

EMPLOYMENT APPLICATION FORM

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| POST APPLIED FOR (Job Title): | |
| Deadline for receipt of form: | |
| Please read the guidance notes on page 7 before completing this form. Please type or write clearly in black ink. | |

PERSONAL DETAILS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------|-----------------------------|
| Title | First Name(s):- | Last Name: | |
| Address: | | Work Tel No: (if convenient to receive a call) | |
| Post Code | | Home Tel No: | |
| | | Mobile No: | |
| | | Email: | |
| Do you have the legal right to live and work in the UK? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this subject to having a work permit? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| You will need to produce photographic identification and proof of the above if you are called to interview | | | |
| National Insurance Number | | | |
| Have you successfully completed a period of induction as a qualified teacher in this country? (For teachers only) | | | |

| | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <i>If yes please give details of completion</i> | |
| Are you registered with the DfE? <i>(For teachers only)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If so please give details of your Teacher Reference number (e.g. 12/34567)</i> | |
| Are you subject to any conditions or prohibitions placed on you by the DfE? <i>(For teachers only):</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If yes please give details</i> | |
| Do you have Qualified Teacher Status? <i>(For teachers only):</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If yes please give date of award</i> | |
| QTS Certificate Number <i>(For teachers only):</i> | |

CURRENT (or most recent) EMPLOYMENT

Name of Employer:

Job Title/Post Held:

Address:

Grade/spine point:

Current Salary:

Post Code

Notice Required:

Telephone No:

Reason for leaving / wishing to leave:

Date Started:

Date Left (where applicable)

Brief description of main duties/responsibilities:

PREVIOUS EMPLOYMENT

Please give details of your full employment history, detailing any periods of unemployment and unpaid/voluntary work (most recent first). Continue on a separate sheet if necessary.

| Dates (From - To) | Name and address of organisation | Job/Role and brief description of duties | Reason for leaving |
|------------------------------|-----------------------------------------|-----------------------------------------------------|-------------------------------|
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EDUCATION, QUALIFICATIONS & TRAINING

School/College/University

| From | To | Qualification results with grades | School/College/University |
|-------------|-----------|------------------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
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| Professional Qualifications | | | |
|--------------------------------------------------------|----|-----------------------------------|---------------------------|
| From | To | Qualification results with grades | School/College/University |
| | | | |
| | | | |
| | | | |
| | | | |
| Other training courses attended e.g. in-house training | | | |
| From | To | Qualification results with grades | School/College/University |
| | | | |
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| | | | |

Please continue on a separate sheet if necessary

PERSONAL STATEMENT

Please use this section to set out how your experience meets the requirements of the role.

Please continue on a separate sheet if necessary

HEALTH

Please note that the successful candidate may be required to complete a medical questionnaire and may be asked to attend for a medical examination.

SAFEGUARDING STATEMENT

E-ACT is committed to safeguarding and promoting the welfare of its students and expects all employees and volunteers to share this commitment.

ADDITIONAL INFORMATION

Do you have a disability as defined by the Equalities Act 2010

Yes ☐ No ☐

If yes please give brief details to tell us if there is support which we can provide at interview or in employment if you are offered the job:

Have you ever been dismissed from employment for a reason other than redundancy?

Yes ☐ No ☐

If YES please give reasons:

Have you ever been suspended or subject to disciplinary action in any employment?

Yes ☐ No ☐

If YES please give reasons:

DECLARATIONS

CRIMINAL CONVICTIONS

The Rehabilitation of Offenders 1974(Exceptions) (Amendment) Order 1986 does not apply to posts where there is access to children. This means that applicants for employment, which involves working with children and young people, **must** disclose **any** criminal record. This will include any

spent convictions or sentences.

Applicants should note that providing false information to obtain employment is a criminal offence.

Failure to declare a conviction, caution, bind-over or a pending prosecution, may disqualify you from appointment or result in summary dismissal.

E-ACT is committed to safeguarding the welfare of our students. Enhanced Disclosure and Barring Service (DBS) checks will be carried out on all successful applicants.

Disclosure of a criminal record will not necessarily debar you from employment with E-ACT, this will depend upon the nature of the offence(s), frequency and when they occurred.

Please answer the following:

Have you previously used, or do you currently use, any other surname(s)?

Yes ☐ No ☐

If YES, state the other surname(s) you use(d):

Do you have any criminal records to declare? (this includes criminal convictions or police cautions spent or otherwise)

Yes ☐ No ☐

If YES, when did this take place?

