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| **STRICTLY PRIVATE & CONFIDENTIAL** | | | **Office Use Only** | | |
| **Job Ref:** | |  |
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| **APPLICATION FORM**  **Teaching Staff** | | | | | |
| Please complete in black ink/print.  An application form must be completed for each vacancy. CVs will not be accepted.  The completed form should be returned to **hroffice@theparkfederation.org** or posted to the **HR Department, Lake Farm Park School, Botwell Common Road, Hayes, Middlesex, UB3 1JA**, by the closing date.  Application forms that are incomplete and/or received after the closing date will not be considered. | | | | | |
| **Position applied for:** | |  | | | |
| **Academy:** |  | | | | |
| **Where did you hear about the vacancy:** | | | |  | |
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| **Personal Details** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | | | | | Mr / Miss / Mrs / Ms / Dr / Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Middle name(s)** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address**  **including postcode** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact number(s)** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have right to work in the UK?** | | | | | | | | Yes | | | | | | | | / | | | | | | | | No | | | | | | | | |
| **Are you a member of a professional institute?** | | | | | | | | | | | | Yes | | | | | / | | | | | | | No | | | | | | | | |
| **If yes, please provide the institute name and your membership number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a personal relationship with any employee of the Academy, Trust or a member of the Governing Body?** | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | / | | | No | | |
| **If yes, please provide details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever lived outside the UK?** | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | / | | | No | | |
| **If yes, please provide location and dates:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Teacher Information** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you hold QTS?** | | | | | Yes | | | | | | / | | | | | | | | | | No | | | | | | | | | | | |
| **If yes, please provide TRN and date awarded:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you registered as an instructor with the GTCE?** | | | | | | | | | | | | | | | Yes | | | / | | | | | | | | | | No | | | | |
| **If yes, please provide TRN and date awarded:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide details of special areas of teaching interest:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Convictions & Sanctions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975: The amendments to the Exceptions Order 1975 (as amended in 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 on the Disclosure and Barring Service website. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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)”?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | / | | | No |
| **If yes, you are required to provide details of the offence(s) to Kim Richards, HR & Training Manager, by email at krichards@theparkfederation.org or by post at Lake Farm Park Academy, Botwell Common Road, Hayes, UB3 1JA. Please mark all communications as confidential.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you barred from working with children or young people under the provisions of the Safeguarding Vulnerable Groups Act 2006?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | / | | | No |
| **Have you ever had any sanctions and/or warnings imposed by the GTCE?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | / | | | No |
| **If yes, please provide details including dates of expiry:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever had any sanctions and/or warnings imposed by the DfE?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | / | | | No | |
| **If yes, please provide details including dates of expiry:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Present Employment** (if unemployed, provide details of last employment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of employer/establishment** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your job title** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address**  **including postcode** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of LEA/employing body** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment dates** | | | | | | | From: | |  | | | | | | | | | | To: | | |  | | | | | | | | | | |
| **Age range taught** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pay scale** | | |  | | | | | | | | | **Spine/scale point** | | | | | | | |  | | | | | | | | | | | | |
| **Annual basic salary** | | |  | | | | | | | | | **Weekly hours** | | | | | | | |  | | | | | | | | | | | | |
| **Did you receive any other payments/allowances?** | | | | | | | | | | | | | Yes | | | | | / | | | | | | | | No | | | | | | |
| **If yes, please provide details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for leaving** | | |  | | | | | | | | | | | **Notice period** | | | | | |  | | | | | | | | | | | | |
| **Please provide a brief description of your duties:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Previous Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start with the most recent employment first. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment dates** | | | | **Employer’s name & address** | | | | | | **Position & brief job description** | | | | | | | | | | | | | | | **Salary at leaving date** | | | | | | | |
| **From** | **To** | | |
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| (please continue on a separate sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Education & Qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of your education and qualifications, including any current studies. Proof of qualifications will be required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Awarding body** | | **Date gained** | | | | **Examinations passed/qualification** | | | | | | | | | | | | | | | | | | | **Grade achieved** | | | | | | | |
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| (please continue on a separate sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please note that as part of our commitment to safeguarding the welfare of children and young people, and in line with our policy, we may obtain references prior to interview.  ***Please continue reference details on a separate sheet if further space is required.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide one referee for each employment from the last 5 years – the referee should be your line manager or a superior who can appropriately complete the reference request: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | **Referee Details** | | | | **Referee Details** | | | |
| **Company name** |  | | | |  | | | |
| **Your job title** |  | | | |  | | | |
| **Employment dates** | From: |  | To: |  | From: |  | To: |  |
| **Reason for leaving** |  | | | |  | | | |
| **Contact name** |  | | | |  | | | |
| **Contact job title** |  | | | |  | | | |
| **Address**  **including postcode** |  | | | |  | | | |
| **Telephone number** |  | | | |  | | | |
| **Email address** |  | | | |  | | | |
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| **Study & Education** | | | | | | | | |
| Please provide one referee for each course undertaken in the last 5 years: | | | | | | | | |

