

(b) Previous posts (please list ALL previous employment)

Name of School/Academy and LA (where appropriate)	F/T P/T or Supply	Type* and N.O.R.	Subjects/Age Range Taught	Grade/Scale	From	To	Reason for Leaving

*Primary, Secondary, Special, Alternative Provision

5. Qualifications

Examinations taken	School, College, University etc.	Grade	From	To
Age range qualified to teach		Subjects qualified to teach		

6. Membership of Professional Bodies

Institute/Body	Grade	By Examination/Election			
		Examination	<input type="checkbox"/>	Election	<input type="checkbox"/>
		Examination	<input type="checkbox"/>	Election	<input type="checkbox"/>
		Examination	<input type="checkbox"/>	Election	<input type="checkbox"/>
		Examination	<input type="checkbox"/>	Election	<input type="checkbox"/>

7. Gaps in employment/training history

As part of our commitment to safeguarding, we need to establish a full chronology of employment, training or other activities. Please provide full details that explain any gaps in the information you have provided earlier in this form.

8. Declaration*

The information contained in this form is true and accurate. If after appointment, the application is found to be misleading or inaccurate, I understand that this may lead to disciplinary action and could result in dismissal. I consent to the use of this personal data for recruitment and selection purposes.

Signed:		Date:	
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*Please note that if you submit your form electronically, you will be asked to sign a copy of this form if invited to interview.



Application for Employment

Part B: Meeting the Specification

1. Relevant Experience

This section forms the **main body of your application**. Please ensure that you refer to each of the main headings in the Person Specification in order to explain why you are applying for this job and how your experience, personal qualities, skills and educational philosophy help to make you a suitable candidate.

PLEASE STATE SUBJECTS WILLING/ABLE TO TEACH AND THE LEVEL OF QUALIFICATION

2. Career related training in the last five years

Please provide details and explain how this has supported your professional development.

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3. Outside interests and hobbies

Please provide a brief description of your outside interests and hobbies.

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4. Declaration*

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Signed:		Date:	
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*Please note that if you submit your form electronically, you will be asked to sign a copy of this form if invited to interview.



References and Monitoring

Part C: Information Form

Data Protection Act: This information is being collected for the purposes of the recruitment and selection procedures. When you complete this document you are providing your consent for the employer to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes.

Criminal Background Disclosure: The nature of this post means that it is exempt from the Rehabilitation of Offenders Act (1974) and requires that all convictions (including spent convictions) have to be declared. A conviction is not necessarily a bar to employment. However, should you fail to disclose a criminal conviction prior to appointment; this could result in disciplinary actions including dismissal. All offers of employment with the Academy Trust are subject to a satisfactory enhanced Disclosure & Barring Service (DBS) check. Car parking or speeding offences may be disregarded.

Candidate Name

Post applied for:

Name of Institution **Aspire Academy**

References

One of your references should be your current employer. References from relatives or people writing solely as friends will not be acceptable. References may be contacted during the shortlisting process unless you give your express instruction not to do so.

First reference (current or most recent employer)	Second Reference
Name	Name
Job Title	Job Title
Organisation name	Organisation name
Address	Address
Postcode	Postcode
Tel. No. (pref. mobile)	Tel. No. (pref. mobile)
Email	Email
Contact (Yes/No)	Contact (Yes/No)

Criminal Record Disclosure

Have you ever been convicted of a criminal offence or subjected to a caution/reprimand/warning or bind over including any that would be regarded as 'spent' under the Act in other circumstances? (Yes/No)

If yes, please give details including dates and penalties:

Date	Details

Family or close relationships to employer or Governor

You are required to declare any family or close relationship to any existing member, Director or Governor of Aspire Academy Trust:

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Declaration

The information contained in this form is true and accurate. If after appointment, the application is found to be misleading or inaccurate, I understand that this may lead to disciplinary action and could result in dismissal. I consent to the use of this personal data for recruitment and selection purposes.

Signed:		Date:	
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Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the Census in alphabetical order.

Asian		Black		Chinese or other ethnic group	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>				
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>		
Any other Asian background (please specify)		Any other Black background (please specify)		Any other ethnic group (please specify)	
Mixed		White			
		English	<input type="checkbox"/>		
White and Black Caribbean	<input type="checkbox"/>	Irish	<input type="checkbox"/>		
White and Black African	<input type="checkbox"/>	Scottish	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>	Welsh	<input type="checkbox"/>		
Any other mixed background (please specify)		Any other White background (please specify)			
				Rather not say	<input type="checkbox"/>
Age		Rather not say	<input type="checkbox"/>		

Disability

The Disability Discrimination Act (1995) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes such conditions as cancer, HIV, mental illness and learning disabilities. Do you consider yourself to have a disability according to the above definition?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>
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Gender

Male	<input type="checkbox"/>	Transgender F to M	<input type="checkbox"/>
Female	<input type="checkbox"/>	Transgender M to F	<input type="checkbox"/>
		Rather not say	<input type="checkbox"/>

Faith

Which religion do you most identify with?

No religion	<input type="checkbox"/>	Baha'i	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jain	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Other (please specify)				Rather not say	<input type="checkbox"/>

Sexual orientation

How would you describe your sexual orientation?

Bisexual	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>			Rather not say	<input type="checkbox"/>