**Application Form**

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| --- | --- |
| ***Thank you for your interest*** | Job title: |
| The following information is necessary to ensure that full consideration can be given to all candidates. | Job reference: |

|  |  |
| --- | --- |
| The information given will be treated as confidential.  Please complete **all pages** of the application form in black ink. | Closing date: |

**1. Personal Details**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title (eg. Mr, Mrs, Miss, Ms): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(BLOCK CAPITALS)***

First name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| May we contact you at work? | YES |  | NO |  | Do you require a work permit? | YES |  | NO |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you an existing employee? | YES |  | NO |  | If yes give employee number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2. Employment Details –** *please give details of your current or most recent employer*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of current  Or most recent employer | Post held and salary  (Proof of salary may be required) | Date appointed | Date left or  Notice required | Reason for leaving  (if applicable) |
|  |  |  |  |  |

**3. Current Job –** *Write a brief description of your present (or most recent) duties/responsibilities stating to whom you report (i.e. their position) and, if appropriate, who reports to you. You may wish to attach a simple diagram of your position in the organisation.*

1. **Previous Employment –** *Please show most recent employer first and give details of any gaps in employment*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of current  Or most recent employer | Post held and salary  (Proof of salary may be required) | Date appointed | Date left of  Notice required | Reason for leaving  (if applicable) |
|  |  |  |  |  |

**5. Gaps in Employment –** *please give details of any gaps in employment and the reasons for these.*

|  |
| --- |
|  |

**6. Education, Qualifications and Membership of Professional Associations –** *please give*

*details of your education and qualifications obtained. This includes any qualifications, which you are studying now. You will be required to prove you have obtained these qualifications.*

|  |  |  |
| --- | --- | --- |
| Name of school, college, university/Professional Association | Qualification/Membership Level | Date achieved |
|  |  |  |

**7. Training –** *please give details of any training you have had, which is relevant to this job. Include any on-the-job training as well as formal training courses. There is no need to mention any courses listed in the Education Section.*

|  |  |
| --- | --- |
| Title of training programme/course and brief description | Date started/completed |
|  |  |

**8. Relevant Skills and Experience –** *Please set out why you are applying for the post and how you meet the requirements of the person specification e.g. the skills and abilities, experience and knowledge etc. needed to do the job.* ***Wherever possible give practical examples from your current or previous employment. Examples may also include any voluntary or social activities if you consider them relevant to the requirements of the job.***

|  |
| --- |
|  |

**9. References – *All Candidates*** *must give details of two referees. The first referee must be your current or most recent employer. If you are a school/college leaver please give the name and address of head teacher/tutor and also manager of most recent work experience placement – if applicable. You should not be related to your referees. The second referee should be either a previous employer or someone with knowledge of your skills and work experience.*

IF TWO REFERENCES ARE NOT PRODUCED YOUR APPLIC ATION WILL NOT BE PROGRESSED

***Internal applicants –*** *the first referee must be your line manager.*

|  |  |
| --- | --- |
| **First Reference**  *(current employer or most recent if unemployed)* | **Second Reference** |
| Name of referee Mr/Mrs/Miss/Ms/Dr  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of referee Mr/Mrs/Miss/Ms/Dr  Name of referee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please note that if you are invited to an interview both references will normally be taken up BEFORE INTERVIEW. No offer of employment will be made until references have been received**.

**10. Protection of Children**

Please give details of your police check with the Disclosure and Barring Service [DBS]

Police check date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DBS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Data Protection**

Under the terms of the Data Protection Act 1998, the information you provide on this form will only be used by Crofton Junior School for the purpose of assessing your suitability for employment, for monitoring policies and procedures, and for personal management purposes.

For any position that you apply for, if unsuccessful, this information may be retained on file for six months. The information may be used in internal proceedings to consider a complaint about the selection process and/or to defend against a legal challenge to the fairness of the selection process from any interested party. The information you provide to us on this form may also be used in the prevention and detection of crime and fraud, or shared with other bodies administering public funds solely for this purpose.