Are there any current criminal proceedings against you? (This includes any cautions, bind-overs, police warnings or pending prosecutions.)

Yes ☐ No ☐

If you answer yes to any of the questions on the previous page and you will be expected to provide details of the conviction(s) or offence(s) in a sealed envelope marked 'private and confidential'. If you are not shortlisted the envelope will be securely destroyed.

Please note that it is a condition of your employment that you inform the Academy if you are convicted of any criminal offence (including driving offences). Failure to do so may result in disciplinary action being taken including the termination of your employment.

RELATIVES

Are you related to, or the partner of, any employee, Trustee or volunteer of E-ACT?

Yes ☐ No ☐

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| If so, please give Name: | |
| Department: | Relationship: |
| REFERENCES <i>Please supply the names and addresses of two referees; one should be your current or most recent employer and the other your previous employer (someone who knows you in a professional or training/education context). Please refer to Application Form Guidance before completing.</i> <i>Please note that under the DfE Keeping children safe in education and Safer Recruitment guidance Sep 2016, references will be required prior to interview for all Academy Based posts, teaching and non-teaching.</i> | |
| Referee No 1: Current/most recent Employer | Referee No 2: Previous Employer |
| Referee Full Name: Job Title: Company Name: Address: Telephone Number: Email: Relationship: | Referee Full Name: Job Title: Company Name: Address: Telephone Number: Email: Relationship: |
| I hereby authorise you to take up references from my current/most recent and previous employers once an invite for interview or employment has been confirmed. In addition, I hereby authorise you to take up other employment checks deemed appropriate. | |
| Signed | Dated |
| DATA PROTECTION | |
| I understand that the information contained in this form is personal data, which will be held on computer, and, if I am appointed, further information about me will be computerised for personnel administration purposes, including analysis for management purposes and statutory returns and | |

that such data is subject to the Data Protection Act 1998.

I have completed this application form accurately and truthfully. I have not withheld any information that could reasonably be considered relevant to my application. I understand that the appointment, if offered, will be subject to the information on this application being correct. I understand that providing false information with regard to this application shall disqualify me from such appointment, or if discovered after employment, may lead to my dismissal.

Please note, if you are returning this form by email you will be asked to sign your application if you are shortlisted for interview.

Signed:

Date:

GUIDANCE on completing this application form

Please read these notes carefully as they have been written to help you make the best of your application.

General

The decision to shortlist you for an interview will be based solely on the information you provide on the application form. We will not make any assumptions about your experience, knowledge, skills and abilities to do the job.

Please complete your application form in black ink or type.

Personal Details

Complete this section fully and clearly. If you do not know your National Insurance Number, you can obtain it from HMRC. They will only confirm this in writing. All successful applicants will be required to produce documentary evidence of their eligibility to work in the UK. Verification of identity is required before confirmation of appointment.

References

For all Academy based employees, your referees will be contacted prior to interview under the DfE Keeping children safe in education, safer recruitment. Your first referee should be your current or most recent employer. We reserve the right to approach any previous employer for a reference. If your last post did not include working with children, a reference will be sought from your most recent previous employer where you were working with children.

Education, Qualifications and Training

Ensure that you give all the information requested. Proof of qualifications will be requested if required for the role.

Personal Statement

This is an important part of the application form and is your opportunity to explain why you are a suitable candidate. You should demonstrate your skills, knowledge and experience and give short examples. Describe how you match the requirement of the job; include experience gained from previous jobs, community or voluntary work. Ensure that the information you give is well organised, relevant and brief. If you do not complete this section of the form, you will not be considered for short listing. **CVs will not be accepted.**

Additional Information – Disability

If this applies to you, please let us know the help you require and we will ensure that reasonable adjustments are made.

Disclosure of a criminal record

All positions within the Academy will be exempt from the Rehabilitation of Offenders Act 1974. You must declare all cautions and convictions including those that are 'spent', and you will be subject to a Disclosure and Barring Service (DBS) check if you are successful. You must provide details of any conviction(s) or offence(s) in a sealed envelope marked private and confidential with your application form.

If you do have a spent conviction, this will not automatically disqualify you from employment.

E-ACT operates a Disclosure procedure in line with DBS guidelines. If you are successfully selected for a position within the Academy, you will be subject to this procedure. All Disclosures are carried out in the strictest confidence and are made only in connection with your application for employment and for no other purpose. All Academy based posts will require an Enhanced Disclosure.

