

Job Application Form

For Opportunities in Educational Organisations

This form should be used when applying for roles within Schools and other Educational Organisations. As an employer we are committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic origin, nationality, sexuality, gender identity, marital status, religion, trade union activity or age.

This form contains important information which will be used to assess your application for the role and also to then confirm your employment and personal details and so you **MUST** ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role. This form **MUST** be submitted prior to the closing date of the position being applied for and should not be provided electronically through a route that is not secure e.g. personal email. **This form is available in other formats on request.**

Vacancy Details

Position Title	MAIN SCALE TEACHER		
Organisation / School	BISHOP'S TACHBROOK CE PRIMARY		
Ref. Number			

Your Details

Forename(s)			
Surname(s)		Title (e.g. Mr, Mrs)	
Preferred Name (if applicable)			
Previous Surname (if applicable)			
Employee Number (if appropriate)			
National Insurance Number			

Advertisement Details

How did you first hear about the job you are applying for?

Flexible Working

Generally, all jobs can be open to part-time or job share arrangements (where a position may be split into two part-time positions) unless there are compelling and objectively justified reasons to the contrary. However, due to the nature of this post we are not open to job sharing.
--

Guidance Notes

Every section in the application form must be completed as fully as possible, and the information provided must be accurate. We cannot accept Curriculum Vitae (CVs) / Resumes alone. We recommend that you retain a copy of your application form so that you can refer to this, should you be invited to interview.

The main sections of the application form will ask for a variety of information relating to your work, educational and personal history. This information allows your application to be fully assessed against the criteria / competencies needed to do the job. When completing the application, you should provide your entire work history, including a description of any gaps in this history. In addition, you should outline all the skills, qualifications and awards you have, but these can be selective and you only need to provide those you consider relevant to the job you are applying for.

Additional Information

This is the most significant element of the application form, as this is the section where you have the opportunity to explain why you are suitable for the vacancy you are applying for. To give yourself the best opportunity of being short-listed, you should look at the criteria / competencies for the role (outlined in the Person Specification) and give examples from your personal, educational or work career that show how you can demonstrate these. If you do not meet all of the essential criteria, you are very unlikely to be invited to interview.

Declaration of interests and relationships

We ask all potential employees to inform us of any relationships to councillors, school governors or employees. We have to do this to ensure that everyone is treated fairly and so that we can ensure there is no reason why offering a position would be unfair. For example it may be inappropriate to offer someone a position within an organisation where they work for a family member, or asking someone to take a position where they manage grants for voluntary services when their family work for a relevant voluntary organisation.

Confirming the outcome of an application

Due to the number of applications, it is not possible to respond to them all. As a result you should assume that you have been unsuccessful if you have not heard from us within 4-weeks of the closing date for the given job. We know this is not ideal but hope you can understand why we do this. If you are successful, we will contact you to confirm the outcome of all additional steps of the application process, as the numbers involved are far less.

Pre-employment Checks

We are committed to Safeguarding and promoting the welfare of all those we serve, as well as complying with best practice in the application of safeguarding. Therefore, if you are offered a job the offer will be conditional on satisfactory pre-employment checks, these can include; references, qualifications and other evidence e.g. driving licence, as well as a medical questionnaire, and in some instances taking a medical examination or Criminal Records Bureau (CRB) Disclosure.

Please submit this form to the address given on the advertisement. However, if you require assistance or do not know where to submit this form, please contact;

Recruitment Centre, Warwickshire County Council, Wedgnoek House, Warwick CV34 5AP
Tel.: 0845 1550 981 or 01926 418135

If posting this application please ensure the correct postage is paid.

Contact Details

Please provide your contact details. These will be used for correspondence through the recruitment campaign.

Address			
Town / City		Post Code	
Home Tel. Number		Mobile Tel. Number	
E-mail Address*			
*if provided this will be used for future correspondence.			
If you wish to provide a second address, please do so on a separate sheet and provide an explanation e.g. term-time only, and tick here if you do so			<input type="checkbox"/>

Employment History

Please provide details of your employment history, starting with your most recent / current employer and working back. Please also account for any gaps in employment.

Date From	Date To	Employer Name and Address	Job Title & Main Duties (Please state Full or Part Time)	Reason for Leaving
If required, continue on a separate sheet and tick here to confirm you have done so				<input type="checkbox"/>

Memberships

Please provide details of any memberships you have with any organisations, which are relevant to the job you are applying for.

