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| C:\Users\kneale\Desktop\LCA logo transparent.gif  Lipson Co-operative Academy  Bernice Terrace, Lipson, Plymouth PL4 7PG  Telephone: 01752 671318 Fax: 01752 252140  Email: [lca@lipson.plymouth.sch.uk](mailto:lca@lipson.plymouth.sch.uk)  Principal: Mrs Lynda Budd M.Ed.  Application For A  Teaching Appointment | U:\Resources Area\Z drive\logos\Logo line for letterhead\IIP_LOGO 2015 _BLUE_RGB.jpgssat_culturaldiversity_logoU:\Resources Area\Z drive\logos\3rd Millennium\3rd-Millennium-Learning-Logo-v5.jpgU:\Resources Area\Z drive\logos\IIC\New - IiC logo - JPEG.jpgU:\Resources Area\Z drive\logos\Specialist Schools and Academies Trust\NEW ssat_54_full.jpgU:\Resources Area\Z drive\logos\Leading Edge\Leading Edge logo 13.7.12.gifU:\Resources Area\Z drive\logos\Logo line for letterhead\ICT MARK ACCREDITED Badge 2016.jpgU:\Resources Area\Z drive\logos\Logo line for letterhead\Impact Awards Winner Logo.jpgU:\Resources Area\Z drive\logos\Logo line for letterhead\SCS_LOGO_GRADIENTS 14.04.2011.jpgU:\Resources Area\Z drive\logos\Logo line for letterhead\Co-operative Identity Mark GENERAL.jpgU:\Resources Area\Z drive\logos\Silver Schools Games Silver\Schools Games Silver.jpg |
| Date Application received:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please complete this form using black ink**

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| **Name:** |  |
| **Post applied for:** |  |

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| **Important**  **You should read the notes below before completing this form.**  **Returning this form:**  This form must reach us by the closing date. LATE APPLICATIONS WILL NOT BE CONSIDERED.  **Documentary evidence:**  Candidates called for interview will be required to bring the following original documents to the interview for verification purpose: i) Birth Certificate and ii) Certificate of academic and professional qualifications (where relevant).  **OUR GOVERNORS’ PROMISE TO YOU**  **Fairness & Equality of Opportunity**  We do not operate an anonymous process but we will treat your application fairly and honestly, and consider it only in relation to the requirements of the job. Your application will be processed in strict confidence. Our aim is to appoint the best person for the job. We believe in equal opportunities, and will not unfairly discriminate against anyone.  Wherever possible and reasonable, we will help a person with disabilities with the application process. If you consider yourself to be a person with disabilities and need such help, please contact the Academy.  Please state any particular assistance or facilities you may require in attending an interview. |

**PERSONAL DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME IN FULL: | |  | | | | | | | | | TITLE: | |  |
| (Surname first, block capitals. Please underline the name you would like to be known by.) | | | | | | | | | | | | | |
| PREVIOUS OR OTHER NAME(S): | | | | | |  | | | | | DOB: | |  |
| ADDRESS: |  | | | | | | | | | | | | |
| POSTCODE: |  | | | | | | | | | | | | |
| National Insurance Number: | | | |  | | | | | | | | | |
| Email Address: | | | |  | | | | | | | | | |
| Tel. No. (inc. STD Code): | | | | Home: | |  | | Mobile: | |  | | | |
| **PROFESSIONAL DETAILS** | | | | | | | | | | | | | |
| Are you recognised by DfE as a qualified teacher?  (Please tick) | | | | | | | Yes | | | | | No | |
| DfE Teacher Ref Number: | | |  | | | | | | | | | | |
| Age range for which trained: | | |  | | | | | | | | | | |
| When available for employment: | | | | |  | | | | | | | | |
| If you will be an NQT on the date of appointment, please tick: | | | | | Yes | | | | No | | | | |

