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App No:

**For office use only**

 **Application Form for Employment**

**(Teaching and Support Staff)**

Thank you for your interest.

Please complete all sections on this form. If any sections do not apply to you, please enter ‘not applicable’. The information provided on the form will be considered by the short-listing panel who will decide whether you proceed to the next stage of the selection process.

This form is also available in large print, Braille or on audiotape on request.

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| **Application for the post of** |  |
| Name of School / Academy  | The Altus School |

# Employment History

**(Please give details of your current or most recent employment)**

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| --- | --- |
| **Post Title:** |  |
| **Date From:** |  | **Date To:** |  |
| **Employer Name/School/Establishment:** |  |
| **Salary/Grade:** |  |
| **Reason for leaving:** |  |
| **Description of key duties:** |

# Previous Employment

Please give details of all previous positions you have held since leaving your previous position, starting with the most recent first.

(Teachers only to complete columns marked with \* – ALL candidates to complete the remaining columns)

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| **From** | **To** | **Employer/ School/ Establishment** | **Position Title** | **\*Type of school or academy (primary, secondary, special)** | **\*FT/PT or Supply** | **\*Age range taught** | **Reason for leaving** |
| **Teachers Only Section** |  |
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| Please provide details of any employment gaps since leaving school and give the reason for the gap |
| **Start Date** | **End Date** | **Reason for employment gap**  |
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# Relevant skills and experience

Please use the space below to explain why you are applying for the position and how your experience (whether paid or unpaid), personal qualities and skills help to make you a suitable candidate.

It is essential that you provide us with details that demonstrate how you meet the criteria for knowledge and experience, technical skills and personal/behavioural attributes on the person specification. You must demonstrate you meet all the essential criteria on the person specification as a minimum. This will help us decide whether to invite you to the next stage of the selection process. Please ensure you restrict your response to a maximum of two pages.

# Relevant skills and experience continued

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# Education/Qualification

If you are invited to interview, you will be asked to provide original copies of your qualifications.

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| **Qualification Taken** | **Year** | **Grade** | **Date** | **Name of Educational Establishment** |
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# Teachers Only

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| Teacher reference number |  |
| Do you have QTS? | YES |[ ]  NO |[ ]
| QTS Certificate number (where applicable) |  |
| Date of qualification |  |
| Have you completed an induction year as an Early Career Teacher (previously known as Newly Qualfied Teacher)? | YES |[ ]  NO |[ ]
| Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct? | YES |[ ]  NO |[ ]
| Are you subject to a General Teaching Council sanction or restriction? | YES |[ ]  NO |[ ]

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| Age range qualified to teach |  |
| Subjects qualified to teach |  |

# Training and Development

Please provide details of all training and development undertaken relevant to this position within the last three years. Please include details of any membership of professional bodies relevant to this position.

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| **Year Course Taken** | **Course Title** | **Date** | **Outcome – grade achieved where relevant** |
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# Driving licence

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| Do you hold a current, full, driving licence, which is valid for driving in the UK? | YES |[ ]  NO |[ ]
|  | Motorcycle |[ ]  Car |[ ]

# Criminal Convictions

|  |
| --- |
| **For positions not involving work with children, families and vulnerable adults.**(A criminal conviction is not necessarily a bar to employment.) |
| Do you have a criminal conviction with is unspent? | YES |[ ]  NO |[ ]
| Or pending against you? | YES |[ ]  NO |[ ]
| For positions working with children, families and vulnerable adults only. |
| Have you ever been convicted of a criminal offence? | YES |[ ]  NO |[ ]
| Is the offence “spent” as defined by the Rehabilitation of Offenders Act 1974? | YES |[ ]  NO |[ ]
| Do you have a criminal conviction which is unspent? | YES |[ ]  NO |[ ]
| Or pending against you? | YES |[ ]  NO |[ ]

# Relationship to The Altus School

|  |  |  |
| --- | --- | --- |
| Are you related to or have a close relationship with any existing employee or The Altus School Management Committee? | YES |[ ]  NO |[ ]
| If ‘YES’, please provide details of their name, job title and your relationship to them below: |
|  |

# References

Please give details of two referees, one of whom must be your present and/or last employer and the other from a previous employer. Your referees must have knowledge of your work and character. Both referees should ideally be senior people in the organisation. In the case of applicants leaving full time education or not having worked since doing so, the Head of School, College or University should be one of the named referees. We do not accept references from friends or family members. To ensure we process your application in a speedy and efficient way, we prefer to contact your referees by e-mail. Therefore, please provide us with full details of your referee’s e-mail address.

