



**WINTERHILL SCHOOL**

**Founders of Leaders in Learning Multi-Academy Trust**

**Please read the guidance notes before you fill in this application form**.

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| --- | --- | --- |
| Office  Use | Application Reference |  |
| Date Received |  |

Application for Employment

**Job details**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Applied for: |  | Job Reference no: |  |
| School: |  | Closing date: |  |
| Where did you find out about this job, for example give the name of the newspaper, magazine, website, etc. | | | |

**Personal Details**

Title/preferred form of address: Mr  Mrs  Miss  Ms  Other  (please give details)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name: |  | | | | First name: | | | |  | | | | |
| Address: |  | | | | Former name: | | | |  | | | | |
|  | Date of birth: | | | |  | | | | |
|  | Home phone: | | | |  | | | | |
|  | Work phone: | | | |  | | | | |
| Postcode: | Mobile phone: | | | |  | | | | |
| National Insurance Number: | |  |  |  | |  |  |  | |  |  |  |

**Current Employment**

|  |  |  |
| --- | --- | --- |
| Name and address of employer: | Job title: |  |
|  | Current salary or scale: |  |
| Date of appointment: |  |
| Name of school  (if applicable): |  |

**Education and Training** (please use extra sheets if needed, certificates will be examined)

1. **Schools**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Qualification | | Date |
| Subject | Grade |
|  |  |  |  |
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1. **Further/Higher Education** (indicate if full or part-time)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of college/ university/awarding body | Qualification | | Date of award |
|  | Subject | Degree/Certificate  (if degree state Hons, Class or pass) |  |
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1. **For Teaching Posts only**

|  |  |
| --- | --- |
| GTC Registration: |  |
| DFE Reference Number: |  |
| Date of Award of QTS: |  |
| Date of completion of statutory induction (Newly Qualified teachers) or number of terms completed: |  |

1. **Membership of Professional and Technical organisations (if this applies)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Type of registration | Registration Number | Renewal Date  (if applicable) |
|  |  |  |  |
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1. **Relevant Professional Development, for example, Courses, Programmes (other than those identified above)**

|  |  |  |
| --- | --- | --- |
| Title | Length and date of course | Qualification (if appropriate) |
|  |  |  |
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**Full Employment History** (please use extra sheets if you need to)

Please list all previous jobs (paid or unpaid) starting with most recent job first. Include dates and explanations for periods of non-employment.

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer/School name and address: | | Brief description of duties  (give type of school and number on roll if applicable) | | |
| Date from: |  | | Date to: |  |
| Position held: |  | | | |
| Reason for leaving: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer/School name and address: | | Brief description of duties  (give type of school and number on roll if applicable) | | |
| Date from: |  | | Date to: |  |
| Position held: |  | | | |
| Reason for leaving: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer/School name and address: | | Brief description of duties  (give type of school and number on roll if applicable) | | |
| Date from: |  | | Date to: |  |
| Position held: |  | | | |
| Reason for leaving: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer/School name and address: | | Brief description of duties  (give type of school and number on roll if applicable) | | |
| Date from: |  | | Date to: |  |
| Position held: |  | | | |
| Reason for leaving: |  | | | |

**Other Relevant Work** (please use extra sheets if needed)

Include work experience, voluntary or unpaid work. College/School leavers may use this section to provide details of hobbies and interests.

|  |
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**References**

1. If you have worked before or are currently working, one of your referees must be your present or last employer.
2. If you have worked with children in the past but are not currently doing so, you must provide as a third referee details of the person by whom you were most recently employed to work with children.

|  |  |
| --- | --- |
| **Referee 1** | |
| Name: |  |
| Position: |  |
| Telephone number: |  |
| E-mail address: |  |
| Type of referenced (please indicate) Employer  Personal  Academic | |

|  |  |
| --- | --- |
| **Referee 2** | |
| Name: |  |
| Position: |  |
| Telephone number: |  |
| E-mail address: |  |
| Type of referenced (please indicate) Employer  Personal  Academic | |

|  |  |
| --- | --- |
| **Referee 3** | |
| Name: |  |
| Position: |  |
| Telephone number: |  |
| E-mail address: |  |
| Type of referenced (please indicate) Employer  Personal  Academic | |

**Information in Support of Application** (please use extra sheets if needed)

Please include in this section:

* The reason you are applying for this post
* Any information not already mentioned which you consider relevant
* How you meet the requirements of the person specification (if supplied)

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**Declaration and Equal Opportunities**

Criminal convictions

This post is exempt from Rehabilitation of Offenders Act 1974 and therefore details of convictions, cautions and bindovers including detail of those regarded as spent must be declared below:

Declaration One

I confirm that I am not on the barred list, disqualified from working with children or subject to sanctions imposed by a regulatory body e.g. the General Teaching Council (GTC)

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that the successful applicant will be required to provide a DBS disclosure at the appropriate level for this post.

