**Application Form**

**Post Applied For**

**Job Title:** Click or tap here to enter text.

**Reference no. (if applicable)** Click or tap here to enter text.

**Where did you hear about this Vacancy?**

School Website [ ]  TES [ ]  Essex Jobs Scene [ ]

Word of mouth [ ]  Other (please specify) [ ]  Click or tap here to enter text.

**Personal Details**

**Title**: Choose an item. **First name(s):** Click or tap here to enter text.

 **Last Name:** Click or tap here to enter text.

**Previous names**: Click or tap here to enter text. **Date of birth**: Click or tap here to enter text.

**Home Address**: House Name/Number and Road Click or tap here to enter text.

 Other Click or tap here to enter text.

 Town/City Click or tap here to enter text.

 Postcode: Click or tap here to enter text.

**Home phone number**: Click or tap here to enter text.

**Mobile phone number**: Click or tap here to enter text.

**Home email address**: Click or tap here to enter text.

***If you are happy for us to contact you at work, please provide contact details below:***

**Work telephone number**: Click or tap here to enter text.

**Work email address**: Click or tap here to enter text.

**National Insurance No**: Click or tap here to enter text.

**Do you need permission to work in the UK?** Yes: [ ]  No: [ ]

**Present (or most recent) Employment**

**Employer’s name**: Click or tap here to enter text.

**Employer’s address:** **House** **Name/Number and Road**: Click or tap here to enter text.

 **Other** Click or tap here to enter text.

 **Town**/**City** Click or tap here to enter text.

 **Postcode**: Click or tap here to enter text.

**Nature of business**: Click or tap here to enter text.

**Start Date**: Click or tap here to enter text.

**Job** **title**: Click or tap here to enter text.

**If a Teaching post, which subject**: Click or tap here to enter text.

**Current Salary Spine and point**: Click or tap here to enter text.

**Current Salary**: Click or tap here to enter text.

**Allowance(s) received (Type(s) and Value(s))**: Click or tap here to enter text.

**Period of Notice required**: Click or tap here to enter text.

**Brief Outline of duties**:

|  |
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| Click or tap here to enter text. |

**Reason for leaving**:Click or tap here to enter text.

Please include all full time and part time position, listing the most recent first.

**Previous Employment**

|  |  |  |  |  |  |
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| Employer | Start Date | End Date | Job Title | Salary/Grade | Reason for leaving |
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**Breaks in Employment History**

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, raising family, voluntary work, training, long periods of sickness etc.

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| Click or tap here to enter text. |

**Mobility**

Please complete this section if the Person Specification for the post includes these requirements

Do you have a valid driving licence? Yes [ ]  No [ ]

Do you have access to a vehicle which you are able to use for work purposes? Yes [ ]  No [ ]

If not, are you able to travel, for work purposes, by other means of transport? Yes [ ]  No [ ]

**Secondary School Education**

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| --- | --- | --- | --- | --- |
| School | From | To | Qualification/subjectobtained & awarding body | Grade |
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**Continuing Education**

(University/College/Apprenticeships etc.) Please list most recent first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Establishment** | **From** | **To** | **Qualification/subject****obtained & a****warding body** | **Level/Grade** |
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**Professional Qualifications**

 **Please give details of any Professional qualifications gained. Please list most recent first.**

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| **Employer** | **Qualification/subject obtained** | **Level/Grade** | **Date Awarded** |
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And details of professional association membership:

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| Professional Body | Level of Membership | Date joined | Current member? |
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Do you hold Qualified Teacher Status (QTS)? Yes [ ]  No [ ]  DfES Number: Click or tap here to enter text.

***If yes please complete the following:***

Date of Statutory Induction Period (if qualified since August 1999)

Started: Click or tap here to enter text. Completed: Click or tap here to enter text.

General Teaching Council Registration date: Click or tap here to enter text.

GTC Reg. No. Click or tap here to enter text.

Have you at any time been barred from teaching by the DfE? Yes [ ]  No [ ]

**Other Relevant Training and Development**

Please list any other relevant Training and Development activities attended in the last 5 years, starting with the most recent

|  |  |  |
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| Course title / Brief description | Date | Organising Body |
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**Information in Support of this Application**

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| Please use the job outline and person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. Click or tap here to enter text. |

**Letter of Application**

|  |
| --- |
| Please use the space below to complete your letter of application.Click or tap here to enter text. |

**Close Personal Relationships**

Are you a relative or partner, or do you have a close personal relationship with, any employee or Governor of the establishment to which your application is being made or to any employee of The Sigma Trust? If ‘yes’ please state the name(s) of the person(s) and relationship.

Yes [ ]  No [ ]  Names/Relationships: Click or tap here to enter text.

*Failure to disclose a close personal relationship as above may disqualify you. Canvassing of Governors or Senior Managers of any Sigma Trust School by or on your behalf is not allowed.*

**References**

Please give the names and contact details of at least two references who can comment on your suitability for this position. One of them should be your current or most recent employer.