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| **Referee One: This referee must either be your current or previous employer** | **Referee Two:** |
| If you are invited for interview may we approach this referee without further reference to you? | If you are invited for interview may we approach this referee without further reference to you? |
| YES |[ ]  NO |[ ]  YES |[ ]  NO |[ ]
| Name: |  | Name: |  |
| Job Title: |  | Job Title: |  |
| Email: |  | Email: |  |
| Address: |  | Address: |  |
| PostCode: |  | PostCode: |  |
| Relationship to you: |  | Relationship to you: |  |
| Telephone Number: |  | Telephone Number: |  |

# Personal Details

Can you please ensure that you complete this section fully as this will enable us to contact you if you are invited to the next stage of the process.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Title: |  |
| Surname: |  | Former Name: |  |
| National Insurance Number: |  |
| Address: |  | Post Code: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| Email address: |  |

To help us monitor the success of our advertising, please state where you saw this position advertised:

# Declaration

I confirm that I am not included on the list (ISA List 99) of people formally barred from working in schools, disqualified from working with children, or subject to sanctions imposed by a regulatory body. I certify that the information given by me on this Application Form is true to the best of my knowledge and I understand that if I am appointed and such information is subsequently found to be materially incorrect, the school will be entitled to terminate my employment without notice.

I confirm that I am aware that where a role involves engaging in regulated activity relevant to children, schools and colleges that it is an offence to apply for the role if the applicant is barred from engaging in regulated activity relevant to children. A copy of our Child Protection & Safeguarding Policy can be found on our website at the following address:

<https://www.altusschool.org.uk/web/policies_and_procedures/659493>

To comply with the Equality Act 2010, we have not requested information about your sickness absence record. You should be aware that regular attendance at work is an essential requirement of this role and therefore we will be seeking confirmation of your sickness absence record with your current or past employer should you be offered the position.

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| **Signed:** |  |
| **Date:** |  |

# Equal Opportunities in Employment

The School is committed to having a workforce that reflects the diverse make up of the communities in Gloucestershire. To help us achieve this objective, job applicants are asked to provide particular information so that we have an accurate picture of our workforce. The information will also allow us to monitor our employment practices, to ensure that we do not unlawfully discriminate and help us to develop inclusive policies.

Please complete this part of the application form so that we can check whether we are, in fact, receiving applications from all sections of the community, that candidates receive fair and equal treatment at all stages and that we comply with the relevant legislation.

**This monitoring form will be separated from the rest of the application form immediately on receipt and before the selection of candidates for interview takes place. The information you give is confidentially managed and does not affect your application. It will greatly assist us if you provide as much information as possible, but you are not obliged to do so.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What is your date of birth?** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  |  |  |  |  |  |
| **What is your sex?** | ☐ Male ☐ Female  |
| **What gender are you?** | ☐ Male☐ Female☐ Other☐ Prefer not to say |
| **Do you identify as the gender you were assigned at birth?** | ☐ Yes☐ No☐ Prefer not to say |
| **How would you describe your ethnic origin?** |
| **White**☐ British☐ Irish☐ Gypsy or Irish Traveller☐ Any other White background**Asian or British Asian**☐ Bangladeshi☐ Indian☐ Pakistani☐ Chinese | **Black or Black British**☐ African☐ Caribbean☐ Any other Black background**Mixed**☐ White and Asian☐ White and Black African☐ White and Black Caribbean☐ Any other mixed background | **Other ethnic groups**☐ Arab☐ Any other ethnic group☐ Prefer not to say |
| **Which of the following best describes your sexual orientation?** |
| ☐ Bisexual☐ Heterosexual/straight☐ Homosexual | ☐ Other☐ Prefer not to say |
| **What is your religion or belief?** |
| ☐ Agnostic☐ Atheist☐ Buddhist☐ Christian☐ Hindu | ☐ Jain ☐ Jewish☐ Muslim☐ No religion | ☐ Other☐ Pagan☐ Sikh ☐ Prefer not to say |
| **Are your day-to-day activities significantly 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 answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** |
| ☐ Physical impairment☐ Sensory impairment☐ Learning disability/difficulty☐ Long-standing illness☐ Mental health condition☐ Developmental condition☐ Other |

##### Data Protection

The information supplied on this form is being collected as part of the school’s recruitment and selection procedures. If you are successful with your application the information will also be used for the determination and payment of salary and to produce a Statement of Particulars. When you complete this form you are giving your consent to the school to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies. The application forms of unsuccessful candidates will be retained for six months, after which time they will be destroyed.