**Application Form**

Applicant Surname (CAPITAL LETTERS):

Please return your completed application form to: adeel.hussain@georgemitchellschool.co.uk

Thank you for your interest in this post.

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.

Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found on the reverse of this form. When submitting this form electronically you will be required to confirm the information is accurate by ticking the box in section 15.

If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process please contact the school office.

**Post Details**

Application for appointment as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference no. (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closing date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1**

**Personal Details**

Last name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

National Insurance no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have the right to work in the UK? Yes No

**Section 2**

**Present Employment** (if currently employed)

Employer’s name and address (if applicable):

Nature of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current post title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date appointed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/salary range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current salary: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allowance(s) received: Type(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value(s): £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick the box if you do not wish to be contacted at work

**Section 3**

**Brief outline of duties in your current or most recent job**

**Section 4**

**Previous Employment**

Please include all full time and part time positions. Please list the most recent first and continue on a separate sheet if necessary.

Employer Start date End date Job Title Reason for leaving

**Section 5**

**Breaks in Employment History**

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, career break, voluntary work, training.

Start date End date Reason for break

**Section 6**

**Ability to travel (if required)**

Do you have a valid driving licence? Yes No

Do you have access to a vehicle which you are able to use for work Yes No  
purposes?

If not, are you able to travel, for work purposes, by another means of Yes No

transport?

**Section 7**

**Secondary School Education** (please list most recent first)

School(s) From To Qualification/subject Grade Dates

obtained and awarding

body

**Section 8**

**Continuing Education** (University/College/Apprenticeships etc.)

Please list most recent first.

Education Establishments From To Qualification/subject Grade Dates

obtained and awarding

body

**Section 9**

**Professional Qualifications**

Including details of professional association membership

Do you hold Qualified Teacher Status (QTS)? Yes No

**If yes please complete the following:**

Date NQT Statutory Induction Period (if qualified since August 1999) (statutory requirement for maintained schools)

Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 10**

Teacher Reference Number:

**Other relevant training and development activities attended**

**in the last five years**

Please list the most recent first and continue on a separate sheet if necessary.

Brief description/Course title Date Organising body

**Section 11**

**Information in support of this application**

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary). *If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.*

**Section 12**

**References**

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Address:

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship between referee and applicant: Relationship between referee and applicant:

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

Period of time applicant known to referee: Period of time applicant known to referee:

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

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: (i) Referees will be contacted before interviews.

(ii) If either of your referees know you by another name please give details.

(iii) The school may contact other previous employers for a reference without your consent.

(iv) References will not be accepted from relatives or from people writing solely in the

capacity of friends.

**Section 13**

**Close Personal Relationships**

Are you a relative or partner, or do you have a close personal relationship with, any employee, Trustee or Governor of the establishment to which your application is being made? If ‘yes’, please state the name(s) of the person(s) and relationship (see notes below).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Failure to disclosure a close personal relationship as above may disqualify you.

Canvassing of Governors, Trustees or senior Managers of the School/Trust by or on your behalf is not allowed.

**Section 14**

Please read the following statements and information relating to your application carefully. By submitting this form and clicking on the box below you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.

**Declaration**

I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.

**Disclosure of Criminal Convictions**

Short-listed candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application.

A conviction/caution/reprimand will not necessarily be a bar to obtaining employment, save in the case of management positions where a S128 Direction issued by the Secretary of State will prohibit employment.

**Safer Recruitment and Childcare Disqualification Checks**

I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.

Short listed candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2009 (“the Regulations”) will be asked to complete a Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.

**Data Protection**

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

**Section 15**

**Data Protection (continued)**

If I am the successful applicant I acknowledge that this information will be retained in line with the school’s/Trust retention schedule. If I am not the successful candidate I acknowledge this information will be retained by the school/Trust in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.

All forms submitted (in paper or electronic format) will be held securely by the school/Trust in line with their data protection policy.

Thank you for applying for this post and your interest in working for this school/Trust. It is not our normal practice to acknowledge receipt of paper applications. If you submit this form electronically you will receive confirmation that the form has been received.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONITORING INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **George Mitchell School is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair and transparent.**  **Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by those involved in the selection process. No information will be published or used in any way which allows any individual to be identified.** | | | | | | | | | | | | | | | | | | | | |
| **Appointment of:** | | | | | | | | | | | | | | | | | | | | |
| **Monitoring Ethnic Origin**  Please indicate your ethnic origin by ticking one of the five broad divisions shown below: | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | **Black or Black British** | | | | | | | | | |
|  | White English/Welsh/Scottish/ Northern Irish/British | | | | | | | | | |  | | | African | | | | | | |
|  | Irish | | | | | | | | | |  | | | Caribbean | | | | | | |
|  | Any other White background  (please specify below) | | | | | | | | | |  | | | Any other Black background  (please specify below) | | | | | | |
| **Asian or Asian British** | | | | | | | | | | | **Dual or Multiple Heritage** | | | | | | | | | |
|  | Bangladeshi | | | | | | | | | |  | | | White and Asian | | | | | | |
|  | Indian | | | | | | | | | |  | | | White and Black African | | | | | | |
|  | Pakistani  Chinese  Any other Asian background  (please specify below) | | | | | | | | | |  | | | White and Black Caribbean  Any other dual or multiple heritage  (please specify below) | | | | | | |
| **Other Ethnic Group** | | | | | | | | | | | | | | | | | | | | |
|  | Gypsy or Irish Traveller | | | | | | | Any other ethnic background  (please specify) | | | | | | | | | Do not wish to declare | | | |
| **Monitoring Disability**  Do you consider yourself to have a disability as defined\* in the Disability Discrimination Act 1995.The Act defines disability as: “a physical or mental impairment which has substantial and long-term effect on a person’s ability to carry out normal day to day activities”. | | | | | | | | | | | | | | | | | | | | |
| YES | | | | | NO | | | | | Do not wish to declare | | | | | | | | | | |
| Monitoring Gender Please tick one box | | | | | | | | | | | | | | | | | | | | |
| Female | | | | | Male | | | | | Transgender Do not wish to declare | | | | | | | | | | |
| SECTION B | | | | | | | | | | | | | | | | | | | | |
| To which one of the following age groups do you belong? *Please tick one box* | | | | | | | | | | | | | | | | | | | | |
| 16-17 | | 18-24 | | | | | 25-34 | | | | | 35-44 | | | 45-54 | | | | 55-64 | |
| 65-74 | | 75+ | | | | |  | | | | |  | | | Do not wish to declare | | | | |
| What is your religion? *Please tick one box* | | | | | | | | | | | | | | | | | | | | |
| None | | | | Christian | | | | | Buddhist | | | | Hindu | | | | | Muslim | | |
| Sikh | | | | Jewish | | | | | Other | | | | If “other” please specify | | | | | Do not wish to declare | | |
| Sexual Orientation *Please tick one box only.* | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | Gay Man | | | Bisexual | | | | | Lesbian | | | | | Do not wish to declare | | | | |
| Monitoring Media(for response monitoring purposes only) | | | | | | | | | | | | | | | | | | | | |
| Name of media or how you knew about this job | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |