**CONFIDENTIAL**



The Cardinal Wiseman Catholic School

Greenford Road, Greenford, Middlesex UB6 9AW

Headteacher: Michael Kiely BEd (Hons); MA

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SENIOR LEADERSHIP APPLICATION FORM

(Before completing this form please read Notes to Applicants)

NAME OF CANDIDATE:

TO BE USED FOR THE FOLLOWING TEACHING POSITIONS ONLY:

* Headteacher\*
* Headteacher (Fixed Term)
* Joint Headteacher
* Deputy Headteacher
* Assistant Headteacher

\*Headteacher includes Principal or equivalent.

Before you begin please check that you have the following:

1] Correct Application Form for the post being applied for

2] Notes to Applicants

3] Recruitment Monitoring Form

4] Rehabilitation of Offenders Act 1974 – Disclosure Form

Please do not return any completed application forms and/or supplementary documents to the Catholic Education Service. Please return all completed application forms and or supplementary documents to the school/college where the position applied for is based, or as instructed in the details of the post.

**DETAILS OF ROLE APPLIED FOR**

Top of Form

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| --- |
| Application for the position of: |
| Full Time:  Part Time:  Job Share: |
| Please state where (or how) you first learned of this vacancy: |

Bottom of Form

APPLICANT’S PERSONAL DETAILS

Top of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Surname: | | | First Name(s): |
| Known as (if applicable): | | | Any former name(s): | |
| Religious Denomination/Faith (if any): | | | | |
| Address: |  | | | |
| If you have lived at this address for less than 5 years, please list all other addresses at which you have lived during this period with dates: | | | | |
| Address | | | | Dates |
|  | | | |  |
|  | | | |  |
|  | | | |  |
| Telephone numbers: | Home: | Mobile: | | Work: |
|  |  | |  |
| Email Address: |  | | | |
| How do you prefer to be contacted? | |  | | |
| National Insurance No.: |  | DfE Teacher Ref. No.: | |  |
| Do you have Qualified Teacher Status (QTS) in the UK? | | | | Yes:  No: |
| If so,in which subjects? |  | | | |
| QTS Certificate No.: |  | Date of qualification: | |  |
| DBS No. and date: |  | | | |
| Please give the date you successfully passed your NQT Induction year: | | | |  |

DETAILS OF APPLICANT’S PRESENT EMPLOYMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Are you presently employed? Yes:  No:  *If no, please proceed to the next section.* | | | |
| Details of Present Post | | | |
| Role: |  | | |
| At: | | | School/College |
| Address: | | | |
|  | | Telephone No.: |  |
| Local Authority: |  | | |
| Permanent:  Temporary: | | Full time:  Part time:  Job Share: | |
| Date of Appointment: |  | Notice period required: |  |
| Description of key duties/responsibilities (including subjects and key stages taught (if applicable)): | | | |

|  |  |
| --- | --- |
| Please provide the following information relating to present salary and scale: | |
| Salary scale (e.g. Main/Upper/Leadership): |  |
| Spine Point: |  |
| Additional Allowances (eg TLR): |  |
| Total gross annual salary: |  |

APPLICANT’S EMPLOYMENT HISTORY AND PROFESSIONAL EXPERIENCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please complete in chronological order, starting with the most recent: | | | | | |
| Full name and address of school/institution  (state whether Nursery/Primary/Secondary/Comprehensive/Selective etc) include local authority if relevant) | Approx size of roll | Age range taught & single sex/mixed | Post held and responsibilities including subjects and key stages taught | Dates employed Month/Year From – To | Reason for Leaving |
|  |  |  |  |  |  |
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**OTHER EMPLOYMENT/WORK EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please complete in chronological order, starting with the most recent: | | | | |
| Employment/Experience | Employer/Location | Responsibilities | Dates employed Month/Year  From – To | Reason for Leaving |
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If there are any periods of time that have not been accounted for in your application, for instance, periods spent raising a family or of extended travel, please give details of them here with dates. The information provided in this form **must** provide a complete chronology from the age of 16 – please ensure that there are no gaps in the history of your education, employment and other experience. Failure to provide a full account may lead to your application being rejected.

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| --- | --- |
| Dates (From – to) | Activity |
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**POST-11 EDUCATION AND TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete in chronological order, starting with the most recent: | | | |
| Full name and address of establishment | Full time or part time | Dates Attended Month/Year From – To | Qualifications (Grades) |
| Post-Graduate Qualifications | | | |
|  |  |  |  |
|  |  |  |  |
| Higher Education Qualifications | | | |
|  |  |  |  |
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| School/college Qualifications | | | |
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**Continued Professional Development**

Please list any courses you have completed and/or any professional development in which you have been involved in the past 3 years which you consider relevant to this post (e.g. teaching courses, First Aid, ICT etc).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Course Provider | Length of Course | Dates From – To | Award/Grade received (if applicable) |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| Safeguarding Training | | | |
| Date of most recent safeguarding training: |  | Or indicate if no training received: |  |

**PROFESSIONAL MEMBERSHIPS**

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| --- |
| Please list any relevant professional bodies of which you are a member: |
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|  |

**INTERESTS AND HOBBIES**

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| Please list your interests and hobbies outside of work: |
|  |

**SUPPORTING STATEMENT**

Please attach a written statement of no more than 1,300 words detailing why you believe your experience, skills, personal qualities, training and/or education are relevant to your suitability for the post advertised and how you meet the person specification applicable to the post. You should pay particular attention to the national standards for the position for which you are applying.

