******Please refer to the guidance notes before completing this application form.**

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| **POSITION APPLIED FOR** | | **REFERENCE** | | **DATE** | |
| **1. Personal details** | | | | | |
| Title | |  | | | |
| Surname / Family name | |  | | | |
| Forenames | |  | | | |
| Previous names / surnames / family names | |  | | | |
| National Insurance Number | |  | | | |
| Address | |  | | | |
| Postcode | |  | | | |
| Home telephone number | |  | | | |
| Mobile telephone number | |  | | | |
| Email | |  | | | |
| Work telephone number  May we call you at work? | | Yes  No | | | |
| Please give details of when you will **NOT** be available for interview e.g. holidays | |  | | | |
| **2. Current or most recent employment** | | | | | |
| Job title |  | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Notice period |  | | | | |
| Current salary and grade |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Brief description of current duties and responsibilities |  | | | | |
| Reason for leaving, if applicable |  | | | | |
| **3. Employment history**  Please list below all of the jobs that you have held in the past. Follow on from your answer to question 2 with the next most recent and include details of any voluntary work or employment that you have held on a temporary basis. **You must account for all your time since leaving school and give details of any gaps in your employment below**. Please continue on a separate sheet if necessary. | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
|  | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
|  | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
|  | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
| **Periods of non-employment:** Please indicate below the nature / reason for any periods during which you have not been employed, with relevant dates (DD/MM/YY) | | | | | |
|  | | | | | |
| **4. Education, training and qualifications:** Starting with the most recent, please provide details and dates for all the educational establishments you have attended. Shortlisted applicants will be required to provide evidence i.e. original certificates, of all qualifications listed on the form.  You are advised to list qualifications if (1) they are relevant to the job (2) listed in the person specification and/or (3) you can produce original copies of them. *(Please continue on a separate sheet if necessary and attach it to your form).* | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of school, college or or university | Name of course or studies | | | | Date taken/  to be taken  (DD/MM/YY) | | Qualification  Level/grade obtained | |
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| **5. Membership of professional bodies and professional qualifications:** Please provide details of your DfES, GTC, GSCC or other relevant membership number. You will be required to provide original evidence all qualifications listed below. | | | | | | | | |
| Name of body | | Qualification of membership  (class/grade) | Membership  number | Date obtained  (DD/MM/YY) | | Gained by  examination | | Still current |
|  | |  |  |  | | Y  N | | Y  N |
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| **6. Supporting Statement of knowledge, skills, abilities and experience:** Please use this space, with separate sheets attached if necessary, to tell us how you meet the job requirements that are listed in the job description/person specification. You must address ALL the items in the list. Do not attach a CV as it will not be considered. Please refer to the guidance notes on ‘Applying for a Job’. You may refer to experience and knowledge gained from previous employment, voluntary work, leisure interests and any other activities which are relevant to this position. | | | | | | | | |
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| **7. Referees:** Please provide full details of two referees: one must be your present or most recent employer and the other should be a previous employer. If you have not been in paid employment please give the name of the head of education or training establishment that you attended and/or the manager of a voluntary group for whom you have worked. **If you are shortlisted, please note that we will seek references from your referees prior to interview** | | | |
| Name of referee 1 |  | | |
| Job title |  | | |
| Organisation |  | | |
| Address |  | | |
| Date of employment/study  (DD/MM/YY) |  | | |
| Relationship with referee  e.g.line manager |  | | |
| Telephone number |  | | |
| Email |  | | |
|  | | | |
| Name of referee 2 |  | | |
| Job title |  | | |
| Organisation |  | | |
| Address |  | | |
| Date of employment/study  (DD/MM/YY) |  | | |
| Relationship with referee  e.g.line manager |  | | |
| Telephone number |  | | |
| Email |  | | |
|  | | | |