In the event of a successful candidate having a criminal record, the candidate will have the opportunity of discussing the disclosure with a senior member of staff. As a minimum, the following will have been taken into account:

- Whether the conviction or information was disclosed during the application stage;
- Whether the conviction or information revealed is relevant to the job;
- How long ago the offence(s) took place;
- The candidate's age at the time of the offence(s);
- The number and pattern of offences;
- Any other relevant circumstances

No decision will be made until your explanation and the above issues have been considered.

If you believe the disclosure information is inaccurate, you would need to contact the DBS directly.

All disclosure information is kept securely and will only be seen by those who need to use it to

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| carry out their duties. The disclosure forms are not kept on personal files. |
| Declaration: Relatives and other interests |
| If this applies to you, please give the name of the employee, the department they work in and the relationship e.g. partner, daughter |
| Equal Opportunities Monitoring Form: |
| Please complete the accompanying Equal Opportunities monitoring form. |

Before you send in your completed form, please read through it to ensure all sections of the application have been fully completed.

EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM

Please complete this monitoring form and return with your application form. Diversity and equality are at the heart of every activity in E-ACT. E-ACT is committed to equal opportunities in employment, with the aim of ensuring that everyone who applies to work for us receives fair treatment. To help us achieve this aim we ask you to complete this monitoring form. This information will be used to monitor the effectiveness of our Diversity and Equality Policy and for no other reason. The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes.

This information will be kept separate from your application form to ensure that none of the information you have provided is used in the selection decision.

POST APPLIED FOR

HOW TO COMPLETE THIS FORM:- Please mark your response by putting an 'X' in the box.

Ethnic Origin: I would describe my racial or cultural origin as:

| | | | | |
|--------------------------------|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|
| White: | British <input type="checkbox"/> | Irish <input type="checkbox"/> | Other <input type="checkbox"/> | Please specify |
| Black or Black British: | African <input type="checkbox"/> | Caribbean <input type="checkbox"/> | Other <input type="checkbox"/> | Please specify |
| Asian or Asian British: | Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Other <input type="checkbox"/> Please specify |
| Dual or Multiple Heritage: | White and Asian <input type="checkbox"/> | White and Black African <input type="checkbox"/> | White and Black Caribbean <input type="checkbox"/> | Any other dual or multiple heritage <input type="checkbox"/> Please specify |
| Chinese or Other Ethnic Group: | Chinese <input type="checkbox"/> | Any other Ethnic Background <input type="checkbox"/> Please specify | Prefer not to say <input type="checkbox"/> | |

Monitoring Disability:

Do you consider yourself to have a disability as defined in the Equalities Act 2010? The Act defines disability as: "a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day to day activities". Please mark with an "x"

Yes ☐ No ☐ Prefer not to say ☐

If yes please give a brief description of your disability below :

Monitoring Gender: What you describe yourself as:

Male ☐ Female ☐ Prefer not to say ☐

Monitoring Gender: Is your present gender the same as the one assigned to you at birth?

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|--------------------------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> | | | |
| Sexual Orientation: | | | |
| How would you describe your sexual orientation ? | | | |
| Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> | | | |
| Marital Status: | | | |
| I am : Married <input type="checkbox"/> In a civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> | | | |
| Separated <input type="checkbox"/> Prefer not to say <input type="checkbox"/> | | | |
| Monitoring Age: | | | |
| I am aged: | | Date of Birth (DD/MM/YY) | Prefer not to say <input type="checkbox"/> |
| Monitoring Religion: I am a member or follower of the following religious group: | | | |
| None/No religion <input type="checkbox"/> | Buddhist <input type="checkbox"/> | Christian <input type="checkbox"/> | Hindu <input type="checkbox"/> |
| Jewish <input type="checkbox"/> | Muslim <input type="checkbox"/> | Sikh <input type="checkbox"/> | Other <input type="checkbox"/> Please specify |
| Prefer not to say <input type="checkbox"/> | | | |
| Monitoring Media: | | | |
| Name of Media or where you found out about this job? | | | |
| Consent: | | | |
| I hereby give my consent to E-ACT processing the information given on this form in accordance with the purposes stated above: | | | |
| SIGNED: DATE: NAME: | | | |
| Thank you for completing this form. Please return it with your application. | | | |