



HASSENBROOK ACADEMY

The Stanford and Corringham Schools Trust

For Office Use
Application No:

APPLICATION FORM

Thank you for your interest in this very important opportunity at Hassenbrook Academy. The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential. Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found on the reverse of this form.

The Academy is committed to safeguarding and promoting the welfare of our young people and expects all staff to share this commitment. The post will require an enhanced disclosure from the Criminal Records Bureau.

POST DETAILS:

Application for appointment as:

Closing date:

Do you need permission to work in the UK? : Yes No (please circle)

Please return your completed application form to:

Personnel, HASSENBROOK ACADEMY

Hassenbrook Road, Stanford-le-Hope, Essex SS17 0NS

PERSONAL DETAILS:

Last name and title: First name:

Previous names: Date of birth:

Home Telephone: Home email:

Work Telephone: Work email:

Mobile Number :

Address:

Please tick if you do not wish
to be contacted at work:

☐

National Insurance
No:

PRESENT EMPLOYMENT: (if applicable)

Employer's name and address:

Nature of Business:

Job title: Date appointed:

Grade/Salary Spine: Current Salary (Point):

Notice required: Allowance(s) received: Type(s):

Reason for leaving:

BRIEF OUTLINE OF DUTIES IN YOUR CURRENT OR MOST RECENT JOB:

PREVIOUS EMPLOYMENT:

Please include all previous employment whether paid or voluntary.

Please list the most recent first and continue on a separate sheet if necessary.

Employer	From:	To:	Job Title:	Salary/Grade:	Reason for leaving:

BREAKS IN EMPLOYMENT HISTORY:

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, raising family, voluntary work, training, long periods of sickness etc.

*How many periods of sickness have you had over the last 2 years?*_____

How many days in total? _____

SECONDARY SCHOOL EDUCATION:

School(s):	From:	To:	Qualification/subject obtained & awarding body	Grade:	Dates:

CONTINUING EDUCATION* (University/College/Apprenticeships etc) *Please list most recent first.*

Educational establishments:	From:	To:	Qualification/subject obtained & awarding body	Grade:	Dates:

PROFESSIONAL QUALIFICATIONS:

Including details of professional association membership

Do you hold Qualified Teacher Status (QTS) - (*State Yes / No*)

DfES No: _____

If **yes** please complete the following:

Date Statutory induction Period (if qualified since August 1999) started: _____ completed: _____

Other relevant training and development activities attended in the last 5 years.

(Please list the most recent first and continue on a separate sheet if necessary)

Brief description/ Course title:	Date:	Organising Body:

If you are invited to interview, you will need to bring with you evidence of your legal right to live and work in the UK. Your passport, birth certificate or confirmation of your National Insurance number are acceptable documents.

Disclosure of Criminal Convictions

Short-listed candidates will be asked to complete a 'Self Disclosure Form SD2' and, where appropriate, a disclosure will be sought from the Disclosure and Barring Service in the event of a successful application. A conviction/caution will not necessarily be a bar to obtaining employment.

Safer Recruitment

I certify that I am not disqualified from working with children, or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post.

Data Protection Act 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Close Personal Relationships

Are you a relative or partner, or do you have a close personal relationship with, any employee or Governor to which your application is being made .If 'yes' please state the name(s) of the person(s) and relationship. (see notes below)

Yes / No *Delete as applicable _____

Failure to disclose a close personal relationship as above may disqualify you. Canvassing of Governors or Senior Managers of Hassenbrook Academy by or on your behalf is not allowed.

REFERENCES - Please give names and addresses of two persons or companies to whom references may be made.
One referee should be your present employer, or if you are unemployed, your last employer.

<i>Name and Address:</i>	<i>Name and Address:</i>
<i>Position / Relationship</i>	<i>Position / Relationship</i>
<i>Telephone No:</i>	<i>Telephone No:</i>
<i>Email :</i>	<i>Email :</i>

Note: i. Referees will be contacted before interviews.

ii. If either of your referees knew you by another name, please give details.

Declaration

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by the Academy, and is likely to result in dismissal.

Signed: _____ Date: _____

Thank you for applying for this post. Your interest in working for us is very much appreciated. It is not our practice to acknowledge receipt of applications. However, if you would like to be informed of the outcome of your application once the selection process has been completed, then please enclose a stamped addressed envelope.