**12. To be signed by all applicants**

I confirm that, to the best of my knowledge, the information on this form is true and correct.

I am in possession of the certificates which I claim to hold, and understand that wilful falsification may result in dismissal if I am appointed.

I understand that any offer of employment will be subject to satisfactory medical and police checks.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

Will you require any assistance if called for interview? If yes, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure or relationship**

Are you related to or have you a close personal relationship with any Director or member of the Governing Body of Mosaic Schools Learning Trust Trust?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checks prior to employment**

I understand that my background checks will include an online check including social media and other sites in line with KCSIE guidelines set out by the Department for Education. I declare that the information I have provided in my application and additional documents is true and complete to the best of my knowledge and I agree may be used for the purposes of carrying out such a check.

|  |  |  |  |
| --- | --- | --- | --- |
| Date  of Birth |  |  |  |

**Remove Before Sifting Process**

**Recruitment Monitoring**

The Academy is committed to Equal Opportunities. The aim of its policy is to ensure that no job applicant or employee is treated unfairly on the grounds of age, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion, or sexual orientation.

Without accurate data on the composition of our workforce and on job applicants we are unable to monitor the effectiveness of our policies and procedures. Therefore, we ask for your cooperation in completing the monitoring section of this form. This information will be used for statistical purposes only and will not be reproduced in a way that enables individuals to be identified. All information supplied by job applicants is treated in the strictest confidence.

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Job Reference | Surname |  |
|  |  | **(*BLOCK CAPITALS)*** |

**Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Male |  | Female | First Name/s |  |

**Advertising Response** *– Please indicate how you became aware of the post by ticking the appropriate box.*

**11**

|  |  |  |  |
| --- | --- | --- | --- |
| Newspaper *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | Professional journal *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Bromley website | Internal vacancy list | Friend/relative | Employment Services |
| Other *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |  | |

**Ethnic Group** *– Please tick one box (or write in one box if appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **(a)** | **Asian or Asian British** | **(b)** | **Black or Black British** |
|  | Bangladeshi |  | African |
|  | Indian |  | Caribbean |
|  | Pakistani |  |  |
|  | Asian other *(please write in)* |  | Black other *(please write in)* |
| **(c)** | **Mixed** | **(d)** | **White** |
|  | White and Asian |  | British |
|  | White and Black African |  | European |
|  | White and Black Caribbean |  | Irish |
|  |  |  | Romany/Traveller |
|  | Mixed other *(please write in)* |  | White other *(please write in)* |
| **(e)** | **Chinese or other ethnic group** | **(f)** | **I decline to self classify** |
|  | Chinese |  | *(please tick)* |
|  | Other *(please write in)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

**Disability**

To help you decide whether you have disability as defined under the Disability Discrimination Act 1995 please read the following information:

A disability is defined as ‘a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day‑to‑day activities’.

The effect an impairment may have on day-to-day activities is defined in the Act as falling within the following categories:

(1) mobility;

(2) manual dexterity;

(3) physical co‑ordination;

(4) continence;

(5) ability to lift, carry or otherwise move everyday objects;

(6) speech, hearing or eyesight;

(7) memory or ability to concentrate, learn or understand; or

(8) perception of the risk of physical danger.

The impairment has to be substantial, that is something more than trivial and it needs to be long-term, i.e. has lasted or is likely to last in total for at least twelve months or is likely to last for the rest of the life of the person affected. Having considered the above information, please tick the appropriate box and indicate the category of impairment, which applies to your disability.

**Please tick one of the following as defined by the Disability Discrimination Act 1995**

**I do** consider myself to have a disability

**I do not** consider myself to have a disability

**I decline to** self classify as to whether I consider I have a disability

**Age –What is your age range?**

Under 20

20 - 29

30 - 39

40 - 49

50 - 59

60+