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| **PRESENT OR MOST RECENT POST** | | | | | | | | | | |
| POST TITLE: |  | | | | | | | | | |
| Date from: |  | | | | | Date to: | |  | | |
| Number of students on roll: | | |  | | | Pupil age range taught: | | | |  |
| SCHOOL/ESTABLISHMENT: | | | |  | | | | | | |
| ADDRESS: |  | | | | | | | | | |
| POSTCODE: |  | | | | Tel. No. (inc. STD Code): | | | |  | |
| REASON FOR WISHING TO LEAVE: | | | | | | | | | | |
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| PRESENT SPINE POINT: | |  | | | SALARY: | |  | | | |
| Description of role/responsibilities/duties: | | | | | | | | | | |
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| Number of working days off sick for the period of 2 years previous to this application: | | | | | |  | | | | |
| If there is a particular reason for high level of absence please explain e.g. broken leg, post-operative recovery: | | | | | |  | | | | |
| Subject or areas taught: | | | |  | | | | | | |
| Other subjects you can teach: | | | |  | | | | | | |

**EDUCATION AND PROFESSIONAL QUALIFICATIONS**

***Checks on qualifications and information will be made***

|  |  |
| --- | --- |
| School/College attended: |  |
| Dates From/To: |  |
| Qualifications including grades: |  |
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| University/College  attended: |  |
| Qualifications  (e.g. Cert Ed/BA/B.Ed) including date awarded and class of degree: |  |
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| Postgraduate qualification (e.g. MEd, PGCE) including date awarded, subject and awarding body: |  |
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| Other qualifications – please specify title/awarding body and date: |  |
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**PREVIOUS TEACHING EXPERIENCE**

Most recent first

Newly qualified teachers should include periods of school-based training

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School/College/LA | Number of pupils on roll.  Age range | Boys  Girls  Mixed | | Age range taught | Post held, responsibility points and additional discretionary points –  (please specify) | | From | | To | |
|  |  |  | |  |  | |  | |  | |
|  | | | | | | | | | |
| Please give reasons for any breaks in employment: | | | | | | | | | |
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| **EXPERIENCE OUTSIDE OF TEACHING** | | | | | | | | | |
| Nature of employment or  voluntary work | | | Name and address of Employer /  Voluntary Group | | | From | | To | |
|  | | |  | | |  | |  | |
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**RELEVANT PROFESSIONAL DEVELOPMENT**

Please give details of relevant professional development/training undertaken in the last 5 years

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| --- | --- | --- |
| Course or activity | Date(s) | Key Learning Outcomes |
|  |  |  |
|  | | |
| Give details of your involvement or willingness to be involved in extra-curricular activities and personal interests relevant to the post: | | |
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**REFEREES**

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| --- | --- |
| A minimum of TWO professional referees are required – (please include present or immediate past Head Teacher). One should be your present or last employer if possible. Referees should be people who know you in a working/educational environment (paid or unpaid).  As part of the Academy’s Safeguarding procedures, references will be taken up prior to interview unless a reason is given why this would not be appropriate. | |
| If you were known to your referees by another name, please give details: |  |

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| --- | --- | --- | --- |
| 1. | Name: |  | |
| Occupation: |  | |
| Address: |  | |
| Telephone No. (inc. STD code): | |  |
| Email address: | |  |
| In what capacity does the above know you? | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | Name: |  | |
| Occupation: |  | |
| Address: |  | |
| Telephone No. (inc. STD code): | |  |
| Email address: | |  |
| In what capacity do the above know you? | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Name: |  | |
| Occupation: |  | |
| Address: |  | |
| Telephone No. (inc. STD code): | |  |
| Email address: | |  |
| In what capacity do the above know you? | |  |

**LETTER OF APPLICATION**

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| --- |
| Please write a letter in support of your application, showing how your experience and qualifications are relevant to this post. If you wish, you may also enclose a CV. If you are a disabled person, and because of your impairment, cannot fulfil certain aspects of the Person Specification but feel you can meet the job requirements in an alternative/adjusted way, you can provide details here.                                                        Please continue on a separate sheet if necessary. |

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| Criminal Convictions – Rehabilitation of Offenders Act 1974 |

