

 *An equal opportunities employer*

 **Application Form for Teaching Staff**

 ***Fairchildes Academy Community Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.***

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| **Information for Applicants:**Please complete this form in **black ink** or **type**. Please note that we **cannot accept CVs**. |

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| **Personal Details:** |
| Post Applied For |  |
| Title |  | First Name(s) |  |
| Surname |  | Other Surname(s) |  |
| Date of Birth |  |  |  |
| Address |  |
| Contact Details | Please only include contact numbers or email addresses that you are happy for us to use. |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number  |  |
| Email Address: |  |
| National Insurance Number |  |
| DfE Reference No.:General Teaching Council No.: |  |
| Do you currently have the right to work in the UK?  | YES | NO | If no, please specify your circumstances below: |
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| **Education and Qualifications:** |
| Please also include any relevant professional qualifications. |
| Name & address of Institution (e.g. School, College or University) | Dates Attended | Courses/Subjects Taken and Examinations Results or Award |
| From (Month/Year) | To (Month/Year) |
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| **Professional Development:** |
| Please give details of any courses undertaken which you have not detailed above and which you consider to be relevant to this application. |
| Course Title | Course Provider | Dates Attended | Award (if any) |
| From (Month/Year) | To (Month/Year) |
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| **Membership of Professional Bodies:** |
| Please give details of any relevant professional bodies to which you belong. |
| Name of Professional Body | Membership Status | Date Membership Commenced |
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| **Employment History:** |
| Please give details of **all periods of employment** you have undertaken. Most recent first. Enter details of ***all*** your work experience including periods of non-employment, unpaid voluntary work and study. Please use a continuation sheet if necessary. |
| Name and Full Address or Employer | Date of Employment | Position held and main duties – giving Grade and salary if known | Reason for leaving |
| From | To |
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| **Relevant job information** |
| Please use this space to tell us how your skills, knowledge and experience meet the requirements set out in the person specification. Please make full use of this section and continue on additional sheets if necessary |

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| **Referees:** |
| Please give details of two referees below. One of these should be your present or last employer, and the other should be another employer. If you have not been in employment, please provide details of a voluntary organisation where you have worked, or the head of an educational establishment. It is our normal practice to apply for references prior to interview. Please let us know if there is any reason why you would prefer us not to take up references at this stage? |
| **Referee 1** | **Referee 2** |
| Title (Miss/Mr etc.) |  | Title (Miss/Mr etc.) |  |
| Name |  | Name |  |
| Occupation |  | Occupation |  |
| Address |  | Address |  |
| Tel. Number |  | Tel. Number |  |
| Fax Number |  | Fax Number |  |
| Email Address |  | Email Address |  |
| In what capacity do you know the referee? |  | In what capacity do you know the referee? |  |

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| **Declarations:** |
| This post is **exempt from the Rehabilitation of Offenders Act 1974**. If you are appointed you will be required to undertake an Enhanced Disclosure & Barring Service (DBS) check (previously known as a CRB check). You are required to declare any unspent convictions, cautions, warnings and bind-overs you may have, regardless of how long ago they occurred, as well as any pending criminal proceedings or current police investigations. Having a criminal record will not necessarily prevent you from taking up appointment; this will depend on the nature of the offence(s) and their relevance to the post you are applying for. However, should you **not** declare any of the above and this is subsequently revealed, e.g. through the DBS check, then this may place your appointment in jeopardy. |
| **Please answer the following questions:** |
| Do you have any unspent convictions, cautions, warnings or bind-overs that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) **and/or** are you the subject of a current police investigation or have criminal proceedings pending against you? | YES/NO |
| Are you on the Children’s Barred List (previously List 99 and PoCA list) or have you ever been disqualified from working with children or been subject to any sanctions imposed by a regulatory body (e.g. General Teaching Council, Teaching Agency)? | YES/NO |
| **It is a criminal offence for barred individuals to seek, or to undertake, work with children.** If you have answered ‘YES’ to either of the above, please provide **further details on a separate sheet in a sealed envelope marked ‘CONFIDENTIAL’.** |
| **Declarations:** |
| **Are you currently registered with the DBS Update Service (*service only available from 17.06.13*)?** |  |
| **If YES, please provide the information below. If NO, please proceed to the next section.** |
| DBS Registration Number |  | Annual Registration Renewal Date |  |
| Level of check obtained at point of registration? (*select one*) | STANDARD / ENHANCED |
| Which workforce was your check requested for at point of registration? (*select one*) | CHILDREN / ADULT / ADULT & CHILDREN / OTHER |
| **Declaration:** By signing this application form and providing the information above I understand that I am authorising Fairchildes Academy Community Schools to consult the DBS Update Service in the context of its recruitment and safeguarding procedures and agree to provide the relevant disclosure certificate to facilitate this process. |
| **Declaration of Relationships:** |
| Are you related to, or do you have a close personal relationship with, any elected member or senior officer of the local authority or a member of staff or governor of the school? |  YES/NO |
| If YES, please provide below his/her name and role, and state your relationship: |
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| I declare that the information I have given on this form is correct. I understand that providing false or misleading information is an offence which could result in my application being rejected, or, in the event of employment being obtained, may result in disciplinary action being taken, up to and including summary dismissal. It could also result in a referral to the police. I understand that my application form will be retained on file for a period of six months (or transferred to my personnel file in the event that my application is successful) and give my consent for the personal data supplied to be used for the purposes of recruitment and selection. |
| Signature of Applicant |  | Date |  |
| If you have submitted your application electronically, you will be asked to sign your application form in the event that you are shortlisted and called for interview. |
| **Thank you for your application – please return via email to** **recruitment@factrust.org** **or directly to the school office between 9am and 3pm, Monday to Friday (term time only). Please be advised that only shortlisted applicants will receive further notification.** |

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| **Equality Monitoring Form** |
| Fairchildes Academy Community Schools aim to select staff on merit, irrespective of race, sex, disability, age or other protected characteristics. In order to monitor the effectiveness of FACT Schools’ Equality Policy and recruitment procedures, we ask that all applicants complete this form and return it with their application. In accordance with the Data Protection Act 1998, the information provided will only be used for the purposes of equality monitoring and to inform improvements to our policies. **The form will be separated from your application upon receipt and will not be shared with the selection panel.** Thank you. |
| Name  |  | Post Applied For: |  |
| ***Please tick whichever boxes apply. If you prefer not to provide certain information, please leave the box blank.*** |
| **Gender:** | Female |  | Male |  |  |  |  |

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| **Age:** | 16-24 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65+ |  |  |

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| **Disability:** | Do you consider yourself to have a disability? | Yes |  | No |  |  |

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| **Ethnicity:** | Please tick **one** category below. The categories are based on the population census. |
| **Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:** |  | **Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:** |
| Bangladeshi |  |  | Chinese |  |
| Indian |  |  | Any other ethnic background (specify if you wish): |  |
| Pakistani |  |  |
| Any other Asian background (specify if you wish): |  |  | **Mixed:** |
|  | White and Asian |  |
| **Black, Black British, Black English, Black Scottish or Black Welsh:** |  | White and Black African |  |
| African |  |  | White and Black Caribbean |  |
| Caribbean |  |  | White and Chinese |  |
| Any other Black background (specify if you wish): |  |  | Any other Mixed background (specify if you wish): |  |

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| **White:** |
| British |  |  | Scottish |  |
| English |  |  | Welsh |  |
| Irish |  |  | Any other White background (specify if you wish): |  |