**REFERENCES**

Most Senior Leadership posts require you to be a practising Catholic and, therefore, one referee **must** be your Parish Priest/the priest of the parish where you regularly worship. It is the responsibility of the applicant to ensure that all named referees, including parish priests where applicable, have consented to providing a reference. You are advised to read the relevant section of the Notes to Applicants before completing this section.

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| --- | --- | --- | --- |
| Present School/Employer: | | | |
| Name: |  | | |
| Address: |  | | |
| Role: |  | | |
| Telephone: |  | Email: |  |

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| --- | --- | --- | --- |
| Other Professional: | | | |
| Name: |  | | |
| Address: |  | | |
| Role: (if applicable) |  | | |
| Telephone: |  | Email: |  |
| Relationship to referee: | |  | |

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| --- | --- | --- | --- |
| Additional Professional or Parish Priest *(only required if you are a practising Catholic):* | | | |
| Name: |  | | |
| Address: |  | | |
| Telephone: |  | Email: |  |

Notes:

(i) We reserve the right to take up references with any previous employer prior to interview. Please advise if you do not want us to do so at this stage and provide reasons.

(ii) If any of your referees knew you by another name, please specify that name(s) here:

Are you (or your spouse/civil partner/partner) related by marriage, blood or as a co-habitee to any member of the Governing Body or staff member?

Yes: No: 

If yes, please complete the following:

|  |  |
| --- | --- |
| Name of staff member or Governor | Relationship to you |
|  |  |
|  |  |

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| --- |
| If you have a disability, is there anything we need to know about your disability in order to offer you a fair selection interview (if shortlisted) or ongoing support (if appointed)? Yes: No:  If yes, please give details of adjustment required: |
|  |

Bottom of Form

DISCLOSURE OF CRIMINAL AND CHIILD PROTECTION MATTERS AND DISCLOSURE AND BARRING SERVICE CHECKS

The Governing Body is obliged by law to operate a checking procedure for employees who have access to children and young people.

Please confirm whether you have ever been the subject of any child protection concern either in your work or personal life, or been the subject of, or involved in, any disciplinary action in relation thereto, including any which is time expired.

Top of Form

Yes:  No: 

|  |
| --- |
| Bottom of Form  If yes, please provide details: |
|  |

Top of Form

By checking the box below I hereby confirm that I am not disqualified from working with children and/or have information held about me under section 142 Education Act 2002 (formerly known as inclusion on the DfE List 99): 

Bottom of Form

In the event of a successful application an offer of employment may be made to you which is conditional upon receipt of satisfactory Disclosure and Barring Service Checks (“DBS Checks”) (formerly CRB Check and ISA Check) in relation to criminal and child protection matters. Please note that a conviction will not necessarily be a bar to obtaining employment.

Top of Form

By checking the box below you hereby consent to a DBS Check(s) being made to the Disclosure and Barring Service (“DBS”): 

Bottom of Form

**REHABILITATION OF OFFENDERS ACT 1974**

If you have been convicted of a disclosable criminal offence the details must be disclosed on the separate document entitled “Rehabilitation of Offenders Act 1974 – Disclosure Form” together with any cautions or bind-overs, pending criminal convictions, criminal actions and/or court hearings against you. The Rehabilitation of Offenders Act 1974 – Disclosure Form must be enclosed with your application in a sealed envelope marked “confidential”. If you do not have any disclosable convictions, please complete the relevant section in the Disclosure Form.

**DATA PROTECTION ACT 1998**

Top of Form

By checking the box below I hereby give my consent for personal information (any information which may be considered Personal Data and/or Sensitive Data within the meaning of the Data Protection Act 1998, which includes 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 the Data Protection Act 1998. 

Bottom of Form

**IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006**

Top of Form

The Governing Body will require you to provide documentary evidence of your entitlement to undertake the position applied for and/or of your ongoing entitlement to live and work in the United Kingdom in accordance with the Immigration, Asylum and Nationality Act 2006. More information can be found in paragraph 17 of the Notes to Applicants. By checking the box below you hereby confirm that you are legally entitled to work in the United Kingdom and that you will promptly provide documentary evidence of such entitlement when requested: 

Bottom of Form

**DECLARATION**

If you know that any of the information that you have given in this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for employment which comes to our attention then your application may be withdrawn from the recruitment process.

Providing false information is an offence and may result in this application being rejected. If such a discovery is made after you have been appointed then you may be liable to be dismissed summarily. You may also be reported to the National College of Teaching and Leadership (NCTL) (England only) and/or the Education Workforce Council (Wales only) and/or the Police, if appropriate. By signing below I hereby certify that all the information given by me both on this form and in any supplementary pages and/or the supporting evidence provided, is correct to the best of my knowledge and belief, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications that I claim to hold.

I acknowledge that it is my responsibility as the applicant, if invited for interview, to disclose information to the panel which may affect my suitability and/or eligibility to work with children and/or vulnerable adults.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

*(The post will be subject to the terms and conditions of the appropriate Catholic Education Service model contract).*