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Application Form

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| --- | --- |
| Thank you for your interest | Job reference: |
| 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 complete all 6 pages of the application form in black ink or type. |  |
| Closing date: |
|  |

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Title (eg. Mr, Mrs, Miss, Ms): |  |
|  | *(BLOCK CAPITALS)* |
| First Name/s: |  |
| If you prefer to use a different first name please state: |  |
| Address :  |  |
|  |  | Post Code:  |  |
| Telephone No. (home): |  | Email (home): |  |
| Telephone No. (work): |  | Email (work): |  |
| Telephone No. (mobile): |  |  |  |
| May we contact you at work? | YES [ ]  | NO [ ]  | Do you require a work permit/visa? | YES [ ]  | NO [ ]  |
| Are you an existing employee? | YES [ ]  | NO [ ]  | If yes, please give details  |  |
|  |
| National Insurance No. |  |  |  |  |  |  |  |  |  |  | Date of Birth |  |  |  |

Employment Details – please give details of your current or most recent employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of current or most recent employer | Post held and salary(Proof of salary may be required) | Date appointed | Date left or notice required | Reason for leaving(if applicable) |
|  |  |  |  |  |

Current job - Write a brief description of your present (or most recent) duties/responsibilities stating to whom you report

(ie their position) and, if appropriate, who reports to you.

|  |
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|  |

Previous Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of current or most recent employer | Post held and salary(Proof of salary may be required) | Date appointed | Date left or notice required | Reason for leaving(if applicable) |
|  |  |  |  |  |

Education, Qualifications and Membership of Professional Associations – Please give details of your education and qualifications obtained. This includes any qualifications, which you are studying now. You will be required to prove you have obtained these qualifications.

|  |  |  |
| --- | --- | --- |
| Name of school, college, university/ Professional Association | Qualifications/Membership Level | Date achieved |
|  |  |  |

Training – Please give details of any training you have had, which is relevant to this job. Include any on‑the‑job training as well as formal training courses. There is no need to mention any courses listed in the Education Section.

|  |  |
| --- | --- |
| Title of training programme/course and brief description | Date started/completed |
|  |  |

Relevant Skills and Experience – Please explain why you are applying for the post and how well you meet the requirements of the person specification, e.g. the skills and abilities, experience and knowledge etc needed to do the job. Wherever possible give practical examples from your current or previous employment. Examples may also include any voluntary or social activities if you consider them relevant to the requirements of the job.

|  |
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References – References will be obtained from employers during the last 3 years. If you have not been in

employment during this time please give the names of two personal referees (not family members) from whom

confidential references may be obtained. We may also contact previous employers where you have worked with children. Your referees will be contacted if you are called for interview – please let us know if this is not

suitable.

|  |  |  |
| --- | --- | --- |
| First Reference |  | Second Reference |
| Referee |  |  | Referee |  |
| Relationship to You |  |  | Relationship to You |  |
| Address |  |  | Address |  |
|  |  |  |
|  |  |  |
|  | Post Code |  |  |  | Post Code |  |
| Tel No |  |  | Tel No |  |
| Email |  |  | Email |  |

Gaps in employment – Please list any gaps together with the reasons for the gaps

Gaps in Employment - Please list any gaps in employment together with the reasons for the gaps:

Employment of People with Disabilities – The Academy operates an interview guarantee scheme for applicants

who declare they have a ‘disability’ as defined in the Disability Discrimination Act 1995 (see page 5 of the application form for information on the definition of a disability) and meet the requirements for the job. If you consider that you have a disability relevant to the performance of the duties described in the job description for the post, please provide details of:

|  |  |
| --- | --- |
| Any assistance you will require if called for interview | Any equipment or adaptations that will assist you to meet the requirements of the job description |
|  |  |

Additional Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you applying for the post on a job share basis? | YES | [ ]  | NO | [ ]  |
|  |
| If YES, and you have a job share partner give her/his name |  |
|  |
|  |
| Do you have: (a) a full current driving licence? | YES | [ ]  | NO | [ ]  |
|  |
|  (b) a car you can use for work? | YES | [ ]  | NO | [ ]  |
|  |
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Data Protection

Under the terms of the General Data Protection Regulation 2018, the information you provide on this form will only be used by the Academy for the purpose of assessing your suitability for employment, for monitoring policies and procedures, and for personal management purposes.

