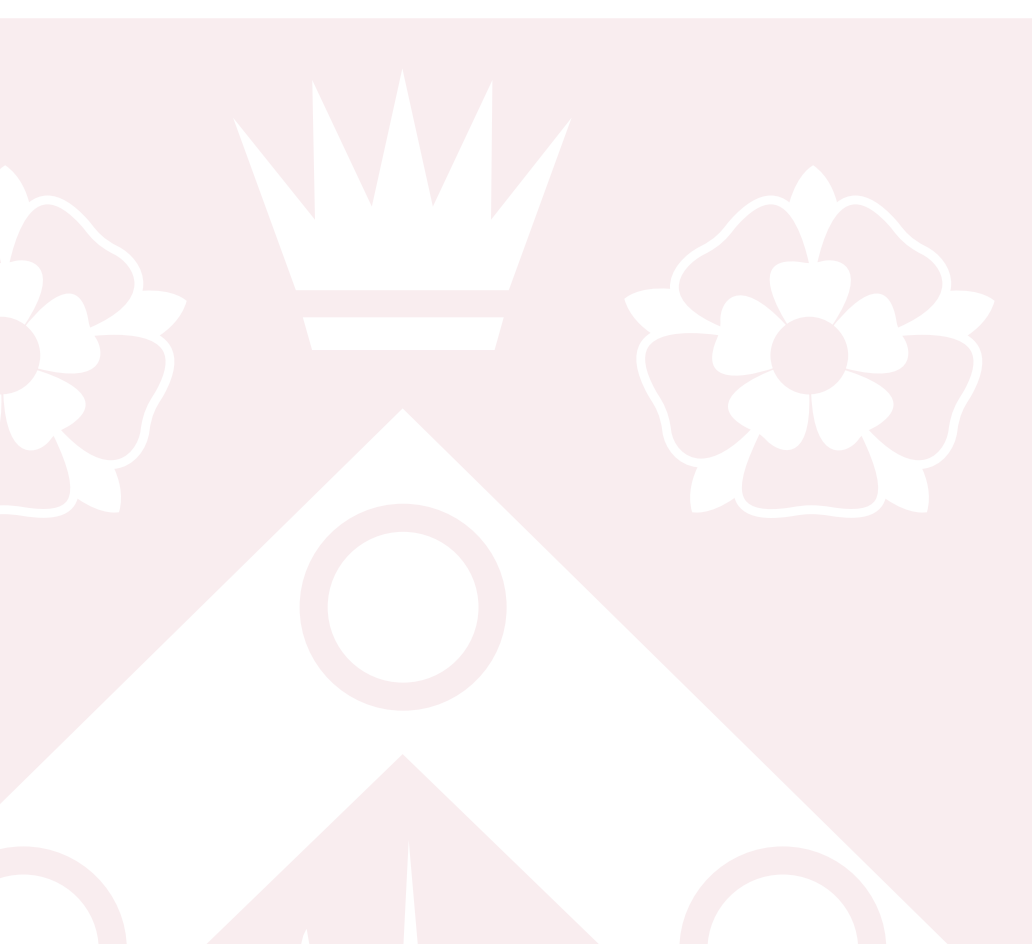




Ormiston **DENES** Academy

Ormiston Denes Academy
Application for employment





HR use only

Ref:

If you are not a European citizen please state if you require a work permit: Yes ☐ No ☐

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 applied for:

Post reference number:

Position applied for:

Is the position: ☐ Full time ☐ Part time ☐ Permanent ☐ Temporary

Please tell us about yourself: answering these questions will help us to ensure our recruitment and employment processes are fair to all and recognise the diversity needs of our workforce. However, we understand that how people are defined is a personal choice and understand if you prefer not to respond to some of these questions.

Age – please indicate: 16–24 ☐ 25–29 ☐ 30–39 ☐ 40–49 ☐ 50–59 ☐ 60–74 ☐

Ethnicity – how would you describe your ethnicity? Please tick one of the boxes below or tick here if you prefer not to say: ☐

White:

☐ British ☐ Irish ☐ Scottish
☐ Welsh ☐ English ☐ Northern Irish
☐ Gypsy / Traveller ☐ Other White background

Mixed:

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian
☐ Other Mixed background

Asian or Asian British:

☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Chinese ☐ Other Asian background

Black or Black British:

☐ African ☐ Caribbean ☐ Other Black background

Other ethnic group:

☐ Arab ☐ Other ethnic group (please specify):

Section 2: Equal Opportunities Monitoring Form (continued)

What is your nationality?

Do you require a Work Permit?

☐ Yes☐ No

Religion or belief – please indicate 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 best 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 indicate your sexual orientation:

☐ Heterosexual☐ Gay man☐ Gay woman / lesbian☐ Bisexual☐ Other☐ Prefer not to say

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 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)

<input type="checkbox"/> Blind or visual impairment	<input type="checkbox"/> Deaf or hearing impairment	<input type="checkbox"/> Learning difficulty
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Mobility	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Other disability	<input type="checkbox"/> None of these	<input type="checkbox"/> Prefer not to say

To ensure we offer you a fair recruitment process, please tell us whether you require any reasonable adjustment should you be invited to interview:

☐ Yes No ☐

If yes, please provide details:

We will endeavour to provide access, equipment or other practical support to ensure that applicants attending interviews are not unfairly disadvantaged.

I hereby declare that the information provided on all parts of this form is correct.

Signature of applicant:

Date:



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 employed):

Reason for leaving

(if no longer employed):

Section 4: Previous Employment

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:

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

Ref:

Section 5. Education/professional qualifications



HR use only

Ref:

Date



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.

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).

Name:

Telephone:

Email:

Occupation:

Address:

Do not contact prior to interview: ☐



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?

Yes ☐

No ☐

If 'Yes' please give details/dates of offence(s) and sentence:

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 ☐

Section 10: Declaration

Are you related to an employee of Ormiston Academies Trust?

Yes ☐

No ☐

If 'Yes' please state the name of the employee and the relationship:

Note: Canvassing or failure to disclose will disqualify the candidate.