Application Form

Autism Unlimited are an equal opportunities employer and welcomes applications from all suitably qualified candidates. We are commited to safeguarding and promoting the welfare of the children and vulnerable adults and expect all colleagues to share this ethos. An enhanced DBS check is required for all successful applicants. You can find a copy of our Child protection policy here.

Please be aware the due to the 'Keeping Children Safe in education' legislation we do not accept CV's for any roles in our education services and any CVs submitted will be destroyed.

Personal Details			
Surname:		Preferred title:	
Forenames:		Previous names: (If applicable)	
National Insurance number:		Teacher Reference Number:(If applicable)	
Address:			
Email address:			
Home telephone number:		Mobile telephone number:	
If you have been referred by a current member of staff, please provide their full name:			

Supporting statement
Please provide a statement using between 150 - 250 words explaining your strengths, experiences and personal qualities that you feel you would bring to the role and our educational setting (attach further information if required)

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Education & Training		
Please provide details of your education from secondary school onwards. You will be required to produce evidence of qualifications.		
Name and address of institution:	Dates attended: (mm/yyyy – mm/yyyy)	Qualifications gained: (include subject, level and grade)

Employment History			
Please complete this in the format of MM/YYYY to MM/YYYY from present day to the year you started school, covering your education and career history, with all gaps accounted for. This will need to include employment, travel, parental leave and periods of unemployment if applicable.			
Dates (mm/yyyy – mm/yyyy)	Organisation	Job Title	Reason for leaving

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Do you have any gaps in your employment/education history:	☐ Yes ☐ No		
If yes, please explain the reasons for the gap and include the dates:			
Current salary	£		

References			
Please provide the names of 2 people who are able to comment on your professional work, one of whom should be your current or most recent employer. We reserve the right to seek any additional references we deem appropriate. Please let your referees know that you have listed them as a referee, and to expect a request for a reference should you be offered an interview.			
Referee 1:		Referee 2:	
Name:		Name:	
Position:		Position:	
Relationship to you:		Relationship to you:	
Organisation:		Organisation:	
Address (incl postcode):		Address (incl postcode):	
Contact number:		Contact number:	
Professional Email address:		Professional Email address:	
Are you happy for us to contact this referee before interview?	☐ Yes ☐ No	Are you happy for us to contact this referee before interview?	☐ Yes ☐ No

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

Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975			
We are 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. Our employment of ex-offenders statement can be found here. Any data processed as part of the DBS check will be processed in accordance with data protection regulations and our privacy notice.			
Do you have a DBS certificate:	☐ Yes ☐ No	Date of check:	
Are you currently registered with the Update Service:	☐ Yes ☐ No	Level of check:	☐ Standard ☐ Enhanced

For monitoring and support requirements only			
The Equality Act 2010 defines a person as having a disability if they have a physical or mental impairment that has a 'substantial' and 'long term' negative effect on their ability to do normal daily activities.			
Are your day to activities 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 have answered 'yes', please state the type of disability.	
With the disability you have shared, what reasonable adjustment should we consider at interview or support you would need in your role if successful?			

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Declaration
I hereby confirm that the information I have given above is true and I have the right to work in the United Kingdom. I understand that, should any of the information I provide in this application be found to be false within my knowledge, or should there be any wilful omission of material fact, this may be reported to the Police as well as leading to my application being rejected or any offer being withdrawn if I have already been appointed. Signature …… Date……

Thank you for completing this form, we will be in touch after shortlisting.