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| **Application for Employment Your guide to completing the form** | |  |
| **Before you begin**  Read the advertisement and any additional supporting information provided, including:   * The job description, which lists the tasks you will be expected to carry out and describes how the job fits in with other employees. * The person specification, which details the experience, skills and abilities needed for the role. It is vital that your application demonstrates how you met these requirements.   In order to improve your chances of being selected, use specific examples from your experience and relate them to the person specification, job description and any other information provided. It is in your interest to complete the form in such a way as to maximise your chances of being selected.  **Supporting statement:**  Please complete this in the section ‘Reasons for applying’ on page. Remember to relate your skills, knowledge and experience to the job description and person specification when completing this section.  **Important notes:**   * If you want to **complete the form electronically** and email it to us:   1. You can type into the form, and can return the completed version to us via email.   2. You will not be able to sign the form on page 6. By e-mailing the form to us, you declare that the information on this form, and your answers to the section on the Rehabilitation of Offenders Act 1974, are true and accurate. Email is taken as substitute for your signature.   3. You are also agreeing to us processing sensitive information in accordance with our registration with the Information Commissioner’s Office. See enclosed our staff privacy notice. * If you want to **print the form** and send it via post:  1. Complete the form in black ink and ensure that it is legible. 2. Do not write outside the lines. 3. Ensure you mark each sheet with your full name. 4. Ensure that you have read and understood the declaration on page 4, and that you have signed and dated your completed application form before returning it.   You may find it useful to take a copy of your completed application form for your own personal records.  Bellevue Place Education trust is committed to safeguarding and promoting the welfare of its children and expects all employees and volunteers to share this commitment.  Thank you for your interest in applying for a position within our school. | | |
| **Application for Employment** |  | |

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| **Data Protection Act**: This information is being collected for the purposes of the recruitment and selection procedures. When you complete this document you are providing your consent for the employer to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes. If you have a query or concern regarding this, please contact the Headteacher of the school in the first instance. Please find enclosed our staff privacy statement. |

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| **Position applied for:** |

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| **Section 1 – Personal details** | | | | |
| Title:       Mr/Mrs/Miss/Ms | | Other (please specify): | | |
| Forename: | | Surname: | | |
| Address: | | | | |
| Postcode: | | Email address: | | |
| Phone numbers: Home: | Work: | | Mobile: | |
| Preferred means of contact: | | May we contact you at work? Yes  No | | |
| National Insurance number: | | DfE Teacher Reference No.: | | |
| Do you have Qualified Teacher Status (“QTS”)? | | QTS Certificate No.: | | |
| Date of qualification as a Teacher: | | Please declare any family or close relationship to any existing employee of the Trust or Governor | | |
| **Section 2 – Asylum and Immigration Act** (all sections MUST be completed) | | | | |
| Before you start working, you MUST provide evidence of your right to work in the United Kingdom. If you are appointed to the post you will receive full guidance. | | | | |
| Are you currently eligible for employment in the UK? | | Yes  No | | |
| Is this subject to a Work Permit or Visa? | | Yes  No | | |
| **Section 3 – Current/most recent employment** | | | | |
| Employer: | | Job Title: | | |
| Employed from (mm/yy):       to: | | Salary: | | Notice period: |
| Address: | | | | |
| Brief description of responsibilities: | | | | |

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| **Section 4 – Previous employment** Please continue on a separate sheet if necessary | | | |
| **Dates**  (dd/mm/yy) | **Name and address of employer** | **Position held and/or duties.**  **Salary. Size of school.** | **Reason for leaving** |
| From: |  |  |  |
| To: |
| From: |  |  |  |
| To: |
| From: |  |  |  |
| To: |
| From: |  |  |  |
| To: |

