|  |
| --- |
|  |
| Job Title: |  | Post ref: |  |
| School |  | How did you hear about this vacancy? |  |
| **PERSONAL DETAILS** |
| Surname: |  | Forenames: |  |
| Previous surname: |  | Preferred forename: |  |
| Address: |  | Title – Mr/Mrs/Miss/Ms/Dr: |  |
|  | Work phone no. |  |
|  | Home phone no. |  |
|  | Mobile phone no. |  |
| Postcode: |  | Email: |  |
| **NATIONAL INSURANCE NUMBER** |  |
| **ELIGIBILITY TO WORK IN THE UK** |
| Do you have permission to work in the UK? | Yes [ ]  | No [ ]  |
| If no, please give details: |  |

|  |
| --- |
| **CURRENT/MOST RECENT EMPLOYMENT** (you do not need to repeat these details in the Previous Employment History section) |
| Employer name and address:  |
|  |
|  |
| Your job title:  |  | Date appointed: |  |
| Current salary:  |  | Notice Period: |  |
| Brief description of duties: |
| Reason for leaving: |  |
| May we contact you at work if necessary? | Yes [ ]  | No [ ]  |

**PREVIOUS EMPLOYMENT HISTORY (most recent first)**

Please explain any gaps in your employment history.

We reserve the right to obtain references or to contact previous employers in addition to your named referees.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Employer’s name and address, telephone number and email*** | ***Job title and brief description of duties*** | ***Date from/to******DD/MM/YY*** | ***Reason for Leaving*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on a separate sheet if required

**REFERENCES**

Referees named on this form must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor(s) / Head Teacher or a suitable professional. We may contact **referees prior to interview. If you do not wish us to contact the referee before interview please enter ‘x’ in the box.**

|  |  |
| --- | --- |
| **CURRENT (MOST RECENT) EMPLOYER** **[ ]**  | **PREVIOUS EMPLOYER** **[ ]**  |
| Name (title, forename, surname)  | Name (title, forename, surname)  |
| Capacity known to you  | Capacity known to you  |
| Organisation –  | Organisation  |
| Email:  | Email:  |
| Telephone Number:  | Telephone Number: |
| Address:  | Address: |
|  |  |

**QUALIFICATIONS & PROFESSIONAL MEMBERSHIP**

|  |
| --- |
| Qualification and professional memberships obtained (including HLTA status if applicable) |
|  |
| Dates | Other training/short courses |
|  |  |

Please continue on a separate sheet if required

|  |
| --- |
| Are you related to a Trust Director, School Governor or employee of the Castleman Academy Trust? Yes [ ]  No [ ] If ‘yes’ please provide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a Trust Director, School Governor or employee of the Castleman Academy Trust to use their influence to help you get a job. |
| If selected for interview, you must, at that stage, make known any personal or business relationship, which may conflict with the role applied for. |
| If you are selected for interview the Trust would prefer to contact you by email. Please select: email X letter [ ]  |

**DATA PROTECTION LEGISLATION**

**The information you have provided will be held in compliance with the Data Protection Regulations 2018.**

If you have previous Local Government service or other service which counts as continuous, the Castleman Academy Trust will seek confirmation from your last Authority of your date of employment for continuous service purposes, in the event of you being offered the post. The Trust will also seek details of the number of day’s sickness absence (not reasons) in the last 12 months, for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form.

**DECLARATION**

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory completion of recruitment checks applicable to the post.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

**Please return your completed application forms to the HR and**

**Operations Director, Mrs Tracey Thorne at** **tthorne@castlemanacademytrust.co.uk**

**EQUAL OPPORTUNITIES:**

**CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

The Castleman Academy Trust will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

In order to help the Trust monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. **This slip will be detached from your application form upon receipt and the information will not be taken into account when making the appointment**

If you are successful at interview and take up employment with the Trust, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Unit/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**

Male [ ]

Female [ ]

**DISABILITY**

Do you consider yourself to have a disability under the Equality Act 2010? A disability is defined as a ‘physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities’.

Yes [ ]

No [ ]

Prefer not to say [ ]

For more details, please contact the Equal Rights Commission Helpline on 0845 604 6610

**NATIONALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNIC ORIGIN**

**White**

British [ ]

Irish [ ]

Any other White background [ ]

**Mixed**

White and Black Caribbean [ ]

White and Black African [ ]

White and Asian [ ]

Any other Mixed background [ ]

**Asian or Asian British**

Indian [ ]

Pakistani [ ]

Bangladeshi [ ]

Any other Asian background [ ]

**Black or Black British**

Caribbean [ ]

African [ ]

Any other Black background [ ]

**SEXUAL ORIENTATION**

Heterosexual [ ]

Bisexual [ ]

Gay/Lesbian [ ]

Prefer not to say [ ]

**RELIGION AND BELIEF**

Agnostic [ ]  Atheist [ ]

Baha’I Faith [ ]  Buddhism [ ]

Christianity [ ]  Hinduism [ ]

Islam [ ]  Jainism [ ]

Judaism [ ]  Sikhism [ ]

Zoroastrianism [ ]  Other [ ]

None [ ]  Prefer not to say [ ]