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*M*ARTIN'S SCHOOL

APPLICATION FORM

Thank you for your interest in this post.

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 the application form in black ink or type and ensure you complete all the sections.

Please return your completed application (by email) to evarty@st-martins.essex.sch.uk (by post) to HR Department, St Martin's School, Hanging Hill Lane, Hutton, Brentwood, Essex CM13 2HG

Applicant Name (CAPITAL LETTERS):

Application for appointment as:

Reference no.

Closing date:

Do you need permission to work in the UK? Yes ☐ No ☐

Brentwood Academies Trust is a charitable company limited by guarantee registered in England and Wales under the company number 07638800 whose registered office is St Martin's School, Hanging Hill Lane, Hutton, Brentwood, Essex CM13 2HG.

1. PERSONAL DETAILS

Last name and title:

First name (s):

Previous names:

Date of birth:

Home telephone number:

Home email address:

Mobile telephone number:

Work telephone number:

Work email address:

Address:

National Insurance no.:

Please tick the box if you do not wish to be contacted at work ☐

2. PRESENT EMPLOYMENT (if currently employed)

Employer's name and address (if applicable):

Nature of business:

Job title:

Date appointed:

Grade/Salary Spine:

Current salary (point):

Notice required:

Allowance(s) received:

Type:

Value:

Reason for leaving:

3. Brief outline of duties in your current or most recent job

4. PREVIOUS EMPLOYMENT (please include all full time and part-time positions. Please list the most recent first and continue on a separate sheet if necessary.

Employer:

Start date:

End date:

Job title:

Salary/Grade:

Reason for leaving:

Employer:

Start date:

End date:

Job title:

Salary/Grade:

Reason for leaving:

Employer:

Start date:

End date:

Job title:

Salary/Grade:

Reason for leaving:

Employer:	
Start date:	End date:
Job title:	
Salary/Grade:	
Reason for leaving:	
Employer:	
Start date:	End date:
Job title:	
Salary/Grade:	
Reason for leaving:	
Employer:	
Start date:	End date:
Job title:	
Salary/Grade:	
Reason for leaving:	
5. BREAKS IN EMPLOYMENT (If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, raising a family, voluntary work, training, long periods of sickness etc.)	

6. MOBILITY (Please complete this section if the Personal Specification for the post includes these requirements)

Do you have a valid driver's licence? Yes ☐ No ☐

Do you have access to a vehicle which you are able to use for work purposes?
Yes ☐ No ☐

If not, are you able to travel, for work purposes, by another means of transport?
Yes ☐ No ☐

**7. SECONDARY SCHOOL EDUCATION (Please list most recent first)
Please continue on a separate sheet if needed.**

School:

From:

To:

Qualification/subject
obtained and awarding body:

Date

Grade

**8. CONTINUING EDUCATION (University/College/Apprenticeships etc.)
Please list most recent first. Please continue on a separate sheet if needed.**

Educational establishment

From:

To:

Qualification/subject
obtained and awarding body:

Date

Level/Grade

9. PROFESSIONAL QUALIFICATIONS (including details of professional association membership)

Do you hold Qualified Teacher Status (QTS)? Yes ☐ No ☐

TRN Number:

If yes, please complete the following:

Date of Statutory Induction Period (if qualified since August 1999)

Started: Completed:

GTC Registration date:

GTC Reg No.

Did you qualify as a teacher after May 1999? Yes ☐ No ☐

If YES, in which year was induction completed?

10. OTHER RELEVANT TRAINING AND DEVELOPMENT ACTIVITIES ATTENDED IN THE LAST FIVE YEARS (Please list the most recent first and continue on a separate sheet if necessary)

Brief description/Course title

Date

Organising body

11. INFORMATION IN SUPPORT OF THIS APPLICATION

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification. (Please continue on a separate sheet if necessary). *If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.*

12. REFERENCES

Please give the names and addresses of your two most recent employers (if applicable). ***One should be the Headteacher from your current school.*** If you are unable to do this, please clearly outline who your referees are.

