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| **Non-Teacher Application Form** |
| |  |  | | --- | --- | | Application for the post of: |  | |
| **1 Personal Information**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Title | Last Name: | | | | | | | | | | | | | | | Previous Name(s): (if applicable) | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | First Name(s): |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Home Address  Please specify alternative correspondence address on a separate sheet. |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Post Code: | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | E-mail address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | National Insurance Number: | | | | | | | |  | | |  | |  | | | |  | |  | |  |  | |  | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth |  | | |  | | | | |  | | |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Do you have a full current driving licence? | Yes/No | |  | | | Home Telephone Number: | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Do you have daily use of a vehicle? | Yes/No | |  | | | Work Telephone Number: | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Do you have any penalty points on your licence? | Yes/No | |  | | | Mobile Telephone Number: | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | If so, how many? |  | | Do you consider yourself to have a disability? | | | | | | | | | | | | | | | | | Yes/No | | |  | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | (NB: The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”). The Academy operates an interview guarantee scheme for people with a disability and who meet the essential criteria of the post. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | If you have a disability, are there any arrangements which we can make for you if you are called for interview | | | | | | | | | | | | | | | | | | | | Yes/No | | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | If Yes, please outline your requirements: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | How did you find out about this job? | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Are you applying on a job share basis?? | | | | | Yes/No | | | | |  | | | | If so, please state the proportion of full-time you are willing to work: | | | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | OFFICE USE ONLY: | | | | | | | | | | | | | | | Ref: | | | |  | | | | | | | | | |

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| **2 Present (or Most Recent) Employment**   |  |  |  |  | | --- | --- | --- | --- | | Job Title: |  | | | |  | |  | | | Company/School Name, Address & Telephone Number: |  | | | |  | |  | | | Start Date: |  | Notice Required: |  | |  | |  | | | Salary: |  | Allowances: (Please specify) |  | |  | |  | | | Date of leaving: (if applicable) |  | Reason for leaving: (if applicable) |  | |  | |  | | | Brief Details of Post: (please provide a brief description of duties of the post – continue on a separate sheet if necessary) | | | | |
| **3 Previous Employment**  Beginning with the most recent, all periods since leaving full-time education should be accounted for, for example: unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue of a separate sheet if necessary).   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title:** |  | | | | |  | |  | | | | Employer Name, Address & Telephone Number: |  | | | | |  | |  | | | | Start Date: |  | | End Date: (If applicable) |  | |  | |  | | | | Brief Details of Duties & Achievements: |  | | | | |  | |  | | | | Reason for Leaving: |  | | | |   **Continue on a separate sheet if necessary.** |
| **4 Education**  Please give details of all nationally recognised qualifications awarded/results awaited; **from GCE Advanced Level to Further Degree Level** or their equivalents in chronological order.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Attended | | Name of School/College | Qualification | Subject | F/T or P/T | Grade/ Level | Date Gained | | From | To | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |   Copies of essential qualifications will be required on appointment. |
| **5 Training (Other Continuing Professional Development)**  Please list any relevant courses or training you have attended in the last five years starting with the most recent (please continue on a separate sheet if necessary).   |  |  |  |  | | --- | --- | --- | --- | | Title of Course | Organising Body | Awards (if any) | Date of Attendance | | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **6 Additional Information**  Please give any details you wish in support of your application. In particular, any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the Job Description. (Please continue on a separate sheet if necessary.)   |  | | --- | |  | |
| **7 Letter of Application**  Please attach a separate letter of application of no more than 2 sides of A4 to support your application. Details of the specific topic to be addressed will be found in the recruitment literature. |
| **8 Rehabilitation of Offenders Act 1974**  This post is exempt by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). All criminal convictions, cautions and bind-overs must be declared regardless of when they occurred. This information will be treated in confidence.  Do you have a prosecution pending or have you ever been convicted at a court or cautioned by the Police for any offence?   |  |  |  | | --- | --- | --- | |  | Yes/No |  |   Are you on DBS Children’s Barred List (formerly List 99), disqualified from working with children or subject to sanctions imposed by a regulatory body, for example: General Teaching Council (GTC)?   |  |  |  | | --- | --- | --- | |  | Yes/No |  | |
| If you have answered yes to either of the above questions, please provide brief details and give date(s) of conviction/caution/sanction(s):   |  | | --- | |  |   The Academy aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome application from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purposes only when relevant.  The Academy is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. |
| **9 Immigration, Asylum and Nationality Act 2006**  All short listed applicants will be required to provide original material evidence of the Eligibility to Work in the UK. With reference to the accompanying Guidance Notes please confirm that you are able to provide the appropriate documents.   |  |  |  | | --- | --- | --- | |  | Yes/No |  | |
| **10 Health Requirements**  Appointment is subject to a satisfactory completion of a Pre-Employment Health assessment Questionnaire. |
| **11 References**  One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, for example: current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Headteacher/College/University Principal (or their representative) as one of your referees.  **1st Referee**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name (Please stipulate their title, ie Mr/Mrs/Miss/Miss etc) | | Title: |  | Full Name: | | |  | | | | |  | |  | | | | | | | | | | E-Mail Address  (Please provide wherever possible) | |  | | | | | | | | | | Address | |  | | | | | | | | | | Telephone No | |  | | | | | | | | | |  | |  | | | | | | | | | | Capacity: | Current Employer | | | |  | | Professional/  Previous Employer |  | Personal |  | |  | | | | | | | | | | | | If Employer or Professional, please state: | Job Title | | | | |  | | | | | | Name of  Establishment/Business | | | | |  | | | | | |
| **2nd Referee**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name (Please stipulate their title, ie Mr/Mrs/Miss/Miss etc) | | Title: |  | Full Name: | | |  | | | | |  | |  | | | | | | | | | | E-Mail Address  (Please provide wherever possible) | |  | | | | | | | | | | Address | |  | | | | | | | | | | Telephone No | |  | | | | | | | | | |  | |  | | | | | | | | | | Capacity: | Current Employer | | | |  | | Professional/  Previous Employer |  | Personal |  | |  | | | | | | | | | | | | If Employer or Professional, please state: | Job Title | | | | |  | | | | | | Name of  Establishment/Business | | | | |  | | | | |   **Please note:**  The post you are applying for forms part of the Children’s Workforce, your reference will be contacted should you be shortlisted for interview – please see the Notes of Guidance provided with this form. |
| **11 Declarations**  To your knowledge are you related to any member of staff or governor of the Academy?   |  |  |  | | --- | --- | --- | |  | Yes/No |  |   If ‘Yes’, please state their name and position held:   |  | | --- | |  |   The information given in this form will form part of the Contract of Employment for successful candidates. Under the terms of the Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and/or electronically and if unsuccessful your application will be disposed of after six months.  I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Academy, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a governor/officer of the Academy or providing information which is untrue or omitting information relevant to the application will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.   |  |  | | --- | --- | | Signed: |  | |  |  | | Date: |  |   *When submitting this Application, please ensure you also include your Letter of Application.* |