

APPLICATION FORM – CONFIDENTIAL



Incomplete application forms will not be considered. **Corvus Learning Trust** does not accept CVs alone, they will only be considered as part of the additional information on a fully completed application form.

Employing School: Hatch Ride Primary School

Application for the Position of:

PERSONAL DETAILS

Surname:		Forename(s):	
Previous Surnames:		Mr/Mrs/Miss/Ms/Dr	
Present Address:	Home Tel No:		
	Day Tel No:		
	Mobile Tel No:		
	Email Address:		
	Teacher Reference No: (Teaching posts only)		
	National Insurance No:		
POST CODE:			

Country of Residence: UK ☐ Other ☐ if other please state

Do you hold a valid Work Permit? Yes ☐ No ☐ if other please state

PRESENT OR LAST APPOINTMENT (Student Teachers seeking a first appointment should give details of school experience placements).

Name of Employer:		Position Held:		
Date Appointed:		Date of Leaving/ Notice Period:		Present Salary (per annum): £
Spine Point (if applicable):		Pension Scheme <input type="checkbox"/> LGPS <input type="checkbox"/> TPS <input type="checkbox"/> other		
Teachers only	TLR (if applicable)	Do you have Qualified Teacher Status? Yes <input type="checkbox"/> No <input type="checkbox"/> date		
Single Sex / Mixed:		Number of students on roll:		
Age range of students:		Subject(s) taught:		

Reason(s) for leaving if applicable:

PREVIOUS APPOINTMENTS

Please list in chronological order, most recent first

Establishment & Position Held	Dates of employment		Reason for leaving	Teachers only		
	From	To		Ages taught	Subjects taught	Boys/Girls or mixed and No on roll

EDUCATION

Please list your education attainment (highest qualification first)

Secondary School/ College / Higher Education (please indicate both name and address)	Dates		Qualification attained/subject/grade	Year taken/to be taken
	From	To		

CONTINUING PROFESSIONAL AND PERSONAL DEVELOPMENT

Courses attended (during last three years)

Name of course and provider	Qualification gained	Full/ Part time	From	To

OTHER INTERESTS AND ACTIVITIES

Details of other unpaid experience, in chronological order (for example voluntary work, etc), which you wish to be taken into consideration. If you have any breaks in employment give details of these periods and your activities during these times, e.g. unemployment, raising family, training, long periods of sickness etc.

STATEMENT OF SUITABILITY:

Applicants for the post should submit separately, a statement of suitability of no more than two A4 pages on how you meet the requirements of the role. Please explain how your ability, skills and knowledge match those required for the appointment. Give examples where you can in support of your application.

REFERENCES:

Please note references will be requested prior to your interview, unless stated otherwise

Please provide the contact details of two referees (covering at least the last three years), one of whom should be your current employer:

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Post Held:	Post Held:
Tel No:	Tel No:
Email:	Email:

CONFIDENTIAL INFORMATION

Corvus Learning 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.

PROTECTION OF CHILDREN

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 which 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?

Please answer YES or NO in the box

If YES, you are required to give details - Criminal Convictions or Cautions:

Date	Offence	Sentence

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:

Where did you hear about this vacancy?

Agency ☐ Online ☐ Trust/ School Website ☐ Word of mouth ☐ E teach ☐ Other ☐

DECLARATION

Please declare if you have a family member or close relationship to any employee or Governor within any school in the Corvus Learning Trust or within the Central Trust itself. If so please give details.

Yes ☐ No ☐ If yes please give name(s) of relevant persons and the relationship:

In submitting this form to the Corvus Learning 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.

I understand that information on this form will be processed by and used for registration purposes under the Data Protection Acts 1984 and 1998

Please tick the box and sign below or type your name to confirm that you have read, understood and agree with the above declaration:

Signature:

Date:

When you have completed all sections of the application form please submit the form to the person specified on the advert or information pack.

Equality and Diversity Monitoring

Surname:

Forename:

Address:

Post code:

In order to monitor our Equality and Diversity policy and to enable us to ensure our compliance with this policy, we would be grateful if you would complete the following tables for monitoring.

GENDER: please tick appropriate box

Male ☐

Female ☐

ETHNIC ORIGIN: please tick appropriate box

WHITE

British

☐

Irish

☐

Gypsy or Irish Traveller

☐

Any other White background

☐

MIXED

White & Black Caribbean

☐

White & Black African

☐

White & Asian

☐

Any other Mixed background

☐

ASIAN OR ASIAN BRITISH

Indian

☐

Pakistani

☐

Bangladeshi

☐

Chinese

☐

	Any other Asian background	<input type="checkbox"/>
BLACK OR BLACK BRITISH		
	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
ANY OTHER ETHNIC BACKGROUND		<input type="checkbox"/>
I do not wish an ethnic background category to be recorded		<input type="checkbox"/>
RELIGION: Please tick appropriate box		
Baha'i <input type="checkbox"/>	Buddhism <input type="checkbox"/>	Christian <input type="checkbox"/>
Islam <input type="checkbox"/>	Jain <input type="checkbox"/>	Judaism <input type="checkbox"/>
		Hinduism <input type="checkbox"/>
		Sikhism <input type="checkbox"/>
		None <input type="checkbox"/>
		Other <input type="checkbox"/>
DISABILITIES: Please tick appropriate box		
Do you consider yourself to have a disability – a physical or mental impairment which has a substantial and long term adverse effect to your ability to carry out normal day to day activities?		Yes <input type="checkbox"/> No <input type="checkbox"/> prefer not to say <input type="checkbox"/>
If yes, please describe the nature of your disability:		
If you have any disabilities, please let us know if we need to make special arrangements for you If you are invited for an interview.		
DECLARATION		
I understand that the information given on this form will be processed by and used for registration and equality monitoring purposes under the Data Protection Acts 1984 and 1998.		
Please tick the box and sign below or type your name to confirm that you have read, understood and agree with the above declaration:		
Signature:		Date:

GUIDANCE TO JOB APPLICANTS ON DISABILITY

Do you think that you have a physical, sensory or mental impairment or condition, which seriously affects your day to day life and is long-term (e.g. lasting, or likely to last, one year or longer)?

- This may be something for which you are taking medication, or
- It could be a previous long-term condition, from which you have now full recovered.

Here are some examples to help you decide if you have a long-term impairment or condition, which seriously affects your day-to-day life.

- **Hearing or visual impairment**
Not including general short or long-sightedness
- **Co-ordination, dexterity or mobility**
eg: polio, spinal cord injury, back problems, repetitive strain injury
- **Mental Health**
eg: depression, sever phobias, schizophrenia
- **Speech impairment**
eg: stammering
- **Learning disabilities**
eg: dyslexia
- **Other physical or medical conditions**
eg: arthritis, asthma, cardiovascular conditions, cancer, diabetes, dyslexia, epilepsy, facial disfigurement, heart disease, haemophilia, HIV

Why do we need to know about this?

We have made a commitment in our equality and diversity policy to respect every individual employee, which means treating them with dignity. We cannot check how successful we are in meeting this commitment without access to specific information about our employees.

Why is it important for me to declare this?

We want to ensure that all our employees are able to work in an environment where they feel comfortable and free from any potential prejudice or stigmatisation.

What do I do now?

We would like you to voluntarily self-declare if you consider yourself to have, or have had, an impairment or condition.

Where will this information be held?

This information will be entered onto your personal record and the information will have restricted confidential access to designated staff.