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| **EMPLOYMENT APPLICATION FORM** | | | | | | | | | | | | | | | | | |
| **Post Applied For (Job Title):** | | | | | | | | | | | | **School/Department:** | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | |
| Title: | | | First Name: | | | | | Last Name: | | | | | | | | | |
| Address:  Postcode: | | | | | | | | Work Tel No:  (if convenient to receive a call)  Home Tel No:  Mobile No:  Email: | | | | | | | | | |
| If you were born outside of the UK, what date did you become resident in the UK? | | | | | | | | | | | |  | | | | | |
| Are you eligible to work in the UK? | | | | | | | | | | | |  | | | | | |
| Are you a Swiss/EEA citizen? | | | | | | | | | | | | Yes  No | | | | | |
| If “Yes” to the above, when did you become resident in the UK? | | | | | | | | | | | | Date:  (DD/MM/YY) | | | | | |
| Do you require a work permit to work in the UK? | | | | | | | | | | | | Yes  No | | | | | |
| Under the Asylum & Immigration Act 1996, you will be required to provide proof of your eligibility to work in the UK. We will need to see original documents. You will only be able to work for us once we are sure that you are eligible to work in the UK. If you are unsure about your status then you should contact the Home Office. | | | | | | | | | | | | | | | | | |
| National Insurance Number: | | | | | | | | | | | |  | | | | | |
| Have you successfully completed a period of induction as a qualified teacher in this country?  *Teaching Staff only* | | | | | | | | | | | | Yes  No | | | | | |
| *If yes please give details of completion:* | | | | | | | | | | | |  | | | | | |
| Have you ever lived or worked abroad? | | | | | | | | | | | | Yes  No | | | | | |
| Are you registered with the DfE? | | | | | | | | | | | | Yes  No | | | | | |
| *If so please give details of your DfE Reference Number (DfE number e.g.12/34567)* | | | | | | | | | | | |  | | | | | |
| Are you subject to any conditions or prohibitions placed on you by the DfE? | | | | | | | | | | | | Yes  No | | | | | |
| *If yes please give details:* | | | | | | | | | | | |  | | | | | |
| Do you have Qualified Teacher Status?  *Teaching Staff only* | | | | | | | | | | | | Yes  No | | | | | |
| *If yes please give a date of award:* | | | | | | | | | | | |  | | | | | |
| QTS Certificate Number:  *Teaching Staff only* | | | | | | | | | | | |  | | | | | |
| **CURRENT (OR MOST RECENT) EMPLOYMENT** | | | | | | | | | | | | | | | | | |
| Name of Employer:  Address:  Post Code:  Telephone Number:  Date Started:  Date Left (where applicable): | | | | | | | | | | | | Job Title/Post Held:  Grade/spine point:  Current Salary:  Notice Required:  Reason for leaving/wishing to leave: | | | | | |
| Brief description of main duties/responsibilities: | | | | | | | | | | | | | | | | | |
| Please provide us with information on how you meet the Person Specification, this will help to inform our decision when shortlisting. | | | | | | | | | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | | | | | | | | |
| *Please supply the names and addresses of two referees; one should be your current or most recent employer and the other your previous employer (someone who knows you in a professional or training/education context)*  *Please note references will be required prior to interview.* | | | | | | | | | | | | | | | | | |
| **Name:**  *Referee No.1*  *Current/Most Recent Employer* | | | | | | | | | **Name:**  *Referee No.2*  *Previous Employer* | | | | | | | | |
| Job Title:  **CURRENT (OR MOST RECENT) EMPLOYMENT**  Company Name:  Address:  Telephone Number:  Email:  Relationship: | | | | | | | | | Job Title:  Company Name:  Address:  Telephone Number:  Email:  Relationship: | | | | | | | | |
| I hereby authorise you to take up references from my present employer, my previous employer(s) or the people that I have submitted as personal referees, once an interview for employment has been confirmed and without further reference to you. In addition, I hereby authorise you to take up other reference checks, as you may deem appropriate. | | | | | | | | | | | | | | | | | |
| Signed: | | | | | | | | | Dated: | | | | | | | | |
| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | | |
| *Please give details of your full employment history, detailing any periods of unemployment and unpaid/voluntary work (most recent first). Continue on a separate sheet if necessary.* | | | | | | | | | | | | | | | | | |
| **Dates From/To** | | | | **Name and address of organisation** | | | **Telephone and contact details** | | | **Job/Role and brief description of duties** | | | | | | | **Reason for Leaving** |
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| **EDUCATION, QUALIFICATIONS & TRAINING** | | | | | | | | | | | | | | | | | |
| **Secondary/Further:** | | | | | | | | | | | | | | | | | |
| **From** | **To** | | | | **Qualification results with grades:** | | | | | | **School/College/University:** | | | | | | |
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| **Academic/Professional:** | | | | | | | | | | | | | | | | | |
| **From** | | **To** | | | | **Qualification results with grades:** | | | | | | | **School/College/University:** | | | | |
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| **Other training courses attended e.g. in-service training** | | | | | | | | | | | | | | | | | |
