

**APPLICATION FORM**

If you need a copy of this form in large print, Braille, another language, or in audio format, please contact us to advise.

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| Application for the Post of: |  | Job Ref number: |  |

**Personal Information**

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| --- | --- | --- | --- |
| First Name(s): |  | Last Name: |  |
| Previous Name(s):  (if applicable) |  | Teacher no: (if applicable) |  |
| Address: |  | | |
| Email address: |  | Home Telephone Number: |  |
| Mobile Telephone Number: |  | Work Telephone Number: |  |
| Date of Birth: |  | NI No: |  |

\*To be completed if the job requires driving or requires you to be mobile across sites/geographical area.

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| Do you have a full current driving licence? | Yes  No |
| Do you have daily use of a vehicle? | Yes  No |
| Do you have any penalty points on your licence? | Yes  No |
| If yes, please further information  (specify the number of points, reason, and date issued) |  |

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| The organisation welcomes applications from disabled people. Do you require any adjustments because of a disability to participate in the selection and interview process? |
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| How did you find out about this job? |  |
| Are you applying on a Job Share basis? | Yes  No |
| If so, please state the proportion of full-time you are willing to work: |  |

**Employment History**

**Present or Most Recent Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | |  |
| Start Date: |  | End date:  (if applicable) |  |
| Employer’s name, address and telephone number: |  | | |
| Grade/Salary: |  | Allowances:  (please specify) |  |
| Notice required: |  | Reason for leaving: |  |

Please provide a brief description of the duties and achievements of the post:

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**Previous Employment**

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

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| --- | --- | --- | --- | --- | --- | --- |
| Job Title | Employer’s Name, Address & Telephone Number | Start Date | End Date | Salary | Duties & achievements | Reason for Leaving |
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| --- | --- | --- | --- | --- | --- | --- |
| Job Title | Employer’s Name, Address & Telephone Number | Start Date | End Date | Salary | Duties & achievements | Reason for Leaving |
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**Qualified Teacher Information**

\*To be completed for Teacher positions only

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| --- | --- | --- | --- | --- |
| Date Qualified Teacher Status gained: | |  | |  |
| Teacher Registration number: | |  | |  |
| If you qualified after 7th May 1999, have you completed your induction year? | Yes  No | | If yes, give date: |  |

\*For Trainees only

|  |  |  |  |
| --- | --- | --- | --- |
| Have you passed your skill tests? | Numeracy | Literacy | ICT |
| If not, when do you expect to complete them? | |  | |

Successful applicants will be required to provide evidence of their registration with the Teaching Agency

**Professional Qualifications**

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| --- | --- | --- |
| Name of Professional Association | Professional Qualifications/  Membership & Date Obtained | By Award or Examination |
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**Education History**

Please give details of all nationally recognised qualifications awarded / results awaited, from GCE Advanced Level to Further Degree Level or their equivalents in chronological order.

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| --- | --- | --- | --- | --- |
| Name of School/College | Qualification | Subject | Grade/Level | Date Gained |
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| --- | --- | --- | --- | --- |
| Name of School/College | Qualification | Subject | Grade/Level | Date Gained |
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Copies of essential qualifications will be required on appointment.

**Training / Continuing Professional Development**

Please list any relevant course or training you have attended in the last five years, starting with the most recent. If applying for a headship, please include details regarding NPQH.

Please continue on a separate sheet if necessary.

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| --- | --- | --- | --- |
| Title of Course | Organising Body | Awards (if any) | Date of Attendance |
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**Supporting Information**

Please provide supporting information for your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the Job Description and Person Specification. Please continue on a separate sheet if necessary but must be no more than 2 sides of A4 in not less than 11 font.

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**References**

One reference should relate, if applicable, to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer.

If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal as one of your references.

1st Referee

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address: |  | | |
| Telephone Number: |  | Capacity Known: |  |
| Email Address: |  | | |

2nd Referee

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address: |  | | |
| Telephone Number: |  | Capacity Known: |  |
| Email Address: |  | | |

**Teaching roles:** Please note your referees will be contacted should you be shortlisted for interview. The organisation reserves the right to request further references if required to satisfy the pre-employment checking process.

**Support Staff roles only:** Do you consent to your first referee being contacted if you are shortlisted for interview:

Yes  No

Please note your second referee will be contacted if you are shortlisted for interview and your first reference will be sought should you be made a conditional offer of employment. The organisation reserves the right to request further references if required to satisfy the pre-employment checking process.

**Right to Work**

Immigration, Asylum and Nationality Act 2006

All shortlisted applicants will be required to provide original material evidence of their Right to Work in the UK. With reference to the accompanying Guidance Notes, please confirm that you are able to provide the appropriate documents.

Yes  No

**Declarations**

To your knowledge are you related to a member of staff, or trustee within Endeavour Multi Academy Trust?

Yes  No

If yes, please state their name and position held:

I understand that an online search will be conducted on my name(s) if I am shortlisted for the above role, I am also aware that the Trust may want to explore anything they find with me at interview stage. Yes

The information given in this form will form part of the contract of employment for successful candidates. Under the terms of the Data Protection Act 2018 the information you give us will be kept confidential and will only be used for the purposes of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and/or electronically and if unsuccessful, your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Trust, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Trust or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment, I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed: Date: