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| For Office Use Only: |
| Application Number: |  |

**Application Form**

**Section A**

|  |  |
| --- | --- |
| Post Applied For: |  |
| Location: |  |
| How did you hear about this vacancy? |  |

Personal Details

|  |  |
| --- | --- |
| Title |  |
| Family Name  |  |
| First Name(s) |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone Number |  |
| Email Address |  |
| Date of Birth |  |
| Nationality |  |
| National Insurance Number |  |
| Are you eligible to work in the UK? | Yes □  | No □ |
| Please state the documentation you can provide to demonstrate this e.g. British Passport, EEA ID Card, Passport or travel documentation showing an authorisation to reside and work in the UK |
|  |
| Note: should you be shortlisted, you will be asked to bring this documentation with you to the interview. A full list of eligible documents will be sent to you. Any offer of employment will be subject to successful verification of your Right to Work in the UK. |

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**Application Form**

**Section B**

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| If you are applying for a teaching post, please provide the following information: |
| Do you have a QTS? | Yes □  | No □ |
| If you qualified after September 1999, have you completed your NQT statutory induction year? | Yes □  | No □ |
| Note: TKAT will require proof of essential qualifications detailed in the Person Specification at interview, this includes evidence of QTS, and completion of induction, if applicable. |

**Continuous Service**

|  |
| --- |
| TKAT recognises continuous service in Local Government Employment for all staff groups in order to calculate entitlements for maternity/paternity pay and leave, sickness pay and leave, annual leave period and redundancy. |
| What is your continuous service start date in LGE? | (dd/mm/yy) |

Note: If you are offered the position, your continuous service date will be verified with your previous employer. TKAT will not recognise continuous service without verification.

**Present Post Details**

|  |
| --- |
| Name and Address of current Employer, School or Establishment: |
|  |
| Telephone Number: |  |
| Local Authority (if applicable): |  |
| Age range of school (if applicable): |  |
| Date of appointment to organisation:  |  |
| Job Title: |  |
| Contract Type: | Temporary □  | Permanent □ |
| Date of appointment to post, if different: |  |
| Type of appointment: | Full-Time □  | Part- Time □ |
| Salary/Allowance Details: |  |
| Reason for Leaving: |  |
| Date free to take up appointment: |  |

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**Previous Employment**

Please list your most recent position first and continue on a separate sheet where necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of employer (if this is a school please include name of Local Authority and age range of school) | Position Held | Start Date(mm/yyyy) | End Date(mm/yyyy) | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Please use the space below to explain any gaps in your employment. |
|  |

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**Previous Employment with Children**

|  |
| --- |
| Other than the employment mentioned above, have you ever worked within a role that involved contact with children or young people? |
| Yes □  | No □ |
| If yes, please provide details below. TKAT reserve the right to contact any of your previous employers. |
| Name and address of employer (if this is a school please include name of Local Authority and age range of school) | Position Held | Start Date(mm/yyyy) | End Date(mm/yyyy) | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | School/College/University | Subjects Taken | Examination results/grades |
|  |  |  |  |
| Other Professional Qualifications including membership of Professional Bodies |
|  |

|  |
| --- |
| Other Experience Relevant to the Post e.g. work experience, voluntary positions |
|  |

|  |
| --- |
| Details on ongoing continuous professional development |
|  |

**Relatives/Other Interests**

|  |  |  |
| --- | --- | --- |
| Are you currently or have you ever been an employee or volunteer for any TKAT academy? | Yes □  | No □ |
| If yes, please state: |  |
| Are you related to, or know personally, any TKAT employee? | Yes □  | No □ |
| Name of person: |  |
| Position held within TKAT: |  |
| Relationship of person to you: |  |

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**Application Form**

**Section C**

|  |  |
| --- | --- |
| Post Applied For: |  |

Please complete the following sections, using additional space if necessary.

|  |  |
| --- | --- |
| 1. | How do your personal qualities and professional experience qualify you for this position?Please refer to the Job Description and Person Specification documents. |
|  |
| 2. | How would you seek to incorporate the TKAT Ethos into your working practice? |
|  |
| 3. | Professional SkillsPlease provide a brief statement setting out how you have developed your professional skills. |
|  |
| Courses: (relevant to this application and taken within the last 5 years) |
| In service courses | Date | Venue |
|  |  |  |
|  |  |  |
|  |  |  |
| Please continue on a separate sheet, if necessary |

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**Criminal Convictions**

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| --- |
| This appointment is excluded from the non-disclosure provisions under the Rehabilitation of Offender Act 1974. Applicants must declare any convictions which for other purposes are ‘spent’ and in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. Any information will be treated confidentially. |

|  |  |  |
| --- | --- | --- |
| Have you ever been charged with, cautioned or convicted of a criminal offence? | Yes □  | No □ |
| Are you currently under investigation, awaiting trial, verdict or sentencing in any criminal proceeding? | Yes □  | No □ |
| If you have answered ‘yes’, please attach details - including the offence and the date. |

