

Application Form Staff

PLEASE READ GUIDAN	CE NOTES AND COMPLETE FORM IN BLACK INK AND CAPITAL LETTERS
Vacancy	
Where vacancy advertised	
PERSONAL DETAILS	
Title	
Forename(s)	
Known as	
Surname	
Previous Surname	
Home Telephone No.	
Mobile Telephone No.	
Work Telephone No.	
Full Address	
Email Address	
National Insurance No.	
Date of Birth	
GTC Registered (if applicable)	Yes No GTC registration date
ISA Registered	☐ Yes ☐ No DBS Registered ☐ Yes
ISA Registration Number	
Induction year completed (if applicable)	N/A
Teacher Ref. (if applicable)	Date QTS Award

ACTION FOR FOUNDITY

Loughton School is an equal opportunities employer. The aims of the Equalities Policy are to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, gender, sexual orientation, marital status, age, religion or any disability nor is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

PRESENT OR LAST EMPLOY	'ER	
School/Employer Name		
Local Authority		
Job Title		
Employer's Address (incl. postcode)		
Telephone		School Type
Start Date		End Date
Salary		Number on roll
Qualified or Unqualified		Hours Worked
Reason for Leaving		
Please give a brief summary of duties		
When would you be availab	ule for employment?	
PREVIOUS EMPLOYMENT (INCLUDING VOLUNTARY W	DRK)
	g with the most recent post ue on a separate sheet if ne	held and account for any gaps in
	de on a separate sheet ii het	occident.
1. Employer		
Name of School		
Job Title		
Please give a brief summary of duties		
From		То
Number on roll		Qualified or Unqualified
School Type	Hours Worked	
Reason for leaving		
2. Employer		
Name of School		
Job Title		
Please give a brief summary of duties		
From		То
Number on roll		Qualified or Unqualified
		Qualified of Oriqualified
School Type		Hours Worked

EDUCATION

List all education establishments attended since age 11.

You will be required to provide evidence of qualifications essential to the role.

Please include levels/degree classification.

School / College /University	Dates From - To	Examinations, Subjects and Results	Awarding Body

List all relevant training attended.

You will be required to provide evidence of training essential to the role.

Course Title	Dates From - To	Provider

UPPORTING	STATEMENT		
ob that you h lemonstrate	n your experience, skills, abilities and qualification have applied for. Use the job profile and person your ability to do the job where you can. You museparate sheet if necessary).	specification as a guide and be sure to	
his is an es	is is an essential element of your application.		

REFERENCES			
suitability for this post. One p	e give details below of at least two people who person <u>must be your current or most recent</u> ct any previous employer and request a refere	t employer. Please note	that for certain posts
References will not be accept to interview.	ted from relatives or people writing in the capa	acity of friends. Reference	ces will be taken up prior
Current/ Most Recent Employer Name			
Position			
Relationship			
Address			
Postcode		Telephone	
Email Address			
Previous Employer Name			
Position			
Relationship			
Address			
Postcode		Telephone	
Email Address			
Previous Employer Name			
Position			
Relationship			
Address			
Postcode		Telephone	
Email Address			
Previous Employer Name			
Position			
Relationship			
Address			
Postcode		Telephone	
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IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006			
Under the Immigration, Asylum and Nationality Act 2006, we can only offer you a job if you have the right to live and work in the United Kingdom. You will therefore be requested to produce appropriate documentation.			
Are you legally entitled to live and work in the United Kingdom and able Yes / to produce appropriate documentation at interview?			
FURTHER INFORMATION			
If you are applying for a pos boxes:	st which is open to job share, please indicate how	v you wish to work by ticking one of the following	
Full Time only	Job Share only	Either	
_	automatically disqualify candidates from employon taff to use their influence to help you gain this job		
Are you related to a School	Governor?	Yes No	
If yes, please give name			
Role Held and Location			
Relationship to you			
MOBILITY			
If the post you have applied for involves driving duties/ability to travel to different locations, are you able to fulfil these duties? Note: The person specification will indicate what is required			
Do you have a full current of	driving licence?	Yes No	
The post for which this application applies is considered exempt by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore required to disclose details of any convictions, cautions, reprimands and final warnings including motor vehicle related offences (but not fixed penalty speeding offences) in respect of your application. This must also include convictions that would otherwise be considered 'spent'. (Tick only one of the boxes)			
Do you have any spent or u	nspent convictions, cautions, reprimands and fin	al warnings?	
	YES		
NO			
In answering YES to the above question, you must attach details in a sealed envelope of spent or unspent criminal convictions, cautions, reprimands and final warnings.			
A conviction will not necessarily bar you from obtaining employment. However, failure to disclose any criminal convictions, in the event of your employment, may result in disciplinary action or dismissal without notice.			
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SAFEGUARDING STATEM	ENT	
	bendent Safeguarding Authority Vetting and Barring Scheme, you are committing a criminal offence egulated employment, (i.e. working with children or vulnerable adults) if you have been barred from herable adults.	
Are you currently barred from	m working with children or vulnerable adults?	
	Yes No	
Are you subject to any sanc	tions imposed by a regulated body or have any other action pending against you?	
	Yes No	
	to either of the above questions, you are required to enclose details in a sealed envelope of the d, sanction being imposed or action pending.	
DECLARATION		
Please sign and date this fo	orm to confirm that the details entered are correct.	
I certify that the information given on this form is factually correct and without omission to the best of my knowledge. I understand information from this form will be computerised for personnel/employee administration/equal opportunities monitoring purposes in accordance with the Data Protection Act 1998. In addition, in accordance with this Act, this information may also be used for the prevention and detection of fraud and crime.		
WARNING: any person apwithout notice.	ppointed to the authority having given false information will be liable to dismissal	
Signature		
Date		
APPLICATION RETURN D	ETAILS	
The completed application	form should be returned to:	

