

# ECKINGTON SCHOOL

## Application for employment

Office use - Application reference

Date received

### 1. Job Details

Job applied for:	Job reference number: N/A
School:	Closing date:
Where did you find out about this job? For example give the name of the newspaper, magazine, website etc.:	

### 2. Personal Details

Title/preferred form of address: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please give details)	
Last name:	First names:
Former names:	Date of birth:
Address:	Home phone number:
	Work phone number:
	Mobile phone number:
Postcode:	
National Insurance Number	e-mail address:

### 3. Current Employment

Current / Most Recent Employment			
Date of Appointment Day / Month / Year	Employers/School Name and Address	Position held and reason for leaving	Brief description of duties, (Give type of school and No. on roll, if applicable).
			<b>Current Salary: £</b> <b>Scale and Point:</b>

### 4. Education and Training (relevant certificates will be examined at interview)

#### (i) School

Name of school	Qualification		
	Subject (Please provide individual subject area)	Date	Grade

**(ii) Further/Higher Education (indicate if full or part time)**

Name of College/University/Awarding Body	Qualification		
	Subjects (Please provide individual subject area)	A level / Degree / Certificate obtained (if degree state Hons, Class, or pass)	Date of Award

**For Teaching Posts only****(i)** DfES Reference Number .....**(ii)** Date of Award of QTS .....**(iv)** Date of completion of statutory induction (Newly Qualified Teachers) or number of terms completed .....**Membership of Professional and Technical Organisations (if this applies)**

Name of Organisation	Type of registration	Registration number	Renewal date (if applicable)

**Relevant Professional Development e.g. courses, programmes (other than those identified above)**

Title	Length	Qualification (if appropriate)

## 5. Full Employment History

Please list all previous jobs (paid or unpaid starting with most recent job first - please use extra sheets if you need to

Previous Employment (to include explanations for periods when not in employment)			
Date from / Date to Day / Month / Year	Employers/School Name and Address	Position held and reason for leaving	Brief description of duties

## 6. Other Relevant Work

Note: This may include work experience, voluntary or unpaid work.  
(College/University leavers may use this section to provide details of their hobbies, interest, etc.)

## 7. References

- (i) If you have worked before or are currently working, one of your referees must be your present or last employer.
- (ii) 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.
- (iii) References will be sought only for short listed applicants. Previous employers may be approached, prior to interview, to verify any details given.
- (iv) Employers providing references for shortlisted applicants will be asked to provide information of any disciplinary offences against children or any child protection concerns
- (v) The references of the successful candidate will be verified. Appointment is subject to this verification process.

### Referee 1

Name:
Position:
Address:
Phone number:
e-mail address:
Type of reference (please indicate) Employer / Placement <input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/>

### Referee 2

Name:
Position:
Address:
Phone number:
e-mail address:
Type of reference (please indicate) Employer / Placement <input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/>

### Referee 3

Name:
Position:
Address:
Phone number:
e-mail address:
Type of reference (please indicate) Employer / Placement <input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/>

**Please check that you have provided accurate e-mail addresses for referees**

## 8. Information in Support of Application

Please include in this section:-

- The reason you are applying for this post
- Details of all relevant experiences gained and how this would be relevant to the post
- How you believe the subject is taught and its importance in the curriculum
- How you meet the requirements of the person specification

## 9. Criminal Records

LEAP MAT is required under law to check the criminal background of all employees. Decisions to appoint will be subject to consideration of an enhanced disclosure, including a Barred List Check from the DBS. Due to the nature of the work for which you are applying this post is exempt from the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975 (as amended in 2013 and 2020)) The amendments to the Exception Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers and, if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website and on the websites of charities NACRO and UNLOCK.

You will be required to disclose, if shortlisted for interview, all information about any convictions or cautions that are not protected so that a police check can be carried out if you are offered an appointment. If you are subsequently employed by the Trust and it is found that you failed to disclose any non-protected previous convictions or cautions this could result in dismissal or disciplinary action being taken by the Trust. During the course of your employment with the Trust should you be arrested by the police you are obliged to notify the Principal immediately (even if de-arrested or all charges dropped). Failure to do so could result in disciplinary action being taken which could result in dismissal. All information will be treated in confidence and will be only considered in relation to any application for posts for which the exemption order applies.

We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and we expect all staff and volunteers to share this commitment.

## 10. 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. DfE.**

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

Date: \_\_\_\_\_

## 11. Further information

\*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)

## 12. Declaration Two

Are you related to any Governor/Trustee or senior member of the Trust? Yes  No

If 'Yes', please give details Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Job Title: \_\_\_\_\_

I agree to you storing and using the information I have given in this application form for recruitment purposes.

As far as I know, the information I have given is true and correct. I confirm that I have a legal right to work in the UK and if this application is successful, I undertake to produce appropriate documentary evidence to prove this prior to commencing work with the Trust. I understand that if I have made any false or misleading statements, or withheld any relevant information, it may result in an offer of employment being withdrawn, disciplinary action including dismissal and possible referral to the Police. The LEAP MAT reserves the right to verify any of the data supplied in your application.

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

**Please type your name in the space provided above to digitally sign this application.**

Please give any dates below when you are not available for an interview within the next two months:

**Please ensure you complete the equal opportunities monitoring form and return with your application form.**



## Equal opportunities monitoring

**Job title:**

**Job reference number:**

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**

(i) White British

(ii) White Irish

(iii) Any other White background

**b. Multiple Heritage**

(i) Black Caribbean and White

(ii) Black African and White

(iii) Asian and White

(iv) Any other Multiple Heritage

**c. Asian or Asian British**

(i) Indian

(ii) Pakistani

(iii) Bangladeshi

(iv) Kashmiri

(v) Any other Asian background

**d. Black or Black British**

(i) African

(ii) Caribbean

(iii) Any other Black background

**e. Chinese, Yemeni**

(i) Chinese

(ii) Yemeni

**f. Gypsy or Traveller**

(i) Gypsy/Roma

(ii) Irish Traveller

(iii) Any other Gypsy or Traveller background

**g. Any other Ethnic Background**

(i) Other

**Religion/Belief**

Buddhism	<input type="checkbox"/>	Humanism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	None	<input type="checkbox"/>

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**Sexual Orientation**

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Heterosexual/straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Lesbian/Gay	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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**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	<input type="checkbox"/>	Learning disability/difficulty or cognitive impairment	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>	Long-standing illness or health condition	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Other	<input type="checkbox"/>

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**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.

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Yes  No

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