| **From** | | **To** | | | | **Qualification results with grades:** | | | | | | | **School/College/University:** | | | | |
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| Please continue on a separate sheet if necessary. | | | | | | | | | | | | | | | | | |
| **Health** | | | | | | | | | | | | | | | | | |
| *Please note that the successful candidate may be required to complete a medical questionnaire and may be asked to attend for a medical examination.* | | | | | | | | | | | | | | | | | |
| **Safeguarding Statement** | | | | | | | | | | | | | | | | | |
| Aldridge Education is committed to safeguarding and promoting the welfare of its students and expects all employees and volunteers to share this commitment. | | | | | | | | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | | | | | | |
| Have you ever been dismissed from employment for a reason other than redundancy? | | | | | | | | | | | | | | | Yes  No | | |
| Is YES please give reasons: | | | | | | | | | | | | | | | | | |
| Have you ever been suspended or subject to informal or formal disciplinary action in any employment? | | | | | | | | | | | | | | | | Yes  No | |
| If YES please give reasons: | | | | | | | | | | | | | | | | | |
| **Criminal Convictions** | | | | | | | | | | | | | | | | | |
| Please see separate form enclosed and read the guidance notes to that declaration carefully prior to completing it.  The Disclosure & Barring Service (DBS) provides wider access to criminal record information through its Disclosure service. This service enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children and vulnerable adults.  More information on The Disclosure & Barring Service can be found at www.gov.uk/disclosure-barring-service-check. | | | | | | | | | | | | | | | | | |
| **Relatives** | | | | | | | | | | | | | | | | | |
| Are you related to, or the partner of, any member, employee or Governor of Aldridge Education? | | | | | | | | | | | | | | Yes  No | | | |
| If so, please give Name: | | | | | | | | | | | | | | | | | |
| Department: | | | | | | | | | | | | | | Relationship: | | | |
| **Data Protection Act 2018 and GDPR** | | | | | | | | | | | | | | | | | |
| The School processes personal, special category data and criminal records data in accordance with our data protection policy and in accordance with data protection laws. Further details can be found on our website.  I have completed this application form accurately and truthfully. I have not withheld any information that could reasonably be considered relevant to my application. I understand that providing misleading or false information/qualifications may affect any recruitment decision made relating to me or if appointed, may lead to disciplinary action and dismissal.  **I authorise Aldridge Education to check the information supplied and hold all such information in both paper and electronic formats.** | | | | | | | | | | | | | | | | | |
| Where did you see this vacancy advertised?  TES  E Teach  Aldridge Education Website  Academy Website  Word of Mouth  LinkedIn  Other  If Other, please add details: | | | | | | | | | | | | | | | | | |
| Signed:  Date:  **Note:** Signature indicates that all information given by the applicant is accurate. | | | | | | | | | | | | | | | | | |

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| **EQUAL OPPORTUNITIES** |
| Aldridge Education wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. |
| **Gender**  Male  Female  Intersex  Non-binary  Prefer not to say  If you prefer to use your own term, please specify here: |
| **Marital Status**  Are you married or in a civil partnership? Yes  No  Prefer not to say |
| **Age**  16-24  25-34  35-44  45-54  55-64  Over 65  Prefer not to say |
| **Ethnicity**  Ethic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:  ***White***  English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Prefer not to say  Any other white background, please specify here:  ***Mixed/multiple ethnic groups***  White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, specify here:  ***Asian/Asian British***  Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say  Any other Asian background, please specify here:  ***Black/African/Carribean/Black British***  African  Caribbean  Prefer not to say  Any other Black/African/Caribbean background, please specify here:  ***Other ethnic group***  Arab  Prefer not to say  Any other ethnic group, please specify here: |

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| **Disability**  The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act’s definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities and which has lasted, or is likely to last more than 12 months. Should you be shortlisted for interview we will make adjustments or special arrangements, if required, to facilitate your attendance at the interview.  Do you have a disability you wish us to know about at this stage?  Yes  No  If yes, please let us know what access requirements you may have: |
| **What is your sexual orientation?**  Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say  If you prefer to use your own term, please specify here: |
| **What is your religion or belief?**  No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  If other religion or belief, please specify here: |