



APPLICATION FORM

DATA PROTECTION NOTICE

Throughout this form we ask for some personal data about you. We'll only use this data in line with data protection legislation and process your data for one or more of the following reasons permitted in law:

- You have given us your consent
- We must process it to comply with our legal obligations

You'll find more information on how we use your personal data in our [Privacy Notice](#).

I hereby give my consent for the Trust to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation, VIAT Privacy Policy for Workforce, and VIAT Records Management Policy and Retention Guidelines.

Signed

Date

1. INSTRUCTIONS

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.

Applications will only be accepted if this form is completed in full.

VACANCY INFORMATION

Application for the post of

Job ID/Reference number

What date are you available to begin a new post?

Where did you first hear about this job?



DISCLOSURE AND BARRING AND RECRUITMENT CHECKS

The Trust is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.

The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that's considered relevant to the role. Any information that is "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.

For posts in regulated activity, the DBS check will include a barred list check.

It is an offence to seek employment in regulated activity if you are on a barred list.

We'll use the DBS check to ensure we comply with the Childcare Disqualification Regulations. It is an offence to provide or manage childcare covered by these regulations if you are disqualified.

Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the Trust's privacy notice.

Do you have a DBS certificate?: Yes No **Date of check:**

If you've lived or worked outside of the UK for 6 months or more in the last 5 years, the Trust may require additional information in order to comply with 'safer recruitment' requirements. If you answer 'yes' to the question below, we may contact you for additional information in due course.

Have you lived or worked for 6 months outside of the UK in the last 5 years: Yes No

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.

Only applicants who have been shortlisted will be asked for a self-declaration of their criminal record or information that would make them unsuitable for the position.

Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis.

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:



RIGHT TO WORK IN THE UK

The Trust will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.

If shortlisted for interview I agree to provide such evidence .

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

If other, please provide full details below

SIGN AND DATE

Name (please print)

Sign

Date



2. PERSONAL DETAILS

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

CONTACT DETAILS	
Address	
Postcode	
Home phone	
Mobile phone	
Email address	

RELATIONSHIP TO THE TRUST		
<p>Please list any personal relationships that exist between you and any of the following members of the Trust community:</p> <ul style="list-style-type: none">• Governors/trustees• Staff• Pupils <p>If you have a relationship with a governor, trustee or employee, this does not necessarily prevent them from acting as a referee for you.</p>		
Name	Relationship	Role at Trust



3. 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. Proof of degree and teaching qualifications should be brought to interview.				
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 3 years that are relevant to your application				
Course dates	Length of course	Course title	Qualification obtained	Course provider



4. EMPLOYMENT HISTORY

CURRENT EMPLOYMENT DETAILS	
Job title	
Employer Name	
Employer Address	
Employer Email	
Employer Telephone	
Dates Employed	
Permanent or temporary	
Part-time or full-time	
Salary (inc. allowances)	
Description of responsibilities (Teachers only include age range taught and number on roll)	



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. 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

5. LETTER OF APPLICATION

Please attach an accompanying letter 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.

Please include your surname and the title of the post you're applying for as the file name for the attachment.



6. 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.

Check that the references correspond with your employment history. If you have previously worked with children or in an education setting, you should provide referee details of this employer. If the setting is a school or college this must come from the Headteacher / Principal.

The 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.

	REFERENCE 1	REFERENCE 2
NAME		
JOB TITLE		
RELATIONSHIP TO YOU		
ADDRESS AND POST CODE		
CONTACT NUMBER		
EMAIL ADDRESS		
IS THIS YOUR CURRENT EMPLOYER?		

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



7. 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								
What is your date of birth?	D	D	M	M	Y	Y	Y	Y
What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female							
What gender are you?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say							
Do you identify as the gender you were assigned at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say							
How would you describe your ethnic origin?								
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background Asian or British Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background Mixed <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	Other Ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say						
Which of the following best describes your sexual orientation?								



<input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight	<input type="checkbox"/> Homosexual <input type="checkbox"/> Prefer not to say	
What is your religion or belief?		
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> No religion	<input type="checkbox"/> Other <input type="checkbox"/> Sikh <input type="checkbox"/> 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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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'.		
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Learning disability/difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Mental health condition <input type="checkbox"/> Developmental condition <input type="checkbox"/> Other		