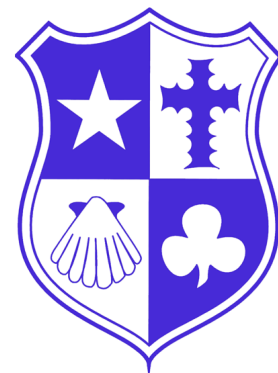


Hedingham School & Sixth Form

Achievement & Excellence



Application Form

Please return your completed application form to:

Personnel Assistant
Hedingham School
Yeldham Road
Sible Hedingham
Halstead
Essex
CO9 3QH

Thank you for your interest in Hedingham School and Sixth Form.

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.

Please ensure you complete all pages of the application form in **BLACK INK** or **TYPE**.

Applicants Name:

Application for appointment as:

Do you need permission to work in the UK? Yes ☐ No ☐

Personal Details

Title and Last name:

Previous Name:

Home Telephone Number:

Work Telephone Number:

Address:

First name:

Date of Birth:

Home email address:

Work email Address:

National Insurance Number:

Please tick the box if you **do not** wish to be contacted at work ☐

Present Employment (if currently employed)

Employer's name and address (if applicable)

Nature of business:

Job Title:

Grade/Salary Spine:

Notice Required:

Reasons for leaving:

Date Appointed:

Current Salary (point):

Allowance(s) received: Type(s)

Value(s): £

Brief outline of duties in your current or most recent job.

Previous Employment Please include all full time and part time positions. Please list the most recent first and continue on a separate sheet if necessary.

Employer	Start Date	End Date	Job Title:	Salary/Grade:	Reason for Leaving:
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Break in Employment History

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, raising family, voluntary work, training, long periods of sickness etc.

How many periods of sickness absence have you had over the last 2 years?

How many days in total?

Mobility (please complete this section if the Person Specification for the post includes these requirements)

Do you have a valid driving licence? Yes ☐ No ☐

Do you have access to a vehicle which you are able to use for work purposes? Yes ☐ No ☐

If not, are you able to travel, for work purposes, by another means of transport? Yes ☐ No ☐

Secondary School Education

School(s):	From:	To:	Qualification/subject obtained & awarding body :	Grade:	Dates:
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Continuing Education* (University/College/Apprenticeships etc.) Please list most recent first.

Education establishments	From:	To:	Qualification/subject obtained & awarding body:	Level/Grade:	Dates:
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Professional Qualifications

Including details of professional association membership

Do you hold Qualified Teacher Status (QTS)? Yes ☐ No ☐

DfE Number:

If yes please complete the following:

Date Statutory Induction Period (if qualified since August 1999) started:
General Teaching Council Registration date:

Completed:

Other relevant training and development activities attended in the last 5 years*

Brief description/Course title:

Date:

Organising Body:

* (Please list the most recent first and continue on a separate sheet if necessary)

Information in support of this application

Please use the person specification as a prompt to describe the experience, skill, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary).

If you are a teacher, please provide details of any specialist teaching experience skills you possess that may be relevant to the post.

References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Name and address

☐

Name and address

☐

Position:

Telephone Number:

Fax Number:

E-Mail Address:

Position:

Telephone Number:

Fax Number:

Email Address:

Notes: (i) Referees will be contacted before interviews unless otherwise requested (see below)
(ii) If either of your referees know you by another name please give details
(iii) The School may contact other previous employers for a reference with your consent
(iv) References will not be accepted from relatives or from people writing solely in the capacity of friends.

NB. Please tick the boxes only if you **do not** want your referees to be contacted prior to interview

Close Personal Relationship

Are you a relative or partner, or do you have a close personal relationship with, any employee or Governor of this establishment?

If 'yes' please state the name(s) of the person(s) and relationship. (See notes below) Yes ☐ No ☐

Failure to disclose a close personal relationship as above may disqualify you. Canvassing of Governors or Senior Managers of the Academy by or on your behalf is not allowed.

Declaration

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by the school, and it is likely to result in dismissal.

Criminal Convictions

The appointment of any member of staff who may have contact with, or access to children or vulnerable adults will be subject to the receipt of a satisfactory disclosure from the Criminal Records Bureau. However, in accordance with the Rehabilitation of Offenders Act 1974, a conviction for an offence which is not relevant to the safeguarding of children may not preclude the appointment of an applicant who is otherwise qualified for the post.

Please complete the enclosed form SD2, Disclosure of Criminal Convictions. This is found at the back of this Application Form.

Data Protection Act 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with Data Protection Act 1998.

Correspondence

Thank you for applying for this post. Your Interest in working with us is very much appreciated. It is not practice to acknowledge receipt of applications. However, we will inform you of the outcome of your application once the selection process has been completed.

Signed:

Date:

Recruitment monitoring information

Post title:

Last Name(s):

Date of birth:

School: HEDINGHAM SCHOOL AND SIXTH FORM

First Name(s):

The Academy is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policy and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical purposes only and will not be seen by the shortlisting panel. This section will be detached from your application form prior to shortlisting.

The categories below are in line with the 2001 census.

1. Ethnic origin

I would describe my ethnic origin as:

1. White

- British ☐
- Irish ☐
- Any other white background ☐
- Please specify ☐

2. Black or Black British

- African ☐
- Caribbean ☐
- Any other Black background ☐
- Please specify ☐

3. Mixed

- White and Asian ☐
- White and Black African ☐
- White and Black Caribbean ☐
- Any other Mixed background ☐
- Please specify ☐

4. Asian or Asian British

- Bangladeshi ☐
- Indian ☐
- Pakistani ☐
- Any other Asian background ☐
- Please specify ☐

5. Chinese

- Chinese ☐

6. Other ethnic group

- Other ethnic group ☐
- Please specify ☐

2. Gender

- Female ☐
- Male ☐

3. Marital Status

- Married ☐
- Not Married ☐

The information contained on this form will be held on a computer file.

4. Disability Discrimination Act 1995

Before ticking the appropriate box below please first read the definition of disability.

Definition of Disability

The definition of disability, as outlined in the Disability Discrimination Act 1995 is as follows:

“A physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

To be protected under the Act,

- an individual must have an impairment which can be physical or mental
 - it has to be substantial, that is something more than minor or trivial
 - it needs to be long term, i.e. the impairment has lasted or is likely to last in total for at least twelve months or is likely to last for the rest of the life of the person affected
- and**
- it must affect their day to day activities on a regular basis.

The effect an impairment may have on day to day activities is defined in the Act as falling within the following categories:-

- mobility
 - manual dexterity
 - physical co-ordination
 - continence
 - ability to lift, carry or otherwise move everyday objects
 - speech, hearing or eyesight
 - memory or ability to concentrate, learn or understand
- or
- perception of the risk of physical danger

I do consider myself to have a disability as defined by the Disability Discrimination Act 1995 (as detailed above).

☐

I do not consider myself to have a disability as defined by the Disability Discrimination Act 1995 (as detailed above)

☐

Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Signed

Date