<input type="checkbox"/> General Social Care Council (GSCC)	Registration No.:	
<input type="checkbox"/> General Teaching Council (GTC)	Registration No.:	
<input type="checkbox"/> Department for Education (DfE)*	Registration No.:	
<input type="checkbox"/> Health Professions Council (HPC)	Registration No.:	
<input type="checkbox"/> Other (please specify here)		
*If DfE, do you have Qualified Teacher Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education & Qualifications

Please provide details of your education and qualifications, starting with your most recent and working back. Please also account for any gaps in education.

Courses attended / Qualification / Subjects	Grade / Level	School, College or Training Provider	Year Completed
If required, continue on a separate sheet and tick here to confirm you have done so			<input type="checkbox"/>

Training & Skills

Please provide details of any courses or training that you have undertaken that are relevant to the job being applied for, starting with your most recent and working back.

Course Title	Result	Year Completed
If required, continue on a separate sheet and tick here to confirm you have done so		<input type="checkbox"/>

Application Questions

Please provide any additional information or comments you wish to bring to the attention of the selection panel. In this section you must ensure you demonstrate fully how you meet each of the criteria set out in the person specification of the post you are applying for including any experience, skills and abilities that you have gained, both in work and outside paid work such as voluntary / community work. You may find it helpful to address each of the criteria in turn.

Application Questions Continued

If required, continue on a separate sheet and tick here to confirm you have done so

Reference Details

Please give details of two referees, one of which must be your current or most recent employer. References will not be accepted from relatives or friends and no appointment will be confirmed without first taking up references. Where the role is involved with vulnerable adults or children, references will be sought prior to interview.

Referee 1 - Current / Most Recent Employer or Educational Establishment

Forename(s)			
Surname		Title (e.g. Mr, Mrs)	
Job Title			
Organisation			
Address			
Town / City		Post Code	
Home Tel. Number		Mobile Tel. Number	
E-mail Address			
Can we seek this reference without further consent from you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Referee 2 – Employment, Education or Character

Forename(s)			
Surname		Title (e.g. Mr, Mrs)	
Relationship			
Job Title			
Organisation			
Address			
Town / City		Post Code	
Home Tel. Number		Mobile Tel. Number	
E-mail Address			
Can we seek this reference without further consent from you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Relationships

Please provide details of any relationships that you may have with significant individuals or groups.

Are you related to, or have a personal relationship with, a Councillor, Governor or Employee of the County Council?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details, including the name, position and relationship.		

Disability Requirements

We positively encourage applications from disabled people who have the necessary skills and experience for the post. For disabled people who are able to show they meet the essential requirements for the job, we are pleased to guarantee an interview. If you have a disability, please outline below any reasonable adjustments you require to attend for an interview and/or to help you in this job.

Do you require reasonable adjustments for your interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please specify below			

Criminal Convictions

Please provide information relating to any criminal convictions you may have had in the past that are not spent.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details below.		
Please note: if you are applying for a post which requires a CRB check all convictions remain unspent and you must declare them.		

Declarations

With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes only. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed.

Signature		Date	
-----------	--	------	--

Equality Details Form

Schools & Education Organisations

This form provides information used to ensure your equality details are accurate and ensuring contact can be made as and when required. Personal details are required again as this form will be removed from your application prior to interview. As a result, this information is not viewed by your manager or colleagues but is used by the organisation to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

Personal Details

Forename(s)			
Surname(s)		Title (e.g. Mr, Mrs)	
Employee Number (if appropriate)			
National Insurance Number			

Age Range

<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65+
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	------------------------------

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	
-------------------------------	---------------------------------	--

Sexual Orientation

<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Gay / Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
--	--	-----------------------------------	--

Religion and Beliefs

Please select one religion or belief that is most suitable;					
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> No Religion		<input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Other*	
*Please specify here					

Ethnic Origin

White	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other*
	<input type="checkbox"/> White Gypsy or Irish Traveller		
Mixed	<input type="checkbox"/> White & Black Caribbean		<input type="checkbox"/> White & Black African
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other Mixed Ethnic Group*	
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian or Asian British*	

Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other Black or Black British*
Other Ethnic Groups	<input type="checkbox"/> Arab	<input type="checkbox"/> Any Other Ethnic Group*	
	<input type="checkbox"/> Prefer not to say		
*Please specify here			

Disability

The Disability Discrimination Act (1995) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Taking this into account do you consider yourself to have a disability? Yes No

If you have answered yes, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you.

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Difficulties
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Long standing illness or heart condition
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Physical Coordination Difficulties	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Reduced Physical Capacity	<input type="checkbox"/> Sensory Impairment
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Visual Impairment (not corrected by spectacles)
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify here)	

Please note: if you have a disability that may have an effect upon your work, your health & safety at work or the health & safety of others, you must make your manager aware of this. This is so that any appropriate measures can be identified that would ensure the health & safety of you, your work colleagues or members of the public while you are at work.