Internal use only

Ref . No.____ Date Received _



Arden Multi Academy Trust

Employment Application Form

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Please ensure that you complete all sections of Part 1 and Part 2 of the application. Please note that providing false information will result in the application being rejected, or withdrawal of any offer of employment, or summary dismissal if you are in post, and possible referral to the police. Please note that checks may be carried out to verify the contents of your application form. Please complete the form in black ink. CV's are not accepted.

Vacancy Job Title	
Academy/School	

INFORMATION FOR SHORTLISTING AND INTERVIEWING 1

Initials

Surname or Family name _

2 LETTER OF APPLICATION Please enclose a letter of application. Please refer to the applicant information pack which may include instructions on completion of the letter of application.

PRESENT / LAST APPOINTMENT: IF TEACHING 3

Name, address and telephone number of school	
1 Type of school	Boys Girls Mixed Age range Number on Roll
2 Type of school	eg Community, Aided, Foundation, Academy, Free School, Independent etc
Job title Please enclose a copy of your current job description	
Subjects/age groups taught	
Date appointed to current post	
Current salary & grade eg.	
Leadership/UPS/MPS	
Date available to begin new job	

4. PRESENT / LAST APPOINTMENT: IF NON-TEACHING

Name address and telephone number

of employer	
Job title Please enclose a copy of your current job description	
Date appointed to current post	
Current salary	
Date available to begin new job	

5 FULL CHRONOLOGICAL HISTORY Please provide a full history in chronological order since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment, with start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

Job Title or Position	Name and address of school, other employer, or description of	Number on roll	F/T or	Date: From		es T	0	Reason for
	activity	and type of school, if	P/T					leaving
		applicable		Mth	Yr	Mth	Yr	

1					

2				

3				

4				
4				

5				

6				

7				1
/				

8				
0				

Please briefly provide an explanation(s) for any gaps in your employment history

Gaps in Employment History	
Dates (From and To)	Reason for gap

Please enclose a continuation sheet if necessary

6 SECONDARY EDUCATION & QUALIFICATIONS

Name of School/College	From	То	Qualifications Gained with Date(s) and grades

7 HIGHER EDUCATION

Names and Addresses of	Dates	Full or	Courses/subjects taken and Passed	Date of Examination	Age
University or College and/or University Education	From To	Part- time	dilu Passeu	and	Groups for
Department					which
				Qualifications Obtained	Trained
				obtained	

8 PROFESSIONAL COURSES ATTENDED AS A TEACHER Please list relevant courses attended in the past 3 years.

Subject	Organising Body	Date(s)	Duration

9 OTHER RELEVANT SKILLS, ABILITIES, KNOWLEDGE AND EXPERIENCE (please complete this section in conjunction with the person specification and job description and do not duplicate information that you have already included in your letter of application).

10 REFEREES

Give here details of two people to whom reference may be made. We would expect the first referee to be your present or most recent headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is "time expired" and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. References will not be accepted from relatives or from people writing solely in the capacity of friends.

In accordance with Keeping Children Safe in Education requirements, we will seek references on all shortlisted candidates <u>before</u> interview to enable us to raise any referee concerns at interview'.

First referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

Second referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

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Part 2

11

PERSONAL INFORMATION

This section will be separated from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.

1. Surname or family name	
2. All previous surnames	
3. All forenames	
4. Title	
5. Current Address	
6. Postcode	
7. Resident at this address since	
8. Home telephone number	
9. Mobile telephone number	
10. Date of birth	
11. Email address	
12. DfE reference number	
13. National Insurance Number	
14. Have you ever been subject to a child protection investigation by your employer or any other organisation?	Yes No If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions. This will not be opened unless you are called for interview.
15. Are you subject to any legal restrictions in respect of your employment in the UK?	Yes No If YES please provide details separately
16. Do you require a work permit?	Yes No
	If YES please provide details separately
17. Do you have a current full driving licence?	Yes No
20. Are you related to or have a close personal relationship with any pupil, employee, or governor?	Yes No If YES give details separately under confidential cover
21. NQTs ONLY:	Numeracy
Have you provided evidence of passing the Skills Tests? <i>Please tick or cross</i>	Literacy
22. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?	Yes No If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc).

12 COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND-OVERS

Jobs in schools are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. You must therefore declare, whether spent or not, any convictions, cautions or reprimands, warnings or bindovers which you have ever had and give details of the offences. The fact that you have a criminal record will not necessarily debar you for consideration for this appointment.

Do you have any convictions, cautions or reprimands, warnings or bind-overs? Please tick the relevant box

Yes 🛛 No 🗆

If the answer is "yes", you must record full details in a separate, sealed envelope marked with your name and 'Confidential: Criminal Record Declaration' and enclose it with your application. In accordance with statutory requirements, an offer of employment will be subject to satisfactory DBS clearance. A copy of this notice will be sent to your referees.

13 DATA PROTECTION

As part of our recruitment process, Arden Multi Academy Trust collects and processes personal data relating to job applicants. The Academy is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations. Before completing and submitting this form please read our Recruitment Privacy Notice which can be viewed on the vacancy section of our website or by contacting the Academy directly.

14 NOTES

- a) When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant's information pack.
- b) Canvassing, directly or indirectly, an employee or governor will disqualify the application.
- c) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

15 DECLARATION

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 13 above, and in particular that checks may be carried out to verify the contents of my application form

Signature of Applicant: _____

Print Name: _____

Date: _____

For monitoring purposes only please indicate where you saw this vacancy advertised

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PART 3 EQUALITY AND DIVERSITY MONITORING

This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

Ethnic Group		rkforce	
	Cen	isus Code	Please tic
	WBRI	British English Welsh Northern Irish Scottish	
	WIRI	Irish	
White	OOTH	Irish Traveller	
	OOTH	Gypsy	
	WOTH	Other White background	
	MWBC	White and Black Caribbean	
	MWBA	White and Black African	
Mixed	MWAS	White and Asian	
	мотн	Other Mixed background	
	AIND	Indian	
	APKN	Pakistani	
Asian or Asian British	ABAN	Bangladeshi	
or Asian Diffish	CHNE	Chinese	
	AOTH	Other Asian background	
	BCRB	Caribbean	
Black	BAFR	African	
or Black British	BOTH	Other Black background	
Other ethnic group	OOTH	Arab	
		Write in:	
Prefer not to say	REFU		

Ethnic Group

Religion

Please tid			
No religion			
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)			
Buddhist			
Hindu			
Jewish			
Muslim			
Sikh			
Any other religion write in			
Prefer not to say			

Sexual Orientation

Please tick

Bi-sexual	
Gay	
Lesbian	
Heterosexual	
Other	
Prefer not to say	

Gender

Please tick

Female	
Male	
Transgender	
Prefer not to say	

Disability Do you consider that you have a disability? *Please tick*

Yes Please complete the grid below		
No		
Prefer not to say		
My disability is:	Please tick	
Physical Impairment		
Sensory Impairment		
Mental Health Condition		
Learning Disability/ Difficulty		
Long standing illness		
Other		
Prefer not to say		

Personal relationship

Please tick

Single	
Living together	
Married	
Civil Partnership	
Prefer not to say	