THE

**EDUCATION**

ALLIANCE

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| Application details |

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| --- | --- |
| Position Applied for: | Application date: |

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| --- |
| Personal Details |

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| --- | --- | --- |
| Title: | First name(s): | Surname: |
| Previous name: | | |
| Home Address: | | Email address: |
| Home Telephone Number: |
| Work Telephone Number: |
| Mobile Telephone Number: |
| Post Code: | | National Insurance Number: |
| Qualified to work in the UK: Yes / No | | Applying for part-time employment: Yes / No |

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| Current employment |

|  |  |
| --- | --- |
| Current employer: | Main duties: |
| Start date: | Part time/Full time: |
| Reason for leaving: | Notice required: |

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| --- |
| Previous employment |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Name and address of employer | Position and Duties | Reason for Leaving |
| From | To |
|  |  |  |  |  |

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| --- |
| Previous Employment Continued |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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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| Additional skills  Full driving licence: Yes / No |

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| References |

**Current or most recent employer**

May be contacted prior to interview: Yes/No

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| --- | --- | --- |
| **Referee 1** | Name: |  |
| Position: |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Email: |  |

**Second referee**

May be contacted prior to interview: Yes/No

|  |  |  |
| --- | --- | --- |
| **Referee 2** | Name: |  |
| Position: |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Email: |  |

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| Declarations |

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| *The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) 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.* | | | | | | | | |
| Are you included in any list of people barred from working with children by the DBS, the TRA (Teaching Regulation Agency) or any other organisation | | | Yes | |  | No | |  |
| If you have answered **YES** to the above, please give details | | | | | | | | |
| Do you have a close personal relationship with an employee and/or member of the Governing Body? (please tick) | | | Yes | |  | No | |  |
| If yes, please give name(s) and relationship(s): | | | | | | | | |
| Are you a member of the DBS update Service | | | Yes | |  | No | |  |
| If you have answered **YES** to the above | DBS Service registration number: | | DBS Update Service registration date: | | | | | |
| Are there any restrictions on being resident or being employed in the UK | Yes |  | | No | | |  | |
| If you have answered **YES** to the above, please give details | | | | | | | | |
| Have you lived outside the UK for more than three months in the past 5 years | Yes |  | | No | | |  | |
| If you have answered **YES** to the above, please give details | | | | | | | | |

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| Confirmed data to be accurate |

I certify to the best of my knowledge and belief the information given in this application is true 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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| Equal Opportunities Monitoring |

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| --- | --- |
| Nationality |  |
| Culture/ethnic background |  |
| Date of birth |  |
| Age |  |
| Gender |  |
| Sexual orientation |  |
| Religion/belief |  |
| Do you consider yourself to be disabled? |  |
| Special arrangements required? |  |

This section will be removed from the application form and will be used for monitoring purposes and to offer support

**It is not compulsory for you to complete all sections of this page, please only disclose information you wish to disclose.**