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Application Reference: ATT

Academy Transformation Trust is committed to safeguarding and promoting the welfare of children and expects all staff to share this commitment. The successful candidate will be subject to an enhanced DBS check and two positive references. **Please email your completed application form to** [**markhall.academy@hays.com**](mailto:markhall.academy@hays.com)

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| **Position applied for:**  Head of Music – Maternity Cover |
| Is the position: Full time:  Part time:  Permanent:  Temporary:  How did you find out about the post:  (Please refer to any publication or website is relevant)  Click here to enter text. |

**Section 1: Personal details**

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| Surname: Click here to enter text. Title: (Mr, Mrs, Miss, Ms or other)Click here to enter text.  Forename (s): Click here to enter text. Previous names: Click here to enter text.  Address:  Click here to enter text.  E-mail Address: Click here to enter text.  Telephone Number: Click here to enter text.  Mobile Number: Click here to enter text.  National Insurance Number: Click here to enter text.  Do you require a Work Permit to work in the UK? Yes:  No: |

Teacher Number: Click here to enter text.

Date of Recognition as a Qualified Teacher: Click here to enter text.

Number of Years of Teaching Experience: Click here to enter text.

Please Provide Details of the Subjects and Key Stages you are Qualified to Teach:

Click here to enter text.

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| Should you be invited to interview are there any requirements that we need to be aware of in order reasonable adjustments/alternative arrangements can be made?  Yes:  No:  If yes, please provide details so that we can ensure a fair process: Click here to enter text. |

**Section 2: Present appointment**

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| Post held: Click here to enter text.  Current employer: Click here to enter text.  Date of appointment: Click here to enter text.  Present basic salary: Click here to enter text.  Present salary grade or range: grade or range from £ to £  Other allowances:  Click here to enter text. |

**Brief description of duties**

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| Click here to enter text.  Period of Notice: Click here to enter text. Last day of service: Click here to enter text.  Reason for leaving (if no longer employed):  Click here to enter text. |

**Continuous Service**

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| Continuous Service Date: Click here to enter text. |

**Section 3: 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.

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| Name of Employer: Click here to enter text.  Address:  Click here to enter text.  Postcode: Click here to enter text.  Position Held: Click here to enter text.  Dates of employment From: Click here to enter text. To: Click here to enter text.  Summary of duties:  Click here to enter text. |

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| Name of Employer: Click here to enter text.  Address:  Click here to enter text.  Postcode: Click here to enter text.  Position Held: Click here to enter text.  Dates of employment From: Click here to enter text. To: Click here to enter text.  Summary of duties:  Click here to enter text. |

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| Name of Employer: Click here to enter text.  Address:  Click here to enter text.  Postcode: Click here to enter text.  Position Held: Click here to enter text.  Dates of employment From: Click here to enter text. To: Click here to enter text.  Summary of duties:  Click here to enter text. |

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| Name of Employer: Click here to enter text.  Address:  Click here to enter text.  Postcode: Click here to enter text.  Position Held: Click here to enter text.  Dates of employment From: Click here to enter text. To: Click here to enter text.  Summary of duties:  Click here to enter text. |

**Break in Employment:** If you have had any breaks in employment in the last 10 years, please give dates and details of your activities during these times e.g. unemployment, raising a family, study, voluntary work etc.

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| --- | --- |
| **Dates** | **Details** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Section 4: Education/professional qualifications**

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| **Secondary schools, colleges, universities and/other institutions** | **Date from** | **Date to** | **Details of examinations passed and qualifications obtained** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**Section 5: Training/courses attended**

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| **Title** | **Provider** | **Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Section 6: Personal Statement**

**Abilities, skills, knowledge and experience.**

Please use this section to 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. Should you need to use additional pages please ensure these are clearly marked.

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| Click here to enter text. |

**Section 7: References**

Please provide the details of two people who we may approach with reference to your work experience. One of these should 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.

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| **Present employer**  Name: Click here to enter text.  Email: Click here to enter text.  Occupation: Click here to enter text.  Address:  Click here to enter text.  Do not contact prior to interview: |

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| --- |
| Name: Click here to enter text.  Email: Click here to enter text.  Occupation: Click here to enter text.  Address:  Click here to enter text.  Do not contact prior to interview: |

**Section 8: Rehabilitation of Offenders Act 1974**

The post for which you are applying is one for which you are obliged to declare all convictions.

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| Do you have any convictions? Yes:  No:  If ‘Yes’ please give details of offence(s) and sentence:  Click here to enter text.  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:  If ‘Yes’ please give details:  Click here to enter text. |

**Declaration**

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| Are you related to an employee of Academy Transformation Trust : Yes:  No:  If ‘Yes’ please state name of the employee and the relationship  Click here to enter text.  **Note: Canvassing or failure to disclose will disqualify the candidate** |

**I hereby declare that the information provided is correct**

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| **Signature of applicant:** Click here to enter text. **Date:** Click here to enter text. |

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Application Reference: ATT

**Section 9: Equal Opportunities Monitoring Form**

Academy Transformation Trust is committed to achieving equal opportunities for all and treats all employees and applicants for employment on merit. We do not take into consideration factors that are not relevant to the job including age, disability, marriage or civil partnership, gender reassignment, pregnancy and maternity, race, which includes nationality and ethnic or national origins, colour, religion or belief, gender or sexual orientation (protected characteristics). Our employment records are monitored to ensure that our Equal Opportunities Policy is effective and that amendments can be made if required. Information provided by you will be treated in the strictest confidence and will be for statistical monitoring purposes only.

**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 consider reasonable adjustments required to address your needs to support to overcome barriers in the work place.

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| 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)  Blind or visual impairment:  Deaf or hearing impairment:  Learning difficulty:  Mental health condition:  Mobility:  Physical impairment:  Other disability:  None of these:  Prefer not to say: |
| **Age**  Date of Birth: Click here to enter text.  16-24  25-29  30-39  40-49  50-59  60 plus |
| **Nationality**  Please specify your nationality: Click here to enter text. | |
| **Ethnicity**  ***White***  British:  Traveller of British Heritage:  Irish:  Gypsy/Roma:  Any other white background:  ***Mixed***  White & Black Caribbean:  White and Black African:  White and Asian:  Any other mixed:  ***Asian or Asian British***  Indian:  Pakistani:  Bangladeshi:  Any Other Asian:  ***Black or Black British***  Black Caribbean:  Black African:  Any other Black Background:  ***Chinese***  Chinese  ***Other:***  Any other ethnic group:  Please specify: Click here to enter text.  Prefer not to say: | |
| **Sexual Orientation**  Heterosexual:  Lesbian  Gay  Bisexual  Transgender  Prefer not to say | |
| **Religion**(please indicate what best describes you)  Buddhist:  Christian:  Hindu:  Jewish:  Muslim:  Sikh:  Agnostic:  Atheist:  No religion:  Other religion/belief:  Prefer not to say: | |
| **Gender**  Female:  Male:  Prefer not to say: | |