

EMPLOYMENT APPLICATION FORM

Post Applied for (Job Title):	
Deadline for receipt of form:	

Please read the guidance notes at the end of this document before completing this form.

Please type or write clearly in black ink.

Personal Details	;				
Title	First Name(s):	Last Name:			
Address:		Tel No:			
		Mobile No:			
		Email:			
Post Code					
Do you have the leg	gal right to live and work in the l	 JK?	Yes 🔲	No 🗌	
	ving a work permit?		Yes □N	Пио П	
is this subject to having a work permit:					
You will need to	provide photographic identifica	tion and proof of the above if y	ou are ca	alled to interview	
National Insurance	Number :				
Have you successfully completed a period of induction as a qualified teacher in this countr (For teachers only)					
If yes, please give o	details of completion				
Are you registered with the DfE? (For teachers only)			Yes No		
If yes, please give details of your Teacher Reference number (e.g. 12/34567)					
Are you subject to a	any conditions or prohibitions pl	aced on you by the DfE? (For	teachers	Yes No	
only):					
If yes, please give o	details				
Do you have Qualif	ied Teacher Status? (For teach	ers only):		Yes No	
If yes, please give o	date of award				
QTS Certificate Nur	mber (For teachers only):				



				E-ACI			
Curre	nt (or n	nost recent) Employment					
Job Titl	le/Post H	leld:	Date Started:				
Name o	of Emplo	yer:	Date Left (where applicable	e)			
Addres	s:		Grade/spine point:				
			Current Salary:				
			Notice Required:				
			Reason for leaving / wishin	g to leave:			
Post Co	ode						
Teleph	one No:						
Brief de	escriptior	n of main duties/responsibilities:					
Previous Employment							
Please provide details of your full employment history, detailing any periods of unemployment and unpaid/voluntary work (most recent first). Continue on a separate sheet or insert more rows if necessary.							
	tes	Name and address of	Job/Role and brief	Reason for leaving			
From	То	organisation	description of duties				



Education, Qualifications and Training					
Please list	Please list qualifications below in order, with most recent first School/College/University				
From	To	Ouglification regults with grades	University/Cellege/Seheel		
FIOIII	10	Qualification results with grades	University/College/School		
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Professio	l nal Qualificat	ions			
From	То	Qualification results with grades	Professional body		
		Quamication resents that grades	Trefederial bedy		
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Other trai	nina courses	attended e.g. in-house training			
From	То	Qualification results with grades	Training provider		
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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 referring to the Job Description and Person Specification (if applicable).	the	requirements	of	the	role,
referring to the 300 Description and Ferson Specification (II applicable).					

Please continue on a separate sheet if necessary



References

Please supply the names and addresses of two referees:

- One should be your current or most recent employer
- The other should be your previous employer (someone who knows you in a professional or training/education context). Please refer to Application Form Guidance before completing.

Please note that under the DfE Keeping children safe in education and Safer Recruitment guidance Sept 2016, references will be required prior to interview for **all** Academy Based posts, teaching and non-teaching.

Referee No 1	Referee No 2	
Current/most recent Employer	Previous Employer	
Referee Full Name:	Referee Full Name:	:
Job Title:	Job Title:	
Company Name:	Company Name:	
Address:	Address:	
Telephone Number:	Telephone Number	:
Email:	Email:	
Relationship:	Relationship:	
I hereby authorise you to take up references from	my current/most rece	ent and previous employers once an invite
for interview has been confirmed. In addition, I he	reby authorise you to	take up any other employment checks
deemed appropriate.		
Signed:	Dated:	
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.		
Additional Information		
Do you have a disability as defined by the Equa	alities Act 2010	Yes No
If yes, please provide brief details to tell us if the	ere is support which	we can provide at interview or in
employment if you are offered the job:	ore re cappere minor.	no can promae as meerican or m
		<u> </u>
Have you ever been dismissed from employment for a reason		Yes No C
other than redundancy?		
If yes, please give reasons:		
		_
Have you ever been suspended or subject to di	sciplinary action in	Yes No
any employment?		
If yes, please give reasons:		

E-ACT

Safeguarding Statement

E-ACT is committed to safeguarding and promoting the welfare of young people and vulnerable adults, and all appointments are subject to enhanced Disclosure & Barring Service (DBS) checks and satisfactory references. E-ACT is also committed to promoting equality, challenging discrimination and developing community cohesion. We welcome applications from all sections of the community.

Declarations

Declaration of 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.

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 criminal convictions or police cautions, spen	,	Yes No		
If yes, when did this take place?				
Are there any current criminal proceedings a includes any cautions, bind-overs, police was prosecutions)	Yes No No			
If you answer yes to any of the questions on the previous page, 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 E-ACT if you are convicted of any crimoffence (including driving offences). Failure to do so may result in disciplinary action being taken including termination of your employment.				
Declaration of interests				
Are you related to, or the partner of, any employee, Trustee or volunteer of E-ACT?	Yes No			
If so, please provide:				
Their full name:				
Their job title:				
Which Academy/Region/National Team they are employed by:				
Relationship to you:				



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.

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Signed:	
Date:	



Guidance on completing this application form

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 this 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.

Education, Qualifications and Training

Ensure that you provide all the information requested. Proof of relevant 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 provide short examples to support this. Describe how you match the requirement of the job; include experience gained from previous roles, 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. Please note CVs will not be accepted.

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.

Additional Information

If you have a disability, please let us know the help you require and we will ensure that any reasonable adjustments are made.

Declaration: Disclosure of a criminal record

All positions within E-ACT 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 carry out their duties. The disclosure forms are not kept on personnel files.

Declaration of 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. This form will be kept separate from your application form.

Before you submit your completed application 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.

information you have provided is used in the selection decision.						
POST APPLIED FOR	POST APPLIED FOR					
HOW TO COMPLETE	ΓHIS FORM :- Please r	mark your response	by putting an 'X' in t	he box.		
Ethnic Origin: I would describe my racial or cultural origin as:						
White:	British 🗌	Irish 🗌	Other Please specifiy			
Black or Black British:	African	Caribbean	Other Please specifiy			
Asian or Asian British:	Indian 🗌	Pakistani 🗌	Bangladeshi 🗌	Other Please specify		
Dual or Multiple Heritage:	White and Asian	White and Black African	White and Black Caribbean	Any other dual or mulitple heritage Please specify		
Chinese or Other Ethnic Group:	Chinese	Any other Ethic Background Please specify				



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 If yes please give a brief description of your disability below: **Monitoring Gender: FEMALE** MALE **Sexual Orientation:** How would you describe your sexual orientation? Heterosexual Gay Lesbian Bisexual Prefer not to say **Monitoring Media:** Name of Media or where you found out about this job? **Marital Status:** In a civil partnership Divorced Single I am: Married **Separated** Prefer not to say **Monitoring Age:** I am aged: Years Months Date of Birth Monitoring Religion: I am a member or follower of the following religious group: None/No religion Buddhist Hindu 🗌 Christian | | Jewish 🗌 Muslim Sikh 🗌 Other Please specify 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.