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| Lipson Co-operative Academy aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having an unspent conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s). As Lipson Co-operative Academy meets the requirements in respect of exempted questions under the Rehabilitation Offenders Act 1974 (Exceptions) Order 1975, all applicants who are considered for work will be subject to a criminal record check from the Disclosure & Barring Service before employment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions. This means that you are required to declare any convictions, cautions or reprimands which you may have either in the UK or abroad, even if they would otherwise be regarded as ‘spent’ under this Act, and any prosecutions pending against you. However, the amendments to the Exception Order 1975 (2013) provide that certain spent convictions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account. Failure to disclose relevant information could result in disciplinary action, or dismissal by the Academy and may lead to criminal proceedings. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you been cautioned or convicted of any criminal offence? |  | NO |  |  | YES |  |
| If yes, please give details: | | | | | | |
| Do you have any convictions, cautions, bindovers or prosecutions pending? |  | NO |  |  | YES |  |
| If yes, please give details: | | | | | | |

**WORKING IN THE UK**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you need permission to work in the UK? |  | NO |  |  | YES |  |
| Are you able to produce documents if asked for at interview which demonstrates that you are entitled to work in the UK? |  | NO |  |  | YES |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you related to, or the partner of, a governor or employee of the Academy? |  | NO |  |  | YES |  |
| If yes, please state name, post and relationship: | | | | | | |

**DECLARATION**

I declare that the information I have given in this application is true and accept that if I have given false information it may result in my application no longer being considered or my appointment not being confirmed.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Please return your complete application form to:

Business Manager

Lipson Co-operative Academy

Bernice Terrace

Plymouth PL4 7PG

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| **Academy Monitoring Form: Private & Confidential Application No:** |

THIS INFORMATION IS FOR MONITORING PURPOSES ONLY, AND WILL NOT BE CONSIDERED AS PART OF THE SELECTION PROCESS.

Lipson Co-operative Academy believes in equal opportunities. Part of this involves ensuring that our recruitment and selection practices are fair, equitable and consistent, with the aim of appointing the best person for the job, and fulfilling statutory duties relevant to equality in employment.

To make equal opportunities meaningful, it is essential that the Academy monitors the effectiveness of its policy. All information will be treated in the strictest confidence, and will not be made available to the selection panel.

Please, therefore complete the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Job applied for: |  | | | |
| 2 | Salary Grade: |  | | | |
| 3 | Closing date: |  | | | |
| 4 | Where did you find out about this vacancy? |  | | | |
| 5 | What is your sex? | Female: |  | Male: |  |
| 6 | Date of Birth? |  | | | |
| 7 | What is your age? |  | | | |

**Ethnicity**

To which of these groups do you consider you belong? (Please identify one box only.):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **White** | | | | | | | | | | | | |
| British: | |  | | | | Irish: | | |  | | | |
| Any other White background (please specify): | | | | | | | | | | | | |
| **B** | **Mixed** | | | | | | | | | | | | |
| White & Black Caribbean: | | |  | | White & Black African: | |  | | | White & Asian: | |  |
| Any other Mixed background (please specify): | | | | | | | | | | | | |
| **C** | **Asian or Asian British** | | | | | | | | | | | | |
| Indian: |  | | | Pakistani: | |  | | Bangladeshi: | | |  | |
| Any other Asian background (please specify): | | | | | | | | | | | | |
| **D** | **Black or Black British** | | | | | | | | | | | | |
| Caribbean: | |  | | | | African: | | |  | | | |
| Any other Black background (please specify): | | | | | | | | | | | | |
| **E** | **Chinese or other Ethnic Group** | | | | | | | | | | | | |
| Chinese: | |  | | | | Other (please specify): | | |  | | | |

**Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No: |  | Yes: | |  |
| No: |  | Yes: |  | |
| No: |  | Yes: |  | |
| No: |  | Yes: |  | |
| No: |  | Yes: |  | |
| No: |  | Yes: |  | |
|  | | | | |

1. Do you consider yourself to be a disabled person?
2. If you answered Yes to (a), please tick box(es) applicable:
3. Mobility impairment
4. Hearing impairment
5. Sight impairment
6. Learning difficulties
7. Other (please state):