	No 🗌		
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?	Yes	No 🗌		
Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? 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.	Yes	No		
Section 10: Declaration				
Are you related to an employee of Ormiston Academies Trust? If 'Yes' please state the name of the employee and the relationship:	Yes	No		
Note: Canvassing or failure to disclose will disqualify the candidate.				