Eligibility to work in the UK

Do you require a work permit for this employment: Yes  No

Further information

Do you receive a local government pension Yes  No

Do you have a current driving licence Yes  No

Do you consider yourself to be disabled\* Yes  No

(\*We need this information as all disabled applicants who meet the essential shortlisting requirements are guaranteed an interview).

Declaration Two

Are you related to any Councillor, senior employee of the Council, Trustee, governor or Headteacher from the school for which you are applying? Yes  No

If ‘Yes’, please provide the following detail:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job tile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to you storing and using the information I have given for recruitment purposes. As far as I know, the information I have given is true and correct. I understand that if I have made any false or misleading statements, or withheld any relevant information, it may result in disciplinary action including dismissal and possible referral of the Police.Winterhill School reserves the right to verify any of the data supplied in your application.

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strictly Private and Confidential – Equal Opportunities Monitoring**

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have a legal duty to promote equality. This applies to everything we do both as an employer and provider of services. We also have a duty to ensure that minority groups are not excluded from our recruitment process. We want to make sure that our equal opportunities policy is working and also find out how well our recruitment process works. To help us with this we need to ask you a few questions.

Please note: the shortlisting and interview panel will not see any of this information as it is used for monitoring purposes only.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your gender? | Male: |  |  | Female: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your age group? | | | | |
| 16-24 | 25-39 | 40-49 | 50-64 | 65+ |

Ethnic origin

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A)** | **White** |  |  | **D)** | **Black or Black British** |  |
|  |  |  |  |  |  |  |
| i) | White British |  |  | i) | African |  |
|  |  |  |  |  |  |  |
| ii) | White Irish |  |  | ii) | Caribbean |  |
|  |  |  |  |  |  |  |
| iii) | Any other White background |  |  | iii) | Any other Black background |  |
|  |  |  |  |  |  |  |
| **B)** | **Multiple Heritage** |  |  | **E)** | **Chinese, Yemeni** |  |
|  |  |  |  |  |  |  |
| i) | Black Caribbean and White |  |  | i) | Chinese |  |
|  |  |  |  |  |  |  |
| ii) | Black African and White |  |  | ii) | Yemeni |  |
|  |  |  |  |  |  |  |
| iii) | Asian and White |  |  | **F)** | **Gypsy or Traveller** |  |
|  |  |  |  |  |  |  |
| iv) | Any other Multiple Heritage |  |  | i) | Gypsy/Roma |  |
|  |  |  |  |  |  |  |
| **C)** | **Asian or Asian British** |  |  | ii) | Irish Traveller |  |
|  |  |  |  |  |  |  |
| i) | Indian |  |  | iii) | Any other Gypsy or traveller background |  |
|  |  |  |  |  |  |  |
| ii) | Pakistani |  |  | **G)** | **Any other Ethnic background** |  |
|  |  |  |  |  |  |  |
| iii) | Bangladeshi |  |  | i) | Other |  |
|  |  |  |  |  |  |  |
| iv) | Kashmiri |  |  |  |  |  |
|  |  |  |  |  |  |  |
| v) | Any other Asian background |  |  |  |  |  |

Religion/belief

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhism |  |  | Humanism |  |  | Sikhism |  |
|  |  |  |  |  |  |  |  |
| Christianity |  |  | Islam |  |  | Other |  |
|  |  |  |  |  |  |  |  |
| Hinduism |  |  | Judaism |  |  | None |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sexual orientation | | | |
| Heterosexual | Bisexual | Lesbian/Gay | Prefer not to say |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you disabled or do you have a long term limiting illness or condition? | Yes: |  | No: |  |

If ‘yes’ please indicate which best describes your disability/condition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical or mobility impairment |  |  | Learning disability/difficulty/cognitive impairment |  |
|  |  |  |  |  |
| Sensory impairment |  |  | Long standing illness or health condition |  |
|  |  |  |  |  |
| Mental health condition |  |  | Other |  |

Are you a carer? (a carer is someone who looks after a partner, relative or friend who is an older person, or has a disability or long term illness. The carer may, or may not live in the same household).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes: |  |  | No: |  |