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|  | **Job Application Form** |  |
| **Academy @ Worden are committed to equal opportunities in employment and welcome applications from all sections of the community** |
| Post Applied For  |  | Post No. |  |
| As Advertised in  |  | Closing Date |  |

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| 1. **Title**
 |  |
| **S****urname**  |  | First name |  |
| Address (for correspondence)  |  |
|  |  | Postcode  |  |
| Contact Telephone No. |  |
|  | E-mail Address |  |

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| 1. **Are you entitled to work in the UK?** Yes 🞎 No 🞎NB. Under current legislation you will need to provide documentary evidence showing your entitlement to work in the UK.

**DFE/Teacher Reference number (TRN):**1. **Please give details of present position held with brief outline of duties:**
 |
| Employer  |  |
| Job Title  |  | Current Salary/Pay |  |
| Date of Appointment  |  | Notice Period  |  |
| Work Telephone Number |  | Ext  |  |
| May we contact you at work? Yes [ ]  No [ ]  |
| Main duties and responsibilities: |  |
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| 1. **Previous Appointments**. Please also include any activities, not necessarily employment, where skills and experience were gained, e.g. voluntary work and that you explain any breaks in employment.
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| Employer/Agency | Dates | Posts Held | Reason for leaving |
|  | From | To |  |  |
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| 1. **General Education**. Please state qualifications attained with subjects, grades, awarding body and dates awarded. Continue on separate sheet if required.
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| Qualification/Subject | Awarding Body | Date Awarded | Level | Grade |
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| 1. **Further Qualifications** e.g. vocational, professional, technical. Please state awarding body and dates awarded. Continue on separate sheet if required.
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| Qualification | Awarding Body | Date |
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| NB: Candidates **must** bring evidence of such qualifications (if appropriate) if called for interview. |

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| 1. **Details of Professional or Technical Institutes/Societies**

Continue on separate sheet if required |
| Institute/Society | Membership Level | Registration Number (if appropriate) |
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| 1. **Relevant Training and Non-Qualification Courses Attended**

 Continue on separate sheet if required. |
| Course Title | Duration | Provider |
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1. **Do you hold a current and valid driving licence?**

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|  Yes [ ]  No [ ]  | Category:  |  |

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| 1. **Please relate what experience, knowledge and personal qualities you can bring to this job. Relate it directly to the requirements outlined in the person specification, clearly showing how you meet the essential and desirable elements.**
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|  Use additional pages at the end of this document if needed. |
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| 1. **References**. Pleasestate the names and addresses of two persons who are not related to you and who are both willing and able to provide a professional reference as to your suitability for this post. NB. One must be your current or most recent employer.
 |
| 1. Name
 |  | 1. Name
 |  |
|  Position  |  |  Position  |  |
|  Address  |  |  Address  |  |
|  |  |  |  |
|  Telephone Number  |  |  Telephone Number  |  |
|  E-mail Address  |  |  E-mail Address  |  |
| Relationship to this person: Can this reference be taken up immediately?  |  Relationship to this person: Can this reference be taken up immediately? |
|  Yes [ ]  No [ ]  |  Yes [ ]  No [ ]  |

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| 1. **Are you related to any Governor/Senior Manager/Director of the academy:**  Yes [ ]  No [ ]
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| Name of Governor/Senior Manager/Director |  |
| Relationship |  |

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| 1. **Have you ever been dismissed from any previous employment on the grounds of abuse, misconduct or incapability?** Yes [ ]  No [ ]

If yes, please give details of dates and reasons. |
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| Answering yes will not necessarily prejudice your application. |

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| 1. **Do you have any criminal convictions (spent and unspent)?** Yes [ ]  No [ ]

If yes, please provide details of dates and sentence imposed. |
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NB. Having a criminal record will not necessarily prejudice your application.

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| 1. **Disabled Applicants**. The Disability Discrimination Act 1995 defines a disabled person as anyone who has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Taking this definition into consideration do you consider you have a disability?
 |
| Yes [ ]  No [ ]  |

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| If **yes**, please describe any equipment you may need or adaptations which you consider may need to be made to accommodate your disability/disabilities if you are appointed to this post. |
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| If you are shortlisted please describe any special arrangements which you would like the academy to make available for your interview. |
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| 1. **Disclosure and Vetting of Applicants**. All posts within the academy are subject to disclosure procedures and rigorous vetting processes including checks by the Criminal Records Bureau and other relevant bodies.
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| 1. **Data Protection Act 1998**. The academy will use the information given for the purpose of recruitment and selection. Strict confidentiality will be observed and if you become an employee of the academy the information will be used for the purpose of personnel administration including pay and pensions. Personal information will not be passed to other organisations without your prior consent.
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| 1. **Declaration**. To the best of knowledge and belief all the particulars I have given are true. I acknowledge that providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or where the discovery is made after an appointment in termination of contract. I also understand that no offer of employment made to me will be binding unless confirmed in writing.
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| **Signature** |  | **Date** |  |

**Please return your completed application form and any accompanying letters/documents as follows:**

 **Email to** **reedm@wordenacademy.co.uk** **M Reed (Director of Business & Finance)**

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| 1. ***For Office Use Only***
 | *Date interview held* |  |
| Not shortlisted and reason |  |
| Shortlisted but not appointed - note reasons in relation to person specification for post: |  |
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| Appointed start date and wage and salary offered:  |  |
| Name senior person recruiting to fill this vacancy |  |
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| Equality and Diversity Monitoring Form |  |

We are committed to equal opportunities in employment and welcome applications from all sections of the community. In order to ensure the effectiveness of this policy **and for no other purpose** you are requested to provide the following information. The information is exclusively for **monitoring purposes** and will be kept strictly confidential. NB. Failure to complete this form Equality & Diversity form will not affect your application.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  | Postcode |  |
| **Job Applied For:** |  |
| **Department:** |  | **Post No:** |  |

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| **Sex:** | Male  | [ ]  | Female | [ ]   | **Date of Birth:**  |  |

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| Marital Status: | Single | [ ]  | Married/Civil Partners | [ ]  | Divorced | [ ]  | Widowed | [ ]  |

**Are you currently employed within the academy?** Yes [ ]  No [ ]

**If yes, is this an application for a higher graded post?** Yes [ ]  No [ ]

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| **What is your ethnic background? Please tick the appropriate box that indicates your cultural background.** |
| A – White  | B - Mixed | C - Asian or Asian British | D - Black or Black British | E - Chinese of other Ethnic Group |
| [ ]  British | [ ]  White | [ ]  Indian | [ ]  Caribbean | [ ]  Chinese |
| [ ]  Irish | [ ]  White & Black Caribbean | [ ]  Pakistani | [ ]  African | [ ]  Any other, please specify: |
| [ ]  Any other white background, please specify: | [ ]  White & Black African | [ ]  Bangladeshi | [ ]  Any other Black background, please specify: |
| [ ]  Any other Mixed background, please specify: | [ ]  Any other Asian background, please specify: |

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| **What is your religion? Please tick the appropriate box that indicates your religious background**. |
| [ ]  None | [ ]  Buddhist | [ ]  Muslim | [ ]  Jewish | [ ]  Christian |  |
| [ ]  Hindu  | [ ]  Sikh | [ ]  Any other religion, please specify |       |

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| The Disability Discrimination Act 1995 defines a disabled person as anyone who has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Taking this definition into consideration do you consider you have a disability? |
| Yes [ ]  No [ ]  |
| If Yes, please give details.  |
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| How did you find out about the vacancy? |  |

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| **Signature:** |  | **Date:** |  |