

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 and in capital letters.
- 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 <u>HR@diamondlearningtrust.com</u> 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.



Interna	use	only
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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 <u>all</u> sections of Part 1 and Part 2 of the application.

Vacancy Job Title	
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.

PRESENT / LAST APPOINTMENT: IF TEACHING 3.

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. Com	munity, Aide	d, Foundation	, Academy, Indepe	endent etc.
Job title <i>Please enclose a copy of your current job description</i>					
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		Dat	es		Reason
or Position	other employer, or description of activity	on roll and type of school, if	or P/T	Fro	m	T	0	for leaving
		applicable		Mth	Yr	Mth	Yr	
	1				1	<u> </u>		

5					

6				

7				
8				

Please enclose a continuation sheet if necessary

6. SECONDARY EDUCATION & QUALIFICATIONS

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

8. PROFESSIONAL COURSES ATTENDED AS A TEACHER Please list relevant courses attended in the past 3 years.

Subject	Organising Body	Date(s)	Duration

9. 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

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	Yes No
	May 1999?	If Yes, in which school was induction completed?
16.	Have you