**Referees**

|  |
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| Please give the name and address of two people whom we may contact for a reference. One of these should be from your current or most recent place of employment, although TKAT reserves the right to contact any of your former employers.Please note that we will contact these referees if you are shortlisted for this post and seek a reference before interview. Also, in relation to work with children, we seek information about any past disciplinary issues relating to children and/or child protection concerns you may have been subjected to. If you have any concerns about this, please do not hesitate to contact our Human Resources Department. |

|  |  |  |
| --- | --- | --- |
|  | First Referee | Second Referee |
| Name |  |  |
| Status |  |  |
| Organisation |  |  |
| Relationship |  |  |
| Address |  |  |
| Telephone Number |  |  |
| Fax Number |  |  |
| Email Address |  |  |
| Please return your completed application by email to kthackray@kha-tkat.org or by post to:Contact: Mrs Kim Thackray Address: Stapleford Abbotts Primary Academy Stapleford Road Stapleford Abbotts Essex RM4 1EJ If returning this application electronically you are confirming that the information is true and accurate to the best of your knowledge. If you are shortlisted for this post you will be required to sign your application prior to interview. |

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**Application Form**

**EQUAL OPPORTUNITES**

Please note that if you have a disability and you require having this form, or submitting the information with regard to this form in another format, such as larger print or audio-tape, please contact us by emailing or telephoning the Human Resources Department at hr@tkat.org or 0208 269 8330.

|  |
| --- |
| TKAT is working towards equality of opportunity for all who apply for employment with the organisation. We are actively opposed to discrimination and want to ensure our processes support recruitment of the full diversity of people. We believe that monitoring our recruitment results will help us assess any areas requiring improvement. In order to assist us with this, we would be grateful if you would complete this form and return with your application.TKAT undertakes that this form will not be made available to anyone involved in the recruitment and selection of staff and will remain confidential to the HR Department to be used solely for the purpose of monitoring the effectiveness of our equal opportunities policy.Your help in this matter is entirely voluntary and will in no way affect your application. |
| Post applied for: |  |
| 1. Please indicate your gender:
 | Male □  | Female  |
| 1. Please indicate your age:
 | 16 – 17 □  | 18 – 21 □ | 22 – 30 □ |
| 31 – 40 □  | 41 – 50 □  | 51 – 60 □  |
| 61 – 65 □  | 66 – 70 □ | 71+ □ |
| 1. Ethnic origin is not about nationality, place of birth or citizenship. It is to do with colour and broad ethnic group. UK citizens can belong to any of the group indicated below.
 |
| Would you describe yourself as: |
| **White** | **Mixed/multiple ethnic groups** |
| English/Welsh/Scottish/Northern Irish/British | □ | White & Black Caribbean  |  □ |
| IrishGypsy or Irish Traveller | □□ | White & Black African  |  □ |
| Any other White background | □ | White & Asian  |  □ |
| Please state: | Any other mixed/multiple ethnic background  |  □ |
|  | Please state: |
| **Black/African/Caribbean or Black British** | **Asian or Asian British** |
| African | □ | Indian  | □ |
| Caribbean | □ | Pakistani  | □ |
| Any other black/African/Caribbean background | □ | Bangladeshi Chinese  | □□ |
|  |  | Any other Asian background | □ |
| Please state:  | Please state: |
| **Other ethnic group**Arab  | □ | Any other □Please state: |
| 1. Do you consider yourself to have a disability within the Equalities Act 2010? (See **Disability Definition** below.)
 |
| Yes □  | No  |
| We fully support the social model of disability and we recognise that people with different impairments or medical conditions can experience different barriers. If you have stated ‘yes’, please select the nature of your disability: |
| Physical/sensory impairmentsLearning difficulty and specific learning difficultiesMental health difficultiesMedical conditions | □□□□ |
| 1. What is your Religion, even if you are not currently practising?

Christian including Church of England/Catholic/Protestant and all other Christian denominationsBuddhistHinduJewishMuslimSikhAny other religionPlease describeNo religion | □□□□□□□□ |
| 1. What is your sexual orientation?

BisexualGay manGay woman/lesbianHeterosexual/straight Prefer not to say | □□□□□ |
| **Thank you for your assistance** |
| **Disability Definition**The Equality Act 2010 states “A person has a disability if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.The Act also states “A person can also qualify if he/she had a disability in the past and/or if he/she was on the register of disable persons under provision in the Disabled Persons (Employment) Act 1944 on both 12 January 1995 and 2 December 1996”. DDA 2005 |