For any position that you apply for, if unsuccessful, this information may be retained on file for 6 months. The information may be used in internal proceedings to consider a complaint about the selection process and/or to defend against a legal challenge to the fairness of the selection process from any interested party. The information you provide to us on this form may also be used in the prevention and detection of crime and fraud, or shared with other bodies administering public funds solely for this purpose.

Protection of Children

If you are invited to interview you may be required to answer formal questions as to whether or not you have unspent criminal convictions or summonses pending against you. Spent convictions must be disclosed for certain posts, e.g. Teachers as these are exempt from the provisions of the Rehabilitation of Offenders Act 1974. Some posts are subject to political restrictions. If any of the above applies to the post you are applying for, further details will be made available to you.

Are you a member of the DBS update service?

YES 🞏 NO 🞏

To be signed, by hand, by all Applicants

I confirm that, to the best of my knowledge, the information on this form is true and correct.

I am in possession of the certificates which I claim to hold and understand that willful falsification may result in dismissal if I am appointed.

I understand that any offer of employment will be subject to satisfactory medical and police checks.

Signed: Date:

To be signed, by hand, by all Applicants

I confirm that, to the best of my knowledge, the information on this form is true and correct.

I am in possession of the certificates which I claim to hold and understand that willful falsification may result in dismissal if I am appointed.

I understand that any offer of employment will be subject to satisfactory medical and police checks.

Signed: Date:

Remove During Sifting Process

Recruitment Monitoring

The Academy is committed to Equal Opportunities. The aim of its policy is to ensure that no job applicant or employee is treated unfairly on the grounds of age, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion, or sexual orientation.

Without accurate data on the composition of our workforce and on job applicants we are unable to monitor the effectiveness of our policies and procedures. Therefore, we ask for your cooperation in completing the monitoring section of this form. This information will be used for statistical purposes only and will not be reproduced in a way that enables individuals to be identified. All information supplied by job applicants is treated in the strictest confidence.

Personal Details

|  |  |  |
| --- | --- | --- |
| Job Reference | Surname |  |
|  |  | (BLOCK CAPITALS) |

Gender

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Male | [ ]  | Female | First Name/s |  |

Advertising Response *–* Please indicate how you became aware of the post by ticking the appropriate box.

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|  |  |
| --- | --- |
| [ ]  Newspaper (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | [ ]  Professional journal (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| [ ]  Bromley website | [ ]  Internal vacancy list | [ ]  Friend/relative | [ ]  Employment Services |
| [ ]  Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

Ethnic Group – Please tick one box (or write in one box if appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| (a) | Asian or Asian British | (b) | Black or Black British |
|  | [ ]  Bangladeshi |  | [ ]  African |
|  | [ ]  Indian |  | [ ]  Caribbean |
|  | [ ]  Pakistani |  |  |
|  | Asian other *(please write in)* |  | Black other *(please write in)* |
|  |  |  |  |
|  |  |  |  |
| (c) | Mixed | (d) | White |
|  | [ ]  White and Asian |  | [ ]  British |
|  | [ ]  White and Black African |  | [ ]  European |
|  | [ ]  White and Black Caribbean |  | [ ]  Irish |
|  |  |  | [ ]  Romany/Traveller |
|  | Mixed other (please write in) |  | White other (please write in) |
|  |  |  |  |
|  |  |  |  |
| (e) | Chinese or other ethnic group | (f) | I decline to self classify |
|  | [ ]  Chinese |  | [ ]  *(please tick)* |
|  | Other *(please write in)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

Disability

To help you decide whether you have disability as defined under the Disability Discrimination Act 1995 please read the following information:

A disability is defined as ‘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’.

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

(1) mobility;

(2) manual dexterity;

(3) physical co‑ordination;

(4) continence;

(5) ability to lift, carry or otherwise move everyday objects;

(6) speech, hearing or eyesight;

(7) memory or ability to concentrate, learn or understand; or

(8) perception of the risk of physical danger.

The impairment has to be substantial, that is something more than trivial and it needs to be long-term, i.e. 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. Having considered the above information, please tick the appropriate box and indicate the category of impairment, which applies to your disability.

Please tick one of the following as defined by the Disability Discrimination Act 1995

[ ]  I do consider myself to have a disability

[ ]  I do not consider myself to have a disability

[ ]  I decline to self classify as to whether I consider I have a disability

Age –What is your age range?

[ ]  Under 20

[ ]  20 - 29

[ ]  30 - 39

[ ]  40 - 49

[ ]  50 - 59

[ ]  60+