

**St James’ CofE Primary School –Application Form**

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| The school values diversity and is striving to be an Equal Opportunity Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff and volunteers to share this commitment.  Please complete in black ink or type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Post applied for: | | | | | | | | | | | | | |  | | | 1. School/Establishment: | | | | | | | | | | | | | | |
| Grade/Scale: | | | | | | | | | | | | | | |
| **Personal: Please complete all sections to enable your application to be considered** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Surname: Dr/Mr/Mrs/Miss/Ms | | | | | | | | | | | | | |  | | | 1. Forename(s): | | | | | | | | | | | | | | |
| Previous names: (if relevant) N/A | | | | | | | | | | | | | |
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| 1. Address: | | | | | | | | | | | | | |  | | | 7. Date of Birth: | | | | | | | | | | | | | | |
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| 8. E-mail:  Fax: N/A | | | | | | | | | | | | | | |
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| Postcode: | |  | | | | | | | | | | | |  | | | 9. Daytime telephone: | | | | | | | | | | | | | | |
| 6. NI Number: | | | | | | | | | | | | | |  | | | Evening telephone: | | | | | | | | | | | | | | |
| GTC ref no: | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |
| DCSF ref no: | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |
| QTS status: **Yes** | | | | | | |  | | **No** |  | | (please tick) (QTS completion date) | | | | | | | | | | | | | | | | | | | |
| NPQH: **Yes** | | | | | | |  | | **No** |  | | (please tick) | | | | | | | | | Date obtained: | | | | | | | | | | |
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| **Employment** Please give details of your present/most recent post | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post held: | | | | | | | | | | | | | | | Scale/Allowance: | | | | | | | | | | | | | | | | |
| Incremental point: | | | | | | | | | | | | | | | | |
| Place of work: | | | | | | | | | | | | | | | Annual salary: | | | | | | | | | | | | | | | | |
| Date first went through threshold, if applicable N/A | | | | | | | | | | | | | | | | |
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| Main duties/responsibilities:  PPA cover, teacher absence cover, intervention groups, coaching members of staff, marking children’s work, assessment, displays, deploying other adults within the classroom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date appointed to post: | | | | | | | | | | | | | | | Date left (if applicable): N/A | | | | | | | | | | | | | | | | |
| Name and address of present or most recent school: | | | | | | | | | | | | | | | LA Name and address: | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | |
| Date employed from:  Date employed to: | | | | | | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | |
| Fax: | | | | | | | | | | | | | | | | |
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| **Employment background** Please detail chronologically all previous work experience, unpaid and paid, voluntary, non-teaching as well as teaching, since leaving secondary/further education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From month/year | To month/year | | | | Place of work/employer (if applicable) | | | | | | | | | | | | | | Scale/grade | | | | | Title/responsibility | | | Reason for leaving | | | | |
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| Have you ever been dismissed by any of the above employers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, further details may be requested from you | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | |
| **Education background** Secondary education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of institution | | | | | | From month/year | | | | | To month/year | | | | | | | Qualifications obtained (Please indicate level, subject(s), grades and dates of award) | | | | | | | | | | | | | |
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| **Further, higher and professional education (Proof of qualifications will be required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of institution | | | | | | From month/year | | | | | To month/year | | | | | | | Qualifications obtained (Please indicate level, subject(s), grades and dates of award) | | | | | | | | | | | | | |
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| **Professional development/training** (State involvement in the last five years appropriate to your application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates of course | | | | Length of course | | | | Details of course | | | | | | | | | | | | | | | | Course provider | | | | | | | |
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| **Explanation of any gaps** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please explain here any gaps in employment, education or training since leaving full time education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Letter of application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include any information you feel would help evaluate your suitability for the post.  2 pages maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rehabilitation of Offenders Act 1974** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owing to the nature and location of the work, the post is exempt from the previous provisions of the above Act, therefore, applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. **The will check information provided under this heading.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you at any time been convicted of any criminal offence? **Yes** (including cautions, bind-overs and any pending prosecutions) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **No** |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you disqualified from working with children or subject to any **Yes** sanctions imposed by a regulatory body i.e. GTC? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **No** |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Protection**  In accordance with the Act, you should be aware that personal details submitted with this application form, will be used only for selection and interview procedures, and for employment records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please give the name and address of two persons from whom references may be obtained, **one of these should be your current Head Teacher**. If not currently working with children, then one reference should be from a previous employer in a child related role, if applicable. **References from friends or relatives will not be accepted. References will be sought prior to interview.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (1) Name: | | |  | | | | | | | | | |  | | | (2) Name: | | | | | | |  | | | | | | | | |
| Position held: | | |  | | | | | | | | | | Position held: | | | | | | |  | | | | | | | | |
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| Telephone No: | | | |  | | | | | | | | | Telephone No: | | | | | | | |  | | | | | | | |
| E-mail: | | | |  | | | | | | | | |  | | | E-mail: | | | | | | | |  | | | | | | | |
| Fax: | | | |  | | | | | | | | |  | | | Fax: | | | | | | | |  | | | | | | | |
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| Current legislation means that you will need to provide documentary evidence (for example National Insurance Number) showing your entitlement to work in the UK. You should be aware that you will be asked to provide this prior to appointment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | | | | | **Date:** | |  | | | | | | | | | | |
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| We regret that we are unable to acknowledge receipt of this form because of the high cost involved. If you receive no further communication within 6 weeks of the closing date, please assume that your application has been unsuccessful. Thank you for your interest in the post. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your application, when completed, should be returned to the address stated in the advertisement.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **For office use only** |
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| Date received: |