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|  | **Referee Details** | | | | **Referee Details** | | | |
| **Establishment** |  | | | |  | | | |
| **Course studied** |  | | | |  | | | |
| **Course dates** | From: |  | To: |  | From: |  | To: |  |
| **Contact name** |  | | | |  | | | |
| **Address**  **including postcode** |  | | | |  | | | |
| **Telephone number** |  | | | |  | | | |
| **Email address** |  | | | |  | | | |
| **Gaps** | | | | | | | | |
| Please provide details of any periods within the last 5 years not covered by an employment or study reference e.g. travelling, raising family, unemployed etc: | | | | | | | | |

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|  | **Period Details** | | | | **Period Details** | | | |
| **Reason for gap** |  | | | |  | | | |
| **Dates** | From: |  | To: |  | From: |  | To: |  |

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| **Personal** |
| Please provide details of two personal referees who have known you for at least 5 years. Those named cannot be a family member, a current employee of The Park Federation or a representative of a previous employer: |

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| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Relationship to you** |  |  |
| **Years known** |  |  |
| **Address**  **including postcode** |  |  |
| **Telephone number** |  |  |
| **Email address** |  |  |

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| **Personal Statement** |
| Please provide any information you consider relevant, including your reason for applying for the role and why you believe yourself to be suitable. Please continue on a separate sheet if necessary. |
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| **Declaration** |
| I confirm that all the information provided is true and accurate and I understand that any false statement or omission may invalidate an offer of employment or lead to the termination of my employment.  I have not canvassed either directly or indirectly any member of the Governing Body or The Park Federation Academy Trust in connection with this appointment. I understand false or withheld information may lead to disciplinary action and/or the termination of my employment.  I agree to the Trust carrying out pre-employment screening on my application for this post in line with the Pre-employment Screening Authority Form.  I acknowledge and agree to have the above information processed in accordance with the data protection Acts 1984 and 1998. |

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| **Signature** |  | **Date** |  |
| **Pre-employment Screening Authority Form** | | | |
| Please read the below carefully before signing. All information will be kept in the strictest confidence and in line with the Data Protection Acts 1984 and 1998. | | | |
| **Right to Work** | | | |
| I give permission to The Trust to verify my working status, which may include further checks with the Home Office and/or other relevant bodies, on my passport, birth certificate, identity card, visa, biometric residence permit or any other right to work document(s) provided. | | | |
| **Safeguarding Checks** | | | |
| I authorise The Trust to, prior to my employment, carry out the necessary safeguarding checks and will provide any corresponding documents as requested, which may include:   * DBS check (up to and including enhanced) * Barred list (if required) * Teaching prohibition check (if relevant) * Section 128 prohibition check (if relevant)   If I have ever lived outside the UK, I acknowledge that I must declare this to The Trust. I understand that an overseas check may be required and it is my responsibility to obtain this and produce any original documentation, including official translations, to The Trust prior to commencing employment. | | | |
| **References** | | | |
| I authorise The Trust to contact and verify my references from the point of interview invite onwards. | | | |
| **Medical** | | | |
| I consent to a pre-medical screening prior to my employment and will cooperate fully with the completion and/or production of any necessary paperwork and/or subsequent appointments. | | | |
| **General** | | | |
| Should The Trust require further information, I will provide this immediately and without delay.  I understand that my employment is subject to the above information being satisfactorily received.  I understand that unnecessary delay and any false statement or omission may invalidate an offer of employment or lead to the termination of my employment. | | | |
|  |  | | |
| **Name** |  | | |
| **Signature** |  | **Date** |  |

