

Every Moment Matters

CONFIDENTIAL APPLICATION FORM

Town Close aims to provide an engaging and creative learning environment that enhances children's moral, social, physical and academic development in preparation for their future lives.

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|--|--|-------------|----|--------|--------------|------------------------|-------|--------------|-------------|--|
| Post title: Supply Teacher | | | | | | | | | | |
| Personal Details: Name: | | | | | | | | | | |
| | | | | | | | | | | |
| Address: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Post code: | | | | | | | Natio | nal Ins. No: | | |
| Email address: (if accessed daily) |) | | | | | | | | | |
| Telephone: | ☐ Ho | me: | | | | | | | | |
| (please tick | ☐ Bu | ☐ Business: | | | | | | | | |
| preferred) | ☐ Mobile: | | | | | | | | | |
| Current Salary: | Current Salary: Current notice period: | | | | | | | | | |
| Educational, Vocational and Professional Qualifications: | | | | | | | | | | |
| | | | | Date/s | | | | ification | Level/Grade | |
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| Membership of professional bodies and institutes:BodyType of membershipDate joinedRegistration No. | | | | | stration No. | | | | | |
| , ,, | | - | | | | | | | | |
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| | | | | | | | | | | |
| Do you have | Yes | | No | | | Teachers' Registration | | Registration | | |

Employment History

Please give details of <u>all</u> posts held, including part-time and unpaid work, starting with your current or most recent employer.

| Employer (name and address) | Dates of service | Post Title, Responsibilities and Key Achievements | Reason for leaving |
|-----------------------------|------------------|---|--------------------|
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| Supporting Statement |
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| Using the job and person specification, please use this section to explain how you meet the requirements of the job. You may draw on skills, knowledge, experience gained from paid/unpaid work, domestic responsibilities, education, relevant training courses, leisure interests, and voluntary activities. You may wish to use continuation sheets if completing this form manually, please ensure that these are clearly marked and securely attached to the application form. |
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|--|---|----------------------|--|--|--|--|
| General | | | | | | |
| Do you hold a current driving licence? (If relevant to post requirements) | Yes / No | Endorsements? Yes/No | | | | |
| Is it a full / provisional / LGV / PCV lice | cence? (delete as | s appropriate) | | | | |
| | Are there any adjustments that may be required should you be invited for interview? | | | | | |
| If so, please state here: | | | | | | |
| | | | | | | |
| | | | | | | |
| Right to work in UK: | | | | | | |
| Are there any restrictions to your resup employment in the UK? | ☐ Yes | □ No | | | | |
| If Yes, please provide details: | | | | | | |
| If your application is successful, wou | Yes | □ No | | | | |
| Existing contacts within the School: | | | | | | |
| Please indicate if you are related to or know any existing employees or governors of the School and if so how you know them. | | | | | | |
| Have you made any previous applications to the School? If so please give approximate date and title of post applied for. | | | | | | |

REFEREES:

Name:

We are not able to accept references from friends or relatives. Please see guidance notes for further information.

Name:

| Address: | Address: |
|---|---|
| | |
| | |
| Tel No: | Tel No: |
| Email: | Email: |
| Occupation: | Occupation: |
| How long has this person known you and in what capacity: | How long has this person known you and in what capacity: |
| I give/do not give permission to take up this reference prior to an offer of employment being made (delete clearly as appropriate). | I give/do not give permission to take up this reference prior to an offer of employment being made (delete clearly as appropriate). |

Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data (as described above) in accordance with our registration with the Data Protection Commissioner.

Declaration

I am aware that Town Close House Educational Trust applies for an enhanced disclosure from the Disclosure and Barring Service on those carrying out Regulated Activities within the School. Signing below indicates that I have given permission for the School to carry out this procedure. It is an offence to apply for a role if you are barred from engaging in regulated activity relevant to children.

I am aware that, because I would be carrying out a Regulated Activity, it is exempt from the Rehabilitation of Offenders Act 1974 and, therefore, all convictions, cautions and bind-overs, including those regarded as 'spent', must be declared_unless it is either a "protected caution" or a "protected conviction" under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. I have not been disqualified from working with children, am not named on the Children's Barred List, am not subject to any sanctions imposed by a regulatory body (eg, the General Teaching Council) and either

working with children, am not named on the Children's Barred List, am not subject to any sanctions imposed by a regulatory body (eg, the General Teaching Council) and either please tick one of the following options: I have no convictions, cautions or bind-overs; OR I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked confidential. I declare that the information I have given in this application is accurate and true. I understand that providing misleading information will disqualify me from appointment OR, if appointed, may result in my dismissal. Signature: Date:

EQUAL OPPORTUNITIES MONITORING

This section of the application form will be detached and will be used solely for monitoring purposes. Town Close House Educational Trust recognises the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

| Name | | | | | | | |
|--|----------------------|----------------------------|----------------------|--------------------------------|--|--|--|
| Post applied for | | Date | | | | | |
| White: | | | | | | | |
| ☐ British | | □ Any other white | background * | | | | |
| Mixed: | | | | | | | |
| ☐ White and Black | ☐ White an | d Black □ White and | | □ Any other mixed | | | |
| Caribbean | Caribbean African | | Asian | background * | | | |
| Black or Black British: | | | | | | | |
| ☐ Caribbean | | | | k background * | | | |
| Asian or Asian British: | | | | | | | |
| ☐ Indian | I Indian □ Pakistani | | ☐ Bangladeshi | ☐ Any other Asian background * | | | |
| Chinese or Other Ethnic Gro | | | | | | | |
| ☐ Chinese | Other Eth | hnic Group * | | | | | |
| * Please specify | | | | | | | |
| 2 | | | | | | | |
| Gender – please specify: | | | | | | | |
| ☐ Male | ☐ Female | | | | | | |
| Date of birth (dd/mm/yy): | | | | | | | |
| Sate 3. S. S. (22, | | | | | | | |
| Do you consider yourself to | have a disa | ability? | ☐ Yes | ☐ No | | | |
| If Yes, please state nature of | | | | | | | |
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| The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities" | | | | | | | |
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| If you wish, you may disclose | information a | about yourself i | n this section about | your: | | | |
| Religion: | | | | | | | |
| Sexual orientation: | | | | | | | |
| | | | | | | | |
| How did you become aware of this vacancy? | | | | | | | |
| | | 1 | | | | | |
| Local press – please state | | | | | | | |
| National journal please state | | | | | | | |
| TCH website | | | | | | | |
| Other (please state) | | | | | | | |
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