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| **Section 5 – Education and qualifications** Please continue on a separate sheet if necessary  Please start with the most recent | | |
| **CURRENT STUDIES** | | |
| **school/college/university**  **(State country if not UK)** | **Education level and subjects** | **Start and expected end date (mm/yy)** |
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| **SECONDARY/FURTHER EDUCATION** | | |
| **school/college/university**  **(State country if not UK)** | **Education level, subjects and grades (e.g. GCSEs: Maths (A), English (A) etc.** | **Date (mm/yy)** |
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| **Section 6 – Continued professional Development**  Please list any courses you have completed and/or any professional development which you have been involved in in the past 3 years which you consider relevant to this post. | | | | | |
| **Course Title** | **Course Provider** | **Length of Course** | **Dates**  **From / To** | | **Award/Grade received (if applicable)** |
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| **Section 7 – Membership of Professional Bodies** | | | | |
| Registration Body | Registration number | Membership Status | Start (mm/yy) | Expiry (mm/yy) |
| Registration Body | Registration number | Membership Status | Start (mm/yy) | Expiry (mm/yy) |

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| **Section 8 – Hobbies/interests**  Please give details of any hobbies, interests or skills that you can bring to the School for the purposes of extended learning. |
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| **Section 9 – Reason for applying**  Please give your reasons for applying for this post and say why you believe you are suitable for the position. Study the job description and person specification and describe any experience and skills you have gained in other jobs or similar environments which demonstrate your ability and aptitude to undertake the duties of the post. Continue on a separate sheet if necessary. | | | |
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| **Section 10 – References**  Please give the names of two individuals, not related to you, who have direct knowledge of your work and from whom we may obtain references. If you are working then one of these must be your current employer. However if you are a student or have been out of work for a period of time then teachers or a previous employer will be sufficient. Please remember that the referees you give should be able to comment on your ability to perform the job for which you are applying. **If two full references are not provided, this may affect your application from progressing.** | | | |
| Name: | | | Name: |
| Job Title, Company: | | | Job Title, Company: |
| Relationship: | | | Relationship: |
| Address: | | | Address: |
| Telephone: | | | Telephone: |
| Email: | | | Email: |
| May we contact this referee prior to interview? Yes  No | | | May we contact this referee prior to interview? Yes  No |
| **Section 11 – Rehabilitation of Offenders Act 1974** (all Applicants MUST answer this section) | | | |
| Because of the nature of the work for which you are applying this post is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 in accordance with the Rehabilitation of Offenders Act (Exceptional) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are therefore not entitled to withhold information about convictions, cautions or bind-overs which for any other purposes are “spent” under the provisions of the Act and, in the event of employment, any failure to disclose such conviction could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential. | | | |
| Have you been convicted of a criminal offence in the past? Yes  No  (if yes, please attach details including dates and reference numbers) | | | |
| Signed (see Note below): | Date: | | |
| Have you previously used or do you currently use any other forename(s), surname(s) or aliases (including maiden names)?  Yes  No | | | |
| If yes please state name(s) and dates used: | | | |
| **Section 12 – Data Protection Statement** | | | |
| The information that you provide on this form will be used to process your application for employment. If you succeed in your application, the information will be used in the administration of your employment with us. We will check the information with third parties or with any other information held by us. We may also use or pass to third parties, information to prevent or detect crime, to protect public funds, or in other ways permitted by law. By signing this application form you are agreeing to the processing of sensitive personal data, in accordance with our registration with the Information Commissioner’s Office. If you are unsuccessful in your application with us, your application form will be destroyed after 6 months. Please see our privacy notice for staff enclosed. | | | |
| **Section 13 - Health and Disability Details** | | | |
| We have a legal duty under Keeping Children Safe in Education to confirm that you have the mental and physical fitness to carry out the role you are applying for. If successful with your application you will be asked to undertake a pre-employment medical check and any employment with BPET will be subject to satisfactory medical clearance.  **Tick the box to confirm that you are mentally and physically fit for the role you are applying for**: | | | |
| **Declaration** (to be signed by all applicants) | | | |
| I have read and understood the information contained in this application form. I declare that all the information provided is true and accurate to the best of my knowledge. I understand that omissions or incorrect statements will disqualify me, or if appointed, I will be liable to be dismissed. This declaration constitutes part of the terms of contract if I am appointed. I understand and agree with the Data Protection Statement above. | | | |
| Signed (**see Note below**): | | Date: | |
| Print name: | |  | |
| Note: if you email this form to us (i.e. you can’t sign it), you will need to type your name in the ‘Signed’ fields to declare that the information on this form and your answers to the section on Rehabilitation of Offenders Act 1974 are true and accurate. | | | |