

## JOB APPLICATION FORM

### Vacancy Details

Job Title		Email or post completed form to: Samantha McKie. School Office Manager, Ashbrook Junior School, Victoria Avenue, Derby DE72 3HF telephone number 01332 673785 smckie@ashbrook-jun.derbyshire.sch.uk
Closing Date		
Date Received		

### Personal Details

Last Name		First Name(s)	
Address		Telephone (home)	
		Telephone (work)	
Postcode		Mobile	
Email			
Are you eligible to work in the UK?		Yes	No
National Insurance Number			
Teacher Registration Number (teachers only)			

### Referee Details

**Please provide details of two referees below. One of the referees should be your present or most recent employer and normally no offer of employment will be made without reference to them. If you have not previously been employed, then headteachers, college lecturers or other persons who are able to comment authoritatively on your educational background and/or personal qualities, are acceptable as referees. We cannot accept personal/character references from relatives or friends**

First Referee (current or last employer)	Second Referee
Name and address	Name and address
Telephone Number:	Telephone Number:
Email Address:	Email Address:
How do they know you?	How do they know you?

## Present / most recent employment

Name and address of current/last employer	Job Title	
	Start Date	
	Notice Required	
	Salary (noting any additional payments)	
	Reason for leaving (if applicable)	
Brief description of duties:		

**Previous employment** ( include all employment, most recent first and including any temporary, unpaid or voluntary work experience). Exact dates are required as is the reason for leaving in every period of employment.

Date from Month/Year	Date to Month/Year	Employer (include LA if applicable )	Job title	Salary (include grade/scale if applicable)	Reason for leaving

**Gaps in employment/Living overseas** please provide details of any gaps in your employment history with exact dates and reason for the gap. Please also provide details of periods of living and/or working overseas in the last 10 years ( if you are appointed we will require you to provide a certificate of good conduct/ police clearance from all countries outside the UK that you have lived in for 3 months or more in the last 10 years)

Date from Month/Year	Date to Month/Year	Reason

**Membership of professional bodies** – Proof of post specific membership will be required. Please state if you are a member of a particular institute or registered body relevant to the post for which you have applied.

Name of body	Category of membership	Date of joining	Qualification (if applicable)

**Education and qualifications** (please note you may be required to produce original documents/proof of qualifications. Please also include age range trained for if a teacher)

Date From	To	Secondary Schools, Colleges, Universities attended – including part time	Subjects and qualifications (gained or pending)	Result

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**Other qualifications and attendance at training courses relevant to this job**

Organising body	Course title	Duration	Date

**Personal Statement**

**Please attach additional sheets to explain how you meet each of the Essential requirements marked in the Person Specification.**

**Please ensure that the statement is named and identifies the post applied for and is secured to the rest of your application details.**

**Please note that C.V.'s can only be considered alongside a fully completed application form and additional sheets.**

## Protection of Children: Disclosure of a Criminal Background

**Transform Trust is committed to the protection of all those who use its services and of its employees.**

**If you are appointed, in order to protect children and vulnerable adults, the Trust / School will require you to comply with the employment checks relevant to your post.**

**All Trust employees are required to undertake an enhanced Disclosure and Barring Service (DBS) check, which will identify whether you have any criminal convictions, including cautions and reprimands.**

### **Rehabilitation of Offenders Act (1974)**

The position you are applying for gives you privileged access to vulnerable groups therefore, you are required to disclose all spent convictions and cautions under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 This means that you must disclose spent and unspent convictions other than those which are so “protected”. The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance on the filtering of “protected” convictions and cautions can be accessed on the Disclosure and Barring Service or the Ministry of Justice websites. Please note that Enhanced certificates may include information relating to a protected caution or conviction if the police consider that it is relevant to the workforce that the individual intends to work in

**Do you have any convictions or cautions (excluding youth cautions, reprimands or warnings) that are not ‘protected’ as defined by the Ministry of Justice?**

<https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>

**YES/NO**

**Where you are making an application in writing, any conviction as outlined above must be confirmed and sent in a separate, sealed envelope marked “confidential” and returned with your completed Application Form and any other supplementary or supporting documents.**

## Data Protection

The accompanying Privacy Notice explains about the data that will be held on you by the School and Transform Trust as employer and explains how that data will be used. Information will be held in accordance with the General Data Protection Regulations and Data Protection Act 2018. Please confirm that you have read and understand the Privacy Notice:

**I confirm that I, \_\_\_\_\_ (print name), have received a copy of the Trust’s Privacy Notice and that I have read and understand it.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

## Application Certification and Signature

You are advised that information given on this form may be checked for accuracy.

**I declare that I have read the Guidance Notes and that the information given in this application is true. I have not canvassed (either directly or indirectly) any senior officer of Transform Trust and will not do so. I accept that should I not have provided full and accurate information it could result in me not being appointed, an offer of employment being withdrawn, or disciplinary action being taken against me.**

**Signed\*:**

**Dated:**

\* If submitting this form by email please mark this box in lieu of a signature as an indication of your acceptance of the above conditions

## General details

Where did you find out about this vacancy?	
Are you related to or partner of any employee or governor of the School? If yes, please give details.	
Please give details of any dates during the next four weeks when you would not be available for interview.	
Do you have any requirements that you would like us to consider to enable you to fully participate in the selection process? (e.g. wheelchair access, sign language interpreter, additional reading time etc.) If yes, please give details.	

Thank you for applying for this job. If we have not contacted you within 10 working days of the closing date, please assume your application was unsuccessful on this occasion.



## EQUALITY AND DIVERSITY MONITORING FORM



We aim to have a workforce that represents the communities we serve. We welcome applications from all sections of the community. The information you provide below does not form part of the recruitment process and will be detached from your application.

Job Title							
Date of birth		Age		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Do you consider yourself to be disabled?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Do you have any long-term illness, health problems or disability that, with or without the use of aids or medication, limits your daily activities? (Please see Guidance Notes for definition of long-term and aids)		Yes <input type="checkbox"/>					No <input type="checkbox"/>

### My racial/ethnic origin is:

A. White	B. Mixed	C. Asian or Asian British	D. Black or Black British	E. Chinese or Other Racial Group
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Black African <input type="checkbox"/>	Other Racial Group <input type="checkbox"/>
Other White <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
	Other Mixed <input type="checkbox"/>	Other Asian <input type="checkbox"/>		
If other, please state	If other, please state	If other, please state	If other, please state	If other, please state

### My religion is:

None <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other <input type="checkbox"/>	
Christian <input type="checkbox"/> (including Church of England, Catholic, Protestant and all other Christian Denominations)			

### My sexual orientation is:

Bisexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Gay woman/lesbian <input type="checkbox"/>
Heterosexual/straight <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>