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| **Equal Opportunities Monitoring Form** | | | | | | | | | | | | | | |
| The Park Federation Academy Trust is committed to ensuring all applicants and employees are treated fairly and not discriminated against.  This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce.  All information will be treated in the strictest confidence and in accordance with the Data Protection Act 1998. | | | | | | | | | | | | | | |
| **Post applied for** | |  | | | | | | | | | | | | |
| **Academy** | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | |
| **Date of birth** | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **How would you describe your gender?** | | | | | | | | | | | | | | |
| Male | | | | | | ☐ | Prefer not to say | | | | | | | ☐ |
| Female | | | | | | ☐ |  | | | | | | |  |
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| **How would you describe your marital status?** | | | | | | | | | | | | | | |
| Single | | | | | | ☐ | Divorced | | | | | | | ☐ |
| Married / civil partnership | | | | | | ☐ | Widowed | | | | | | | ☐ |
| Separated | | | | | | ☐ | Prefer not to say | | | | | | | ☐ |
|  | | | | | |  |  | | | | | | |  |
| **How would you describe your religion or belief?** | | | | | | | | | | | | | | |
| Christian (all denominations) | | | | | | ☐ | Jewish | | | | | | | ☐ |
| Hindu | | | | | | ☐ | Other | | | | | | | ☐ |
| Sikh | | | | | | ☐ | None | | | | | | | ☐ |
| Muslim | | | | | | ☐ | Prefer not to say | | | | | | | ☐ |
| Buddhist | | | | | | ☐ |  | | | | | | |  |
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| **How would you describe your sexual orientation?** | | | | | | | | | | | | | | |
| Heterosexual / straight | | | | | | ☐ | Bisexual | | | | | | | ☐ |
| Gay male | | | | | | ☐ | Other | | | | | | | ☐ |
| Gay female / lesbian | | | | | | ☐ | Prefer not to say | | | | | | | ☐ |
|  | | | | | |  |  | | | | | | |  |
| **How would you describe your ethnicity?** | | | | | | | | | | | | | | |
| **White:** | | | | | **Black or Black British:** | | | | **Chinese or other ethnic group:** | | | | | |
| British | | | ☐ | | Caribbean | | | ☐ | Chinese | | | | ☐ | |
| Irish | | | ☐ | | African | | | ☐ | Any other ethnic group | | | | ☐ | |
| Any other white background | | | ☐ | | Any other Black background | | | ☐ | Prefer not to say | | | | ☐ | |
| **Asian or Asian British:** | | | | | **Mixed race:** | | | |  | | | | | |
| Indian | | | ☐ | | White and Black Caribbean | | | ☐ |  | | | |  | |
| Pakistani | | | ☐ | | White and Black African | | | ☐ |  | | | |  | |
| Bangladeshi | | | ☐ | | White and Asian | | | ☐ |  | | | |  | |
| Any other Asian background | | | ☐ | | Any other mixed background | | | ☐ |  | | | |  | |
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| **Do you have a disability?** | | | | Yes | | | / | | | | | No | | |
| The Equality Act 2010 defines a disability as *a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.* An effect is long-term if it has lasted, or is likely to last, over 12 months or for the rest of the life of the person affected. | | | | | | | | | | | | | | |
| **If yes, please provide further details:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | **Date** |  | | | |