

# GUIDELINES: All applicants are advised to read these guidelines prior to completing the application form.

- Only this completed application form will be considered. Any additional information or C.V. will be disregarded. You may, however, use continuation sheets where necessary. Please complete all sections of this application using black ink or typescript.
- All applications must be submitted with a letter of application. The letter should be no longer than 2 sides of A4. Please detail the reasons you are interested in the position, how you fit the requirements of the person specification for the post (indicating experience and where appropriate citing supporting examples) and what particular skills you bring with you.
- Applications must be legible.
- It is the responsibility of all applicants to clearly demonstrate by the information which they give in their application form exactly how they meet the essential (and desirable if applicable) criteria for the post as stated. Failure to do so may result in not being short-listed.
- Answers must be provided for <u>all</u> questions on the application form e.g. "as above" will not be accepted as an answer to questions.
- Where a high volume of applications is received, desirable criteria may be relied upon during shortlisting
- All information provided by an applicant on an application form must be true and accurate. Any
  application forms containing information that is discovered to be untrue or inaccurate will not be
  accepted. If an appointment has already been made, it may result in disqualification from
  appointment or dismissal.
- Applications submitted by email will require a handwritten signature at interview.
- Applications must be received by the designated deadline (time and date). Those applications received after the designated deadline will not be accepted.
- Completed applications should be emailed to <a href="https://example.com">HR@diamondlearningtrust.com</a> OR by post to the HR Department, The Diamond Learning Partnership Trust, c/o Winhills Primary Academy, Off Duck Lane, Eynesbury, St Neots, Cambridgeshire, PE19 2DX.
- Please note that it is our policy to communicate with applicants primarily by email so we ask that
  you check your email account regularly to avoid missing any emails.
- In line with equal opportunities, Part 2 of the application form will be detached from the rest of the application form prior to short-listing. All applications received will be treated in the strictest confidence.
- Please note to comply with our Safe Recruitment guidelines, references will normally be sought prior to interview for certain posts.



Vacancy Job Title

Internal use only
Ref. No
Date Received

**Employment Application Form: Teaching**The DLPT is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Please ensure that you complete  $\underline{all}$  sections of Part 1 and Part 2 of the application.

Where did you hear about the vacancy						
Part 1. INFORMATION FOR SHORTLISTING AND INTERVIEWING						
Initials Surname or Family name						
2. LETTER OF APPLICATION Please enclose a letter of application. Please refer to the applicant information pack which may include instructions on completion of the letter of application.						
3. PRESENT / LAST APPOINTMENT: IF	TEACHING					
Name, address and telephone number of school						
1 Type of school	Boys Girls Mixed Age range Number on Roll					
2 Type of school	e.g. Community, Aided, Foundation, Academy, Independent etc.					
Job title Please enclose a copy of your current job description						
Subjects/age groups taught						
Date appointed to current post						
Current salary						
Date available to begin new job						
4. PRESENT / LAST APPOINTMENT: IF	NON-TEACHING					
Name address and telephone number of employer						
Job title Please enclose a copy of your current job description						
Date appointed to current post						
Current salary						
Date available to begin new job						

**5. FULL CHRONOLOGICAL HISTORY** Please provide a full history in chronological order since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment, with start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

Job Title	Name and address of school,	Number	F/T	Dates To			Reason for leaving	
or Position	other employer, or description of activity	on roll and type of school, if	or P/T			То		
	applicable		Mth	Yr	Mth	Yr		
1								
2								
3								
4								
7								
5								
6								
6								
_								
7								
8								

Please enclose a continuation sheet if necessary

•	CECONDA	DV EDUCATION	& OLIAL IFICATIONS

Name of School/College	From	То	Qualifications Gained with Date

# 7. HIGHER EDUCATION

Names and Addresses of University or College and/or University Education Department	Dates From To	Full or Part-time	Courses/subjects taken and Passed	Date of Examination and Qualifications Obtained	Age Groups for which Trained

Subject	Organising Body	Date(s)	Duration
		I	1
OTHER RELEVANT EXPERIENCE,	INTERESTS AND SKILLS		

# 10. REFEREES

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is "time expired" and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. References will not be accepted from relatives or from people writing solely in the capacity of friends.

