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| Job Ref: |  | BSCA Full Logo BFT_logo | | | | | | |
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| Applic Ref: |  |
| **Confidential** | |
| Application for employment | | | | | | | | |
| The Academy 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 | | | | | | | | |
| Post applied for: | | | | |  | School/Department: | | |
|  | | | | | | | | |
| Surname: Dr/Mr/Mrs/Miss/Ms    Previous names: | | | | |  | Forename(s): | | |
|  | | | | | | | | |
| Address:    Postcode: | | | | |  | Date of Birth: | | |
|  | | |
| E-mail: | | |
|  | | |
|  | Work telephone:  Home telephone: | | |
| NI Number: | | | | |  |
| **Education, job related qualifications & specialised training** | | | | | | | | |
| School/College | | |  | Qualifications/training  Proof of job related qualifications will be required | | |  | From To |
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| How did you find out about this job, e.g. which publication? | | | | | | | | |

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| **Present/most recent appointment** | | | | | | |
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| Job title: |  | | | |  | Employer's name/address/e-mail: |
|  | | | | |
| Date started/ left  if applicable: | | |  | |
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| Weekly wage/salary: | | | |  |
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| Notice required: | |  | | |

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| Purpose of job: | | | | | | | | | | | | | | | | | | | | | | |
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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 and explanations for any gaps (if applicable) | | | | | | | | | | | | | | | | | | | | | | | |
| 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 required from you. **Yes** | | | | | | | | | | | |  | | | **No** | |  | (please tick) | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **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 employer/Head Teacher**. If not currently working with children or vulnerable adults, then one reference should be from a previous employer in a role related to this client group, if applicable. **References from friends or relatives will not be accepted**. | | | | | | | | | | | | | | | | | | | | | | |
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| (1) Name: | | |  | | | | |  | (2) Name: | | | | |  | | | | | | | | |
| Employer |  | | | Non-Employer | |  | (please tick) | Employer | | | |  | | Non-Employer | | | |  | | (please tick) | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Address: (including Post Code) | | | | | | | |  | | Address: (including Post Code) | | | | | | | | | | | | |
| Telephone No: | | | | | | | | Telephone No: | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |
| E-mail | | | | | | | |  | | E-mail | | | | | | | | | | | | |
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| **References will be sought prior to interview**. | | | | | | | | | | | | | | | | | | | | | | |

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| Owing to the nature and location of the work, the post is exempt from the previous provisions of the **Rehabilitation of Offenders Act 1974**, therefore, applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. The Academy has the facility to check for previous convictions prior to employing staff who work with children and vulnerable adults. | | | | | | | |
| Have you ever been convicted of any criminal offence? **Yes** | | | |  | **No** |  |  |
|  | | | | | | | |
| Are you on List 99, POCA/POVA Lists, disqualified from working with **Yes** children or vulnerable adults or subject to any sanctions imposed by a  regulatory body i.e. ISA | | | |  | **No** |  |  |
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| In order to comply with our Valuing Diversity Policy  please indicate if you require any adjustments to  the selection process Yes🞎 No 🞎 | | | |  |  |  |  |
| If YES, please give details in your application with regard to any disability | | | | | | | |
|  | | | | | | | |
| Do you wish to **job share?** (if available) **Yes** | | | |  | **No** |  |  |
|  | | | | | | | |
| 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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| Are you related to any member of the Academy or Governing Body? | | | | | | | |
| If Yes, please give details **Yes** | | | |  | **No** |  |  |
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| **Data Protection Act**  In accordance with the Act, you should be aware that the personnel details submitted with this application form will be used only for selection and interview procedures and for employment records if the application is successful. | | | | | | | |
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| **Declaration**  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:** |  | | | | |
|  | | | | | | | |
| **This form, when completed, should be returned to**:  [HR@boltonstcatherinesacademy.org.uk](mailto:HR@boltonstcatherinesacademy.org.uk) unless otherwise stated. | | | | | | | |

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| **Relevant skills, knowledge and experience** |

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| Please use this page to show how you meet items on the Person Specification.  (Continue on an additional sheet if necessary)  Please see the Guidance Notes for further information. |