EQUALITIES MONITORING FORM

Loughton School is committed to being an equal opportunities employer. Loughton School does not discriminate on the basis of race, religion or belief, colour, sex or sexual orientation, age, physical or mental disability, marital status, nationality, ethnic or national origin. All matters related to employment are decided on the basis of qualifications, ability and business needs.

This monitoring information section will not be kept with your application form and will not be used for selection purposes. It will only be used for statistical monitoring purposes to ensure all applicants receive the same consideration and are treated fairly when applying for jobs.

Please complete the Equal Opportunities Monitoring form to enable us to monitor the effectiveness of our equal opportunities policy in regard to our applicants.

Information will be treated in the strictest confidence and used only for monitoring purposes and will not form part of the recruitment decision process.

Data is collected in accordance with the requirements of the Data Protection Act and Code of Practice issued by the Chartered Institute of Personnel and Development.

Please tick the following boxes, as appropriate

Gender I am Male	Female
Date of Birth	
Ethnic Origin	ality, place of high or citizanship It is shout calcur and broad others
	ality, place of birth or citizenship. It is about colour and broad ethnic groups indicated. The codes are the agreed 2001 Census codes.
(a) White	British
	Irish
	Other
(b) Mixed	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background
(c) Asian or Asian British	Indian
	Pakistani
	Bangladeshi
	Any other Asian background from within (c)
(d) Black or Black British	Caribbean
	African
	Any other Black background from within (d)
(e) Other ethnic groups	Chinese
	Any other ethnic group
	Not Stated
Marital Status	
Single	Separated
Married	Co habiting
Widowed	Civil Partnership
Divorced	Prefer not to say
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DISABILITIES DISCLOSURE STATEMENT Loughton School is committed to providing a service that is inclusive of diversity and equality. In order for us to provide such a service, we require you to complete the following declaration relating to disabilities. If you do not consider yourself to have a disability, please tick the box at the bottom of the page. Loughton School has a duty under the Equality Act 2010 to make "reasonable adjustments" for people with disabilities who want to work for Loughton School. To do this it is important that you let us know if you have a disability so we can make reasonable adjustments, for example at the interview/selection process. In order to make adjustments, some information regarding your disability may have to be disclosed to various members of staff. No information will be passed on unless it is relevant to making reasonable adjustments. You can request that no information about your disability be passed on, or you can request that information is restricted to certain people. However you should be aware that this could restrict the types of adjustments that can be made. You should also be aware that even if you have stated that you do not wish information to be passed on, in certain instances relating to health and safety, emergency evacuation or public policy there may be a need to do so. Do you have a disability? I agree to information regarding my disability to be passed on: Yes No Restricted If you have ticked "Restricted", please identify to whom you agree the information can be passed: Thank you for taking the time to complete this form.