| **8. Relationship:** Are you related to, or do you have a close personal/business association with any employee of The Quality First Education Trust?  YES  NO  If YES please complete this section. You may attach an additional sheet if necessary. | | | |
| Employees name |  | | |
| Position |  | | |
| Relationship |  | | |
| **9. Employment Restrictions:** Are there any restrictions or conditions affecting your ability to take up or remain in employment in the UK? e.g. do you require a work permit? Are you a highly skilled migrant or a working holidaymaker?  YES  NO  If YES, please give details (including, if you are already in the UK, details of your current employer, visa/leave to remain, expiry date, certificate of sponsorship number and tier under which you are employed)  If you are offered this job will you have any other paid work?  YES  NO  If YES, please complete this section | | | |
| Employer |  | | |
| Address |  | | |
| Telephone number |  | | |
| Nature of work |  | | |
| From DD/MM/YY |  | To DD/MM/YY |  |
| Number of hours per week |  | | |
| Working times/days |  | | |
| Are these arrangements subject to change e.g. shifts  If YES, please give details | Yes  No | | |
| **10. Teaching School Alliance:** As a Teaching School we work closely with an alliance of schools. If The Quality First Education Trust is unable to offer you a post at this time, are you willing to have your details shared with other alliance schools?  YES  NO  **11. Declaration**  The Quality First Education Trust is under a duty to protect the funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering funds for these purposes. Providing any misleading or false information to support your application will directly or indirectly disqualify you from appointment, or if appointed will render you liable to dismissal without notice. I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph Yes    **12. DATA PROTECTION ACT 1998**  I understand that the information given on this form will be used by the employer, for:  • the purpose of processing my application for employment,  • monitoring the school employment policies and, if my application is successful,  • recording information relevant to my employment.  I understand that any information given relating to racial or ethnic origin, physical or mental health and criminal convictions constitutes *sensitive data* as defined by Section 2 of the Data Protection **Act 1998.**  **I hereby consent to the processing by the School for the purposes set out above of all information given by me including such information as constitutes *sensitive data* Yes** | | | |
| Name of applicant………………………………………………………………………………………………………...  Signature of applicant…………………………………………………………………Date…………………………… | | | |
| **Please note: If you are completing this application electronically, you will be asked to sign the form if you are invited to an interview.** | | | |

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| **EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM**  To make sure that recruitment and selection is being carried out fairly and to help check that the school’s Equal Opportunities in Employment Policy is working, the school records the race, gender, disability and age of people who apply for its jobs. **You are asked to answer the following questions. Thank you for your assistance.** | | |
| **POSITION APPLIED FOR** | **REFERENCE** | **DATE** |
| **1. Personal details** | | |
| Surname / Family name |  | |
| Title |  | |
| Forenames |  | |
| Date of birth |  | |
| Gender | Male  Female | |
| Are you: |  | |
| **1. White** | British  Irish  Any other White background e.g. European. Please specify……………………………………………………………… | |
| **2. Mixed** | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background. Please specify……………… | |
| **3. Asian or Asian British** | Indian  Pakistani  Bangladeshi  Any other Asian background. Please specify……………. | |
| **4. Black or Black British** | Caribbean  African  Any other Black background. Please specify……………… | |
| **5. Chinese or other ethnic group** | Chinese  Any other. Please specify…………………… | |
| **Please state how you found out about this post:** | Publication (please state which one)  Internet (please state which site or search engine) | |
| **Are you currently employed by The Quality First Education Trust?** | Yes  No | |
| **DISABILITY**  The Trust is keen to encourage disabled people to apply for jobs at The Quality First Education Trust.   1. Do you consider yourself to have a disability which is defined in the Equality Act 2010 as ‘a physical or mental impairment and the impairment has a substantial and long-term adverse effect on a persons’ ability to carry out normal day-to-day activities’?  YES  NO  If YES, please indicate the nature of your disability: 2. Is there anything we need to know about your disability in order to ensure that the selection process is fair for you?  YES  NO  If YES, please give details: | | |