

APPLICATION FORM

PART 1: INFORMATION FOR SHORTLISTING AND INTERVIEW

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Post applied for:

This form is designed to help us assess your application, and to conform with DfE guidance. Please complete this form by typing in the boxes or writing clearly in black ink. If necessary, please provide further information on a separate sheet.

If you are typing this form, TAB will take you to the next box. Where tick boxes are provided, click in them to enter an X.

PERSONAL DETAILS

TITLE: FORENAME(S): SURNAME:

ADDRESS:

TELEPHONE (Day/Mobile):

TELEPHONE (Evening):

EMAIL:

(We usually send all correspondence by email unless you ask us not to)

EDUCATION & TRAINING

Please give details of school, colleges and universities attended from age 11, including part-time education or other courses (earliest first). Please continue on a separate sheet if necessary. GCSE/O-Level grades are **not** required from applicants for teaching posts. You will be expected to produce any qualifications entered in this section if selected for interview.

Please ensure you enter all relevant qualifications as required from the Person Specification section of the Job Description. These will be checked at interview by interviewer.

From Month / Year	To Month / Year	School / College / University attended (including part time)	Qualifications gained or pending, including subject or course title	Grade(s) attained

JOB-RELATED TRAINING & PROFESSIONAL DEVELOPMENT

Give brief details and dates of any job-related training or professional development (including qualification if applicable) which are relevant to the post for which you are applying. Please continue on a separate sheet if necessary.

EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT - Please provide a complete work history including any temporary, unpaid and voluntary work, starting with your most recent. Please continue on a separate sheet if necessary.

From Month / Year	To Month / Year	Employer	Job Title	Reason for Leaving

Please explain any periods not in employment since the end of full-time education:

CURRENT EMPLOYER

If you are not currently in employment, please leave this section blank.

Name and address of
current employer:

Date of appointment:

Job title:

Current salary:

£

Notice required:

Reason for wishing to
leave:

SUPPORTING STATEMENT

Please enclose a letter of application or supporting statement, explaining your interest in this post and why your qualifications, experience and personal qualities are relevant to this appointment.

REFERENCES

Give details of two people who have knowledge of you in a working / educational environment, paid or unpaid, and who can support your suitability for this appointment.

Please read the following notes carefully before selecting your referees:

- a) The first reference should be your present or most recent employer. If you are a teacher, it should be your current Headteacher. If you are a student, give appropriate school or college referees.
- b) Where you are not currently working with children but have done so in the past, one referee must be from the employer by whom you were most recently employed in work with children.
- c) References will not be accepted from relatives or from referees writing solely in the capacity of friends.
- d) Please note that referees will be invited to submit confidential written references and may be contacted by telephone. Open references / testimonials will not be accepted. Referees will be asked about disciplinary offences relating to children and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedures.
- e) It is the normal practice for references to be obtained before any formal interview. Please note that the School reserves the right to contact any previous employer.

May we approach your referees without further reference to you?

Yes

No

	Referee 1	Referee 2
Name:		
Position:		
Address:		
Telephone:		
Email:		
In what capacity does this person know you?		
How long has this person known you?		

CHILD PROTECTION

The Purcell School is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment. All applicants should read the School's Child Protection Policy, which is available on our website, and are required to declare any criminal convictions or cautions, or disciplinary proceedings related to young people. All candidates selected for interview will be checked against the list of those barred from working with children prior to interview, and enhanced disclosures from the Disclosure and Barring Service will be sought on all successful applicants.

Applicants are reminded that it is a criminal offence for any person who is disqualified from working with children to attempt to apply for a position within the School.

DATA PROTECTION

The information collected on this form will be used in compliance with the Data Protection Act 1998. The information is collected for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, to the Governors, to Occupational Health, to the Teachers Pensions Agency, to the Department for Education, to pension, payroll and personnel providers and relevant statutory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and / or detect fraud.

DECLARATION BY THE APPLICANT

I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to:

- a) References which are satisfactory to the School
- b) A satisfactory DBS Certificate and check of the Barred list and any other checks (if applicable to the post) (e.g. Prohibition List from Teaching)
- c) The entries on this form providing to be complete and accurate
- d) A satisfactory Medical Report, if appropriate

I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.

Signature:*

Date:

Print Name:

**Please insert and image file is possible. If not, please leave blank and shortlisted candidates will be asked to sign the form at interview.*

APPLICATION FORM

PART 2: SUPPLEMENTARY INFORMATION

This section will be separate from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.

Surname or Family Name	
All Previous Surnames	
All Forenames	
Title	
Current Address	
Postcode	
Resident at this Address Since	
Date of Birth	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
National Insurance Number	
DfE Number (Teachers Only)	

Do you have a right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO please provide details separately
Are you subject to any legal restrictions in respect of your employment in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES please provide details separately
Are you related to or have a close personal relationship with any student, employee or governor at the School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES please provide details separately
Have you ever been dismissed from a post?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES please provide details separately under confidential cover
Do you hold a valid UK Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you hold a D1 Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

As part of our equal opportunities policy, we request that you complete the following information:

This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

ETHNIC ORIGIN

Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Mixed Ethnic - White and Black	<input type="checkbox"/>
Asian or Asian British - Chinese	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Mixed Ethnic Group - Other	<input type="checkbox"/>
Asian or Asian British - Other	<input type="checkbox"/>	Mixed Ethnic Group - Arab	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	White - Other	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	White - Welsh / English / Scottish / N. Ireland	<input type="checkbox"/>
Black or Black British - Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Mixed Ethnic - White and Asian	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>
Mixed Ethnic - White and Black African	<input type="checkbox"/>	_____	

RELIGIOUS BELIEFS

Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>

GENDER

Female Male Prefer not to say

DISABILITY

The Equality Act (2010) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his / her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No Prefer not to say

None	<input type="checkbox"/>	Physical coordination difficulties	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Visual impairment (not corrected by spectacles)	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>	Reduced physical capacity	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Long standing illness or health condition	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Mobility impairment	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>
Neurological condition	<input type="checkbox"/>	_____	

Please indicate if you have any specific access requirements should you be invited for interview: