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| Application details |

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| Position Applied for: **Cover Supervisor**  Location: **Driffield School** **& Sixth Form** | Application date: |

**Please email the completed application for to** [**hr@driffieldschool.org.uk**](mailto:hr@driffieldschool.org.uk) **by 9 am on Tuesday 10 September.**

**Throughout this form we ask for some personal data about you. We will only use this data in line with data protection legislation and process your data for one or more of the following reasons permitted in law: you have given us consent; we must process to comply with our legal obligations.**

The Education Alliance conduct online searches for all new staff, volunteers, governors, members and trustees. A Google search will be conducted, and if the initial search flags a potential safeguarding issue, further searches may be undertaken. Wherever possible, any concerns will be raised with the candidate, providing them with an opportunity to discuss the information found, before a decision regarding candidate suitability is made. If a shortlisted candidate refuses to share this information, we reserve the right to remove the invite to interview and terminate the recruitment process.

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| Personal Details |

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| **Full Legal Name** |  | | | | |
| **Preferred Name** |  | | | | |
| **Previous Names**  **(if applicable)** |  | | | | |
| **Personal Contact Number(s)** | **Home** |  | | | |
| **Mobile** |  | | | |
| **Personal Email Address** |  | | | | |
| **Address** |  | | | | |
| **Post Code** |  | | | | |
| **Do you have the Right to Work in the UK?** | **Yes** | |  | **No** |  |
| **Would you like to request flexible working?** | **Yes** | |  | **No** |  |
| **If Yes, please state your preferred hours/working pattern** |  | | | | |
| **Where did you hear about/see this post advertised** |  | | | | |

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| Current Employment |

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| **Current Employer** |  |
| **Current Job Title** |  |
| **Current hours/work pattern** |  |
| **Start date** |  |
| **Reason for leaving/seeking alternative employment** |  |
| **Notice required** |  |
| **Details of main duties** |  |

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| Previous employment |

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| **Dates** | | **Name and address of employer** | **Position and Duties** | **Reason for Leaving** |
| **From** | **To** |
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| Previous Employment Continued |

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| **Dates** | | **Name and address of employer** | **Position and Duties** | **Reason for Leaving** |
| **From** | **To** |
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| Gaps in employment/education history |

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| **Date from** | **Date to** | **Reason** |
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| Higher Education |

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| **Name of college(s) and/or university(ies) attended** | **Subjects Studies** | **Examinations taken, results obtained, degree classification** | **Dates** | |
| **From** | **To** |
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| Schools attended |

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| **Name of secondary school(s) attended** | **Examinations taken, subjects and results obtained** | **Dates** | |
| **From** | **To** |
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| Supporting Statement |

Please detail the personal qualities, skills and experience that make you suitable for this post and how you meet the requirements of the person specification.

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| **Full Driving Licence** | **Yes** |  | **No** |  |

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| References |

Names of two people who are able to comment on your suitability for this post. One must be your current or last employer. If you have not previously been employed, please provide details of another suitable referee.

The Trust reserves the right to seek any additional references we deem appropriate.

**First Referee**

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| **Referee’s Name** |  | | | |
| **Position** |  | | | |
| **Relationship to you** |  | | | |
| **Employer Name** |  | | | |
| **Address** |  | | | |
| **Post Code** |  | | | |
| **Contact telephone number** |  | | | |
| **Email Address** |  | | | |
| **May be contacted prior to interview** | **Yes** |  | **No** |  |

**Second referee**

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| **Referee’s Name** |  | | | |
| **Position** |  | | | |
| **Relationship to you** |  | | | |
| **Employer Name** |  | | | |
| **Address** |  | | | |
| **Post Code** |  | | | |
| **Contact telephone number** |  | | | |
| **Email Address** |  | | | |
| **May be contacted prior to interview** | **Yes** |  | **No** |  |

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| Declarations |

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| **Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the Secretary of State, as a result of misconduct?** | | | | | **Yes** | |  | **No** | |  |
| If you have answered **YES** to the above, please give details | | | | | | | | | | |
| **List personal relationships that exist between you and any of the following: member of the school community, Governors / Trustees, staff or pupils** | | | | | | | | | | |
| **Name** | **Relationship** | | | **Role** | | | | | | |
|  |  | | |  | | | | | | |
| **If currently registered with DBS Update Service, please provide your registration number:** | | **Registration number:** | | |  | | | | | |
| **Registration Date:** | | |  | | | | | |
| **Have you lived or worked outside of the UK in the last 5 years? (If yes, we may require additional information in order to comply with safer recruitment requirements)** | | **Yes** |  | | | **No** | | |  | |

**As an applicant it is an offence to apply for a role that involves engaging in regulated activity relevant to children, schools and colleges if you are barred from engaging in such activity. In line with Keeping Children Safe in Education guidelines (updated annually), candidates will be asked to complete a self-declaration at the point at which a preferred candidate is chosen, following recruitment and selection processes.**

I certify to the best of my knowledge and belief the information given in this application is true and accurate. I understand that if the information is false or misleading it will disqualify me from my appointment or after appointment could lead to a disciplinary action or dismissal.

I acknowledge that where this form is submitted electronically and without a signature, electronic receipt of this form by the employer will be deemed equivalent to submission of a signed version and will constitute confirmation of the declaration.

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| **Signature** |  | | | | | | | | | |
| **Name in Full** |  | | | | | | | | | |
| **Date (DD/MM/YYYY)** |  |  | **/** |  |  | **/** |  |  |  |  |

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| Equal Opportunities Monitoring |

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| **Nationality** |  | | | | | | |
| **Race** |  | | | | | | |
| **Date of Birth** |  | | | | | | |
| **Gender Identity** |  | | | | | | |
| **Sexual orientation** |  | | | | | | |
| **Religion / Belief** |  | | | | | | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | **Yes** |  | **No** | |  | **Prefer not to say** |  |
| **If yes, please state:** | | | Physical impairment  Sensory impairment  Learning disability / difficulty  Long standing illness  Mental Health condition  Developmental condition  Other | | | |
| **If selected for interview are there any special arrangements we should make for you?** |  | | | | | | |

**This section will be removed from the application form and will be used for monitoring purposes.**