#### First referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

#### Second referee

Title and Name	
Address and post code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

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Part 2 Internal Ref. No.\_\_\_\_\_

This section will be separated from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.

# 11. PERSONAL INFORMATION

1.	Surname or family name	
2.	All previous surnames	
3.	All forenames	
4.	Title	
5.	Current Address	
6.	Postcode	
7.	Resident at this address since	
8.	Home telephone number	
9.	Mobile telephone number	
10.	Date of Birth	
11.	Email address	
12.	DfE reference number	
13.	National Insurance Number	
14.	Are you registered with the General Teaching Council?	Yes No
15.	Did you qualify as a teacher after May 1999?	Yes No If Yes, in which school was induction completed?
16.	Have you ever been subject to a child protection investigation by your employer or the General Teaching Council or Independent Safeguarding Authority?	Yes No If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.
17.		Yes No
	restrictions in respect of your employment in the UK?	If YES please provide details separately
18.	Do you require a work permit?	Yes No If YES please provide details separately
19.	Do you have a current full driving licence?	Yes No
20.	Are you related to or have a close personal relationship with any pupil, employee, or governor?	Yes No If YES give details separately under confidential cover
21.	NQTs ONLY:	Numeracy
	Have you provided evidence of passing the Skills Tests? <i>Please tick or cross</i>	Literacy ICT
22.	Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?	Yes No If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc.)

# Jobs in schools are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. You must therefore declare, whether spent or not, any convictions, cautions or reprimands, warnings or bind-overs which you have ever had and give details of the offences. The fact that you have a criminal record will not necessarily debar you for consideration for this appointment. Do you have ANY convictions, cautions or reprimands, warnings or bind-overs? Please tick the relevant box Yes If the answer is "yes", you must record full details in a separate, sealed envelope marked with your name and 'Confidential: Criminal Record Declaration' and enclose it with your application. In accordance with statutory requirements, an offer of employment will be subject to satisfactory CRB clearance. A copy of this notice will be sent to your referees. **DATA PROTECTION ACT** The information collected on this form will be used in compliance with the Data Protection Act 1998. The information is collected for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, to the governors, to Occupational Health, to the General Teaching Council, to the Teachers Pensions Agency, to the Department for Education, to pension, payroll and personnel providers and relevant statutory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud. **NOTES** When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant's information pack. Canvassing, directly or indirectly, an employee or governor will disqualify the application. b) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination. **DECLARATION** I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 13 above, and in particular that checks may be carried out to verify the contents of my application form

**Date** 

COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND-OVERS

PLEASE NOTE SIGNATURES MUST BE HANDWRITTEN

Signature of Applicant

**Print Name** 

12.

13.

14.

15.

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# **EQUALITY AND DIVERSITY MONITORING**

This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

# **Ethnic Group**

		Please tick
	British English Welsh Northern Irish Scottish	
White	Irish	
	Irish Traveller	
	Gypsy	
	Other White background	
	White and Black Caribbean	
	White and Black African	
Mixed	White and Asian	
	Other Mixed background	
	Indian	
A = ' = =	Pakistani	
Asian or Asian British	Bangladeshi	
Of Asian Dillish	Chinese	
	Other Asian background	
	Caribbean	
Black	African	
or Black British	Other Black background	
Other ethnic group	Arab	
	Write in:	
Prefer not to say		

# Religion

-	Plea	ise tick
No religion		
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		
Buddhist		
Hindu		
Jewish		
Muslim		
Sikh		
Any other religion write in		
Prefer not to say		

# Sexual Orientation Please tick

Bi-sexual	
Gay	
Lesbian	
Heterosexual	
Other	
Prefer not to say	

# Gender Please tick

Female	
Male	
Transgender	
Prefer not to say	

# Personal relationship Please tick

Single	
Living together	
Married	
Civil Partnership	
Prefer not to say	

# Disability

Do you consider that you have a disability? Please tick

· · · · · · · · · · · · · · · · · · ·	
Yes Please complete the grid below	
No	
Prefer not to say	
My disability is: Ple	ase tick
Physical Impairment	
Sensory Impairment	
Mental Health Condition	
Learning Disability/ Difficulty	
Long standing illness	
Other	
Prefer not to say	