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| **JOB APPLICATION FORM** |  |

**APPLICATION FOR POSITION OF:**

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| **PERSONAL DETAILS** | |
| Surname: | Forename(s): |
| Previous Surname: | Title: Mrs |
| Current Address:  Postcode: | Day Tel: |
| Home Tel: |
| Mobile: |
| Email: |
| National Insurance No: |
| Do you have the right to work in UK? Yes No (please highlight as appropriate) | |
| If No please detail: | |
| **PRESENT/LAST EMPLOYMENT** (Student teacher NQT seeking first appointment please give details of main school placements) | |
| Employer: | Position: |
| Start Date: | Salary (per annum): £ |
| End Date: | Pension Scheme: LGPS TPS Other  (Please highlight as appropriate) |
| **Teachers only** | |
| TLR:  Other Payments: | QTS Number: |
| Number of students on roll: | Age range of students: |
| Subjects taught: | |
| Reason for leaving: | |

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| **PREVIOUS EMPLOYMENT (most recent first)** | | | | | | | | | |
| Employer | Role | From (mm/yyyy) | To  (mm/yyyy) | Teachers only | | | | | |
| Ages taught | | Subjects | | | No. on roll |
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| **EDUCATION** (most recent qualifications first)  If you are currently undertaking Teacher training please detail here | | | | | | | | | |
| Higher Education College/School | | From | To | | Qualifications & grades | | | Year taken/to be taken | |
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| **APPLICANTS CURRENTLY IN TEACHER TRAINING ONLY** | | | | | | | | | |
| University/College:  Course of Study:  Date when QTS will be gained:   |  |  |  | | --- | --- | --- | |  | Date | Venue | | Numeracy Skills | dd/mm/yy |  | | Literacy Skills | dd/mm/yy |  | | | | | | | | | | |
| **PERIODS NOT IN EMPLOYMENT/TRAINING** | | | | | | | | | |
| Please provide details of any gaps in employment or training: | | | | | | | | | |
| From | To | Reason | | | | | | | |
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| **CONTINUING PROFESSIONAL & PERSONAL DEVELOPMENT** – last 3 years | | | | | | | | | |
| Course name & provider | | Qualification | | From | | | To | | |
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| **STATEMENT OF SUITABILITY**  Please include a statement of personal qualities and experience you believe relevant to your suitability to the role and how you meet the personal specification |
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| **REFERENCES** | |
| * Please provide two referees who have recent professional knowledge of your work. * One must be your present / last employer. * If any references relate to employment at a school/college, your referee must be the Headteacher/Principal. * Trainee Teachers: please provide details of your college tutor and the Headteacher of a school where you have undertaken teaching practice.   **OUR POLICY IS TO TAKE UP REFERENCES PRIOR TO INTERVIEW. IF YOU HAVE ANY CONCERNS ABOUT THIS PLEASE CONTACT US.** | |
| Name: | Name: |
| Position: | Position: |
| Address:  Postcode: | Address:  Postcode: |
| Tel: | Tel: |
| Email: | Email: |
| If you are not currently working with children, but have done so in the past, please provide details of a 3rd referee where you were most recently employed/volunteered to work with children. | |
| Name: |  |
| Position: |  |
| Address:  Postcode: |  |
| Tel: |  |

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| **PROTECTION OF CHILDREN** | | | | | | | | |
| The Circle Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and individuals that work with our young people to share this commitment. | | | | | | | | |
| **DISCLOSURE OF CRIMINAL RECORD** | | | | | | | | |
| The job for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Amendments) Order 1986. You are therefore required to declare any convictions or cautions you have even if they would otherwise be regarded as “spent” under this Act. The information you give will be treated in confidence and will only be taken into account in relation to an application where the exemption applies. The Trust is also entitled, under arrangements introduced for the protection of children, to check with the police for the existence and content of any criminal record of the successful applicant. Information received from the police will be kept in strict confidence and will be destroyed immediately the selection process is completed.  The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making this decision, the panel will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors that may be relevant.  Failure to declare a conviction may, however, disqualify you from appointment, or result in summary dismissal if the discrepancy comes to light. | | | | | | | | |
| Have you ever been convicted of a criminal offence? | | | | | YES / NO (delete as appropriate) | | | |
| If YES, you are required to provide the details below – Criminal convictions or cautions: | | | | | | | | |
| Date | | | | Offence | | | Sentence | |
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| I can confirm that I am not on the Barred List, disqualified from working with children or subject to sanctions imposed by a regulatory body such as the National College for Teaching and Learning.  Signed: Date: | | | | | | | | |
| **DATE OF BIRTH** | | | | | | | | |
| To assist with identity and vetting requirements, please provide your date of birth | | | | | dd/mm/yyyy | | | |
| **DECLARATION** | | | | | | | | |
| Please declare if you have a family member or close relationship with any employee or Member/Trustee/Local Advisor within this school or The Circle Trust itself. | | | | | | | | |
| No | Yes | If yes please give details below: | | | | | | |
| Name(s) of relevant person(s): | | | | | | Relationship: | | |
| In submitting this form to The Circle Trust, I declare that the information provided by me on this application form is correct to the best of my knowledge and belief.  I understand that if I give any information, which is later found to be false, or I withhold any relevant information, this may lead to my application being rejected or, if already appointed, to termination of the employment.  Please HIGHLIGHT YES and sign /type your name below to confirm that you have read, understood and agree with the above declaration.  Yes: Signed: Date: | | | | | | | | |
| **EQUALITY AND DIVERSITY MONITORING** | | | | | | | |
| The Circle Trust 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. | | | | | | | |
| **Please highlight as appropriate** | | | | | | | |
| **GENDER** | | | | | | | |
| Man Woman Non-Binary Prefer not to say  If you use your own term, please specify: | | | | | | | |
| **WHAT IS YOUR ETHNICITY?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong: | | | | | | | |
| White | | | English Welsh Scottish Northern Irish Irish British  Gypsy or Irish Traveller Prefer not to say  Any other white background, please detail: | | | | |
| Mixed/multiple ethnic groups | | | White & black Caribbean White & Black African White & Asian  Prefer not to say  Any other mixed background, please detail: | | | | |
| Asian/Asian British | | | Indian Pakistani Bangladeshi  Prefer not to say  Any other Asian background, please detail: | | | | |
| Black/African/Caribbean/Black British | | | African Caribbean Prefer not to say  Any other Black/African/Caribbean background, please detail: | | | | |
| Other ethnic group | | | Arab Prefer not to say    Any other ethnic group, please detail: | | | | |
| **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY / HEALTH CONDITION?** | | | | | | | |
| Yes No Prefer not to say | | | | | | | |
| If YES what is the effect or impact of your disability or health condition on your ability to give your best at work?  The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ please discuss this with your manager, or the manager running the recruitment process. | | | | | | | |

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| **WHERE DID YOU HEAR ABOUT THIS VACANCY?** |
| Please highlight below:  School website / TES/ LinkedIn/ Other website (please specify)/ Local press/ Word of mouth etc. |

**When you have completed all sections of the application form, please mark as STRICTLY CONFIDENTIAL and submit to:**

**Mrs Elaine Rippon, Nine Mile Ride School, 430 Finchampstead Road, Wokingham, RG40 3RB.**

**Or email to:** [**admin@ninemileride.wokingham.sch.uk**](mailto:admin@ninemileride.wokingham.sch.uk)