 :

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. |  | Name:Click or tap here to enter text. |
| Address: Click or tap here to enter text. |  | Address:Click or tap here to enter text. |
|  |
|  |
| Position: Click or tap here to enter text. |  | Position: Click or tap here to enter text. |
| Capacity in which you know the referee:Click or tap here to enter text. |  | Capacity in which you know the referee Click or tap here to enter text. |
| Telephone Number: Click or tap here to enter text. |  | Telephone Number: Click or tap here to enter text. |
| E-mail address: Click or tap here to enter text. |  | E-mail address: Click or tap here to enter text. |

***Notes:***

*(I) Referees will be contacted before interview*

*(ii) If either of your referees knows you by another name please give details*

*(iii) The School may contact other previous employers for a reference with your consent*

*(iv) References will not be accepted from relatives or from people writing solely in the capacity of friends*

**Declaration**

**Please read the following statements and information relating to your application carefully.**

**By signing and submitting this form you certify and confirm the declarations are true to the best of your knowledge**.

**Declaration**

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by The Sigma Trust, and is likely to result in dismissal.

**Disclosure of Criminal convictions**

Short-listed candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate, a disclosure/status check will be sought from the Disclosure and Barring Service in the event of a successful application. A conviction/caution/reprimand will not necessarily be a bar to obtaining employment.

**Safer Recruitment and Childcare Disqualification Checks**

I certify that I am not disqualified from working with children or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post. Short listed candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2009 (“the Regulations”) will be asked to complete a

Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. By signing this application form you acknowledge and consent to completing the Disqualification Declaration Form if you are shortlisted for a relevant post in a setting covered by the Regulations.

**Data Protection Act 1998**

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing system and to be shared with other accredited organisations or agencies in accordance with Data Protection Act 1998.

**Correspondence**

Thank you for applying for this post. Your interest in working with us is very much appreciated. It is not our practice to acknowledge receipt of applications, however we inform you of the outcome of your application once the selection process has been completed.

**Signed:**Click or tap here to enter text.**Date*:*** Click or tap here to enter text.

# **Recruitment Monitoring Information**

The Sigma Trust are committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment.

The information you provide will be used for monitoring and statistical purposes only and will not be seen by the short-listing panel. This section will be detached from your application form prior to short-listing.

If you do not wish to share this information, you can select the ‘prefer not to say’ option.

*The information contained on this form will be held on a computer file*

1. **Age**

15-19 [ ]  20-24 [ ]  25-29 [ ]  30-34 [ ]  35-39 [ ]  40-44 [ ]

45-49 [ ]  50-54 [ ]  55-59 [ ]  60-64 [ ]  65-69 [ ]  70+ [ ]

Prefer not to say [ ]

1. **Gender**

Male [ ]  Female [ ]  Prefer not to say [ ]

1. **Ethnic origin**

Asian/Asian British – Bangladeshi Mixed [ ]  Black/Black British – African [ ]

Asian/Asian British – Indian [ ]  Black/Black British – Caribbean [ ]

Asian/Asian British – Pakistani [ ]  Black/Black British – Other [ ]

Asian/Asian British – Chinese [ ]

Asian/Asian British – Other [ ]

Mixed - White and Asian [ ]  White – British [ ]

Mixed - White and Black African [ ]  White – Irish [ ]

Mixed - White and Black Caribbean [ ]  White – Other [ ]

Mixed - other [ ]

Other [ ]  (please specify) Click or tap here to enter text.

Prefer not to say [ ]

1. **Sexual orientation**

Heterosexual [ ]  Lesbian [ ]  Bisexual [ ]  Gay [ ]  Other [ ]  Prefer not to say [ ]

**5. Disability**

**Before placing ticking the appropriate circle below please first read the definition of disability.**

The definition of disability, as outlined in the Disability Discrimination Act 1995 is *“A physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”.*

To be protected under the Act,

* An individual must have an impairment which can be physical or mental
* It has to be substantial, that is something more than minor or trivial
* It needs to be long term, i.e. the impairment has lasted or is likely to last in total for at least twelve months or is likely to last for the rest of the life of the person affected **and**
* It must affect their day-to-day activities on a regular basis.

The effect an impairment may have on day-to-day activities as defined in the Act as falling within the following categories:-

* Mobility
* Manual dexterity
* Physical co-ordination
* Continence
* Ability to lift, carry or otherwise move everyday objects
* Speech, hearing or eyesight
* Memory or ability to concentrate, learn or understand **or**
* Perception of the risk of physical danger

|  |  |
| --- | --- |
| **I DO consider myself** to have a disability as defined by the Disability discrimination Act 1995 *(as detailed above)* | [ ]  |
| **I DO NOT consider myself** to have a disability as defined by the Disability Discrimination Act 1995 *(as detailed above).* | [ ]  |
| I Prefer not to say |[ ]

**Data Protection Act**

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

**Signed*:*** Click or tap here to enter text.**Date*:*** Click or tap here to enter text.