Name and address:	Name and address:
Position:	Position:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:

- Notes:
- (i) Referees will be contacted before interview
 - (ii) If either of your referees know you by another name, please give details
 - (iii) The School may contact other previous employers for a reference
 - (iv) References will not be accepted from relatives or from people writing solely in the capacity of friends

13. CLOSE PERSONAL RELATIONSHIPS

Are you a relative or partner, or do you have a close personal relationship with, any employee or Governor of the establishment to which your application is being made or to any BAT director?

Yes ☐ No ☐

If 'yes' please state the name(s) of the person(s) and relationship. (See notes below)

Failure to disclose a close personal relationship as above may disqualify you. Canvassing of Governors, BAT Directors or Senior Managers of the School by or on your behalf is not allowed.

14. DECLARATION

Please read the following statements and information relating to your application carefully. By signing and submitting this form you certify and confirm the declarations are true to the best of your knowledge.

Declaration

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by the School and is likely to result in dismissal.

Disclosure of Criminal Convictions

Short-listed candidates will be asked to complete a 'Disclosure of Criminal Convictions' form and, where appropriate, a Disclosure will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application. A conviction will not necessarily be a bar to obtaining employment.

Safer Recruitment

I certify that I am not on list 99, disqualified from working with children or subject to sanctions imposed by a regulatory body, e.g. the General Teaching Council (GTC), which would restrict me from applying for this post.

Data Protection Act 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Correspondence

Thank you for applying for this post. Your interest in working for us is very much appreciated. It is not our practice to acknowledge receipt of applications. However, if you would like to be informed of the outcome of your application once the selection process has been completed, then please email evarty@st-martins.essex.sch.uk

Signed: **Date:**

RECRUITMENT MONITORING INFORMATION

Reference No: _____ Post title: _____

Last name: _____ First name(s): _____

The School is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only and will not be seen by the shortlisting panel. This section will be detached from the application form prior to shortlisting. If you do not wish to share this information, you can select the 'prefer not to say' option.

1. Age

<input type="checkbox"/> 15-19	<input type="checkbox"/> 35-39	<input type="checkbox"/> 55-59	<input type="checkbox"/> Prefer Not to say
<input type="checkbox"/> 20-24	<input type="checkbox"/> 40-44	<input type="checkbox"/> 60-64	
<input type="checkbox"/> 25-29	<input type="checkbox"/> 45-49	<input type="checkbox"/> 65-69	
<input type="checkbox"/> 30-34	<input type="checkbox"/> 50-54	<input type="checkbox"/> 70+	

2. Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer Not to say
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3. Ethnic origin

<input type="checkbox"/> Asian/Asian British – Bangladeshi	<input type="checkbox"/> Mixed – White and Asian
<input type="checkbox"/> Asian/Asian British - Indian	<input type="checkbox"/> Mixed – White and Black African
<input type="checkbox"/> Asian/Asian British - Pakistani	<input type="checkbox"/> Mixed – White and Black Caribbean
<input type="checkbox"/> Asian/Asian British - Chinese	<input type="checkbox"/> Mixed - Other
<input type="checkbox"/> Asian/Asian British - Other	<input type="checkbox"/> White – British
<input type="checkbox"/> Asian/Asian British - African	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Asian/Asian British - Caribbean	<input type="checkbox"/> White – Other
<input type="checkbox"/> Asian/Asian British - Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Prefer not to say

4. Sexual orientation

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Gay	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

The information contained on this form will be held on a computer file

5. Disability

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 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 Act:

- An individual must have an impairment which can be physical or mental.
- It has to be 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 for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) **and**
- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people. The effect of your impairment on every day activities is considered as it would be without medication or aid. The only exception is eyesight which should be judged when an individual is wearing their usual lenses or spectacles).

☐ I do consider myself to have a disability as defined by the Equality Act 2010 (as detailed above).

☐ I do not consider myself to have a disability as defined by the Equality Act 2010 (as detailed above).

☐ I prefer not to say.

Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Signed: _____

Date: _____