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| **Picture1** | **Teaching Staff**  **Application Form** |
| Pennycross, Plymouth PL5 3NE  **Tel:** 01752 705131  **Fax:** 01752 705191  **Website:** [www.asap.org.uk](http://www.asap.org.uk) |

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| Please read the Job Information Pack before completing this form. If you are handwriting your application, please use BLACK ink and complete in full. If emailing, you will be required to sign the application form if called to interview. CVs will not be accepted. Please return completed applications forms, with a cover letter outlining why you are suitable for the post, your skills and how you meet the job description. Please address this to the Headteacher using no more than 2 sides of A4, Aerial/Times New Roman font size 12 and send to Katie Plant (Headteacher’s PA) by email [kplant@asap.org.uk](mailto:kplant@asap.org.uk) or by mail to All Saints Academy, Honicknowle Lane, Pennycross, Plymouth, PL5 3NE. |

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| Position applied for: | Closing date: |

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| **1. Personal Details** | | | | | | | | | | | | | | | | | | | | |
| Title *(Ms/Miss/Mrs/Mr/Other):* | | | | | |  | | Surname: | | | |  | | | | | | | | |
| Forename(s): |  | | | | | | | | | | | | | | | | | | | |
| Previous Surname(s): | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| Current Address: *(including postcode)* | | | | | | | | | | | | | | | | | | | | |
| Telephone No. | |  | | | Mobile No. | | | |  | | | | | Email Address: | | | |  | | |
|  | |  | | |  | | | |  | | | | |  | | | |  | | |
| Work Address: *(including postcode)* | | | | | | | | | | | | | | | | | | | | |
| Telephone No: | | |  | | | | | | | | Email Address: | | | | |  | | | | |
| May we contact you by telephone  or email  at work?  *(please indicate as appropriate)* | | | | | | | | | | | | | | | | | | | | |
| Are you over 16 and under 65?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| Are you legally entitled to work in the UK?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| Do you require a work permit?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number: | | | | |  | | | | | | | | Nationality: | | | |  | | | |
| Do you hold Qualified Teacher Status  Yes  No | | | | | | | | | | | | | | |  | | | | | |
| If yes, please give date of award: | | | | | | |  | | | | | | Teacher Number: | | | | |  | | |
| Are you registered with GTC?  Yes  No | | | | | | | | | | | | |  | | | | | | |  |
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| **2. References** | | | | | | | | | | | | | | | | | | | | |
| Reference 1: *(this should be from the Headteacher at your current school)* | | | | | | | | | | Reference 2 & 3: *(preferably your current line manager or other employers. Referees may not be family members)* | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name of Referee: | | | |  |  | Name of Referee: | | | |  |  | | Position held: | | |  | |  | Position Held: | | |  | |  | | Name and Address of organisation: | | | | | | Name and Address of organisation: | | | | | | |  | | | | | |  | | | | | | | Work Email: | |  | | |  | Work Email: | |  | | |  | | Tel No: |  | | | |  | Tel No: |  | | | |  | |  | | | | | |  | | | | | | | Name of Referee: | | | |  |  | | Position held: | | |  | |  |  | | | | Name and Address of organisation: | | | | | | |  | | | | | | | Work Email: | |  | | |  | | Tel No: |  | | | |  |  | |  | | | | | |   References will be taken up prior to interview if shortlisted. | | | | | | | | | | | | | | | | | | | | |
| Please note – we reserve the right to contact any previous employer(s) you have listed for reference purposes where relevant. | | | | | | | | | | | | | | | | | | | | |

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| **3. Education and Qualifications** | | | | | | | | | | | |
| University/College | | Subject | | | | | From  (mth/yr) | To  (mth/yr) | | | Results  (Hons/Level) |
|  | |  | | | | |  |  | | |  |
| Technical, professional, commercial or relevant in-house training | | | | | | | | | | | |
| College/Institute | | Type of training | | | | | From  (mth/yr) | To  (mth/yr) | | | Results |
|  | |  | | | | |  |  | | |  |
| Membership of professional bodies / Professional registration | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Secondary School | | Examinations passed | | | | | From  (mth/yr) | To  (mth/Yr) | | | Grades |
|  | |  | | | | |  |  | | |  |
| **4. Employment Details** | | | | | | | | | | | |
| In accordance with guidance from DFE Safeguarding Children and Safer Recruitment in Education, please list below your employment history starting with the most recent. Include details of employment on a temporary contract or via an employment agency. **It is vital that any gaps in your employment history are fully explained.**  Name and address of current or most recent employer: | | | | | | | | | | | |
| Position held and salary: | | |  | | | | | | | | |
| Spinal point, teaching and learning responsibility: | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| Who reports to you *(if applicable)*? Please include number of positions and titles: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Key duties and responsibilities: | | | | | | | | | | | |
| Date appointed: |  | | | Date left or notice required: | | | | |  | | |
| School type: |  | | | Age range: | |  | | | Roll: |  | |
|  |  | | |  | | | | |  | | |
| Reason for leaving | | | | | | | | | | | |

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| **All previous employment:** |

