



## The Collegiate Trust Application Form

Please complete all sections of this form using black ink or type. The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

### Personal details

PERSONAL DETAILS	
<b>First name</b>	
<b>Surname</b>	
<b>Preferred title</b>	
<b>Previous surnames</b>	
<b>If you prefer to be called by a name other than the one listed above, please specify</b>	
<b>National Insurance number</b>	

CONTACT DETAILS	
<b>Address</b>	
<b>Postcode</b>	
<b>Home phone</b>	
<b>Mobile phone</b>	
<b>Email address</b>	

## DISABILITY AND ACCESSIBILITY

The school/trust has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.

If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require:

## TEACHING POSITIONS: RIGHT TO WORK IN THE UK

Do you have the right to work in the UK?

Yes

No

If yes, please state on what basis:

UK citizen

EU settled status

Skilled worker visa

Graduate visa

Youth mobility visa

Other – please provide full details in the box below

## TIME SPENT LIVING AND/OR WORKING OVERSEAS

Have you spent time living and/or working outside of the UK?

Yes

No

If yes, please give details, including countries and relevant dates:

## RELATIONSHIP TO THE SCHOOL/TRUST

Please list any personal relationships that exist between you and any of the following members of the school/trust community:

- Governors/trustees
- Local governors
- Staff
- Pupils

If you have a relationship with a governor, trustee, local governor or employee, this does not necessarily prevent them from acting as a referee for you.

Name	Relationship	Role at [school/trust]



## PREVIOUS EMPLOYMENT

Please provide details of all previous employment since leaving school, including education and voluntary work. Include any gaps in employment and the reasons for them in the table below. List the most recent employment first.

Job title	Name and address of employer	Dates employed	Description of responsibilities	Reason for leaving

## EMPLOYMENT GAPS

Please provide details of any employment gaps since leaving school and give the reasons for the gap.

Start date	End date	Reason for employment gap

## Education and training

### EDUCATION AND QUALIFICATIONS

Please provide details of your education from secondary school onwards.

You'll be required to produce evidence of qualifications.

Dates attended (month and year)	Name and location of school/college/university	Qualifications gained (including grades, awarding body and date of award)


**TRAINING AND PROFESSIONAL DEVELOPMENT**

Please give details of training or professional development courses undertaken in the last that are relevant to your application.

Course dates	Length of course	Course title	Qualification obtained	Course provider

**TEACHER STATUS**

<b>Teacher reference number</b>	
<b>Do you have QTS?</b>	
<b>QTS certificate number (where applicable)</b>	
<b>Date of qualification</b>	
<b>Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct?</b>	
<b>Are you subject to a General Teaching Council sanction or restriction?</b>	

## ADDITIONAL INFORMATION

Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests.

## Supporting Statement

Please attach a statement of no more than two sides of A4 explaining why you're applying for this post and how your experience, training and personal qualities match the requirements of the role as set out in the Job Description and Person Specification.

## References

Please give the names of 2 people who are able to comment on your suitability for this post. One must be your current or last employer. If you've not previously been employed, please provide details of another suitable referee.

The school/trust reserves the right to seek any additional references we deem appropriate.

Please let your referees know that you've listed them as a referee, and to expect a request for a reference should you be shortlisted.

NAME	RELATIONSHIP TO YOU	ADDRESS AND POSTCODE	CONTACT NUMBER	EMAIL ADDRESS	IS THIS YOUR CURRENT EMPLOYER?

If either of your referees knows you by a different name, please state:

If you don't wish us to contact your referees without your prior agreement, please tick this box:

## Equalities monitoring

We're bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

### EQUALITIES MONITORING INFORMATION

	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
<b>What is your date of birth?</b>								
<b>What is your sex?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female							
<b>What gender are you?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say							
<b>Do you identify as the gender you were assigned at birth?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say							

### How would you describe your ethnic origin?

<p><b>White</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background  <p><b>Asian or British Asian</b></p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	<p><b>Black or Black British</b></p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background  <p><b>Mixed</b></p> <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background	<p><b>Other Ethnic groups</b></p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group  <input type="checkbox"/> Prefer not to say
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### Which of the following best describes your sexual orientation?

- Bisexual
- Heterosexual/straight
- Homosexual

- Other
- Prefer not to say

**What is your religion or belief?**

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu

- Jain
- Jewish
- Muslim
- No religion

- Other
- Pagan
- Sikh
- Prefer not to say

**Pregnancy and maternity**

Are you pregnant?

- Yes
- No
- Prefer not to say

Have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

**Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

- Yes
- No
- Prefer not to say

**If you answered 'yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'.**

- Physical impairment
- Sensory impairment
- Learning disability/difficulty
- Long-standing illness
- Mental health condition
- Developmental condition
- Other