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| Name and address of employer: | Position held and salary: |  |
| Date appointed: |  |
| Date left: |  |
| Reason for leaving: |  |
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| Main duties and responsibilities: |  | |
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| Name and address of employer: | Position held and salary: |  |
| Date appointed: |  |
| Date left: |  |
| Reason for leaving: |  |
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| Main duties and responsibilities: |  | |
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| Name and address of employer: | Position held and salary: |  |
| Date appointed: |  |
| Date left: |  |
| Reason for leaving: |  |
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| Main duties and responsibilities: |  | |
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| **5. Interests and Activities** |
| Please give information about any interests / hobbies or activities in which you are involved outside of teaching. |

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| **6. Criminal Records Disclosure** |

To be completed by all Academy staff that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). All applicants applying for the above posts cannot consider any convictions as "spent" for the purposes of this application.

I confirm that I have...

No unspent convictions, cautions, bind-overs or pending charges

No spent convictions, cautions or bind-overs

One or more unspent convictions, cautions, bind-overs or pending charges *(please follow the instructions below)*

One or more spent convictions, cautions, or bind-overs *(please follow the instructions below)*

If you have answered yes to either of the questions above, please:

* On a separate sheet of paper record brief details of the offence( s)
* Record the date and place of judgement and sentence( s) given
* Place the sheet of paper into a sealed envelope and attach to your application form

Please note. Any offer of appointment to the above post(s) will be subject to satisfactory disclosure from the Criminal Records Bureau.

This information will be treated in the strictest confidence and only those directly involved in the recruitment process will have access to the information provided. A criminal record is not necessarily a bar to employment.

**DATA PROTECTION STATEMENT:** I consent to this information being processed and stored, by means of a computer database, or otherwise, for the purpose of employment.

**DECLARATION:** I confirm that all the information contained in this form is complete and correct.

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

Please note that failure to disclose relevant details or a deliberate attempt to falsify information may lead to dismissal or withdrawal of an offer of employment.

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| **Picture1** | **Equalities Monitoring Form** |
| Pennycross, Plymouth PL5 3NE  **Tel:** 01752 705131  **Fax:** 01752 705191  **Website:** [www.asap.org.uk](http://www.asap.org.uk) |

The Academy is committed to Equality in Employment and aims to employ a workforce which serves our community. The policy of the Academy is to appoint the best candidates for any position irrespective of gender, sexual orientation, age, marital status, disability, race, colour, ethnic or national origin, religion or belief.

Without accurate data on the composition of our work force and on the job applicants we are unable to monitor the effectiveness of our policies and procedures. **It is important that you complete this information form and return it with your application form. The information that you provide is completely confidential and will be separated from your application prior to the short-listing stage of the recruitment process.**

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| **Personal details** | | |
| Position applied for: | |  |
|  | |  |
| Date of Birth: | |  |
|  | | |
| Last Name: | |  |
|  | | |
| Forename(s): | |  |
|  |  | |
| Sex:  Male  Female | | |
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| **Ethnic Groups** | | | |
| To which of these groups do you consider you belong? This information is used for statistical purposes only and will not be reproduced in a way that enables individuals to be identified.  Please mark each applicable box with an 'x' *(or write in the box if appropriate)* | | | |
| a. White | | b. Asian or Asian British | |
| British | | Indian | |
| Irish | | Pakistan | |
|  | | Bangladeshi | |
| Any other white background (please write below) | | Any other Asian background (please write below) | |
|  |  |  |  |

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| c. Mixed | | d. Black or Black British | |
| White and Black Caribbean | | Caribbean | |
| White and Black African | | African | |
| White and Asian | |  | |
| Any other mixed background (please write below) | | Any other black background (please write below) | |
|  |  |  |  |
|  | | | |
| e. Chinese | | f. Other ethnic group *(please write below)* | |
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**Definition of a disability**

The definition of a disability, as outlined by the Disability Discrimination Acts 1995 and 2005 is as follows;

"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".

To be protected under the Acts,

* An individual must have, or have had, an impairment which can be physical or mental.
* It must have adverse effects which are substantial, that is something more than minor or trivial.
* It needs to be long term, i.e. the impairment 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.

and

* It must affect the day to day activities on a regular basis

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

* Mobility
* Manual dexterity
* Physical co-ordination
* Continence
* Ability to lift, carry or otherwise move everyday objects
* Speech, hearing or eyesight
* Memory or ability to concentrate, learn or understand
* Perception of the risk of physical danger.

Some examples now covered by the DDA Acts include: mental illness or mental health problems, learning disabilities, diabetes, epilepsy, cancer, HIV and MS.

**Before marking the appropriate box with an 'x' below**, please ensure that you have read the definition of disability above.

|  |  |
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|  | **I do** consider myself to have a disability as defined by the DDA (as detailed above) |
|  | **I do not** consider myself to have a disability as defined by the DDA (as detailed above) |
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**Data Protection Act**

The Academy will process all data in compliance with the provisions of the Data Protection Act 1998. Please sign below to give you explicit consent that the information which you give on this form may be processed in accordance with the Academy’s registration under the Data Protection Act 1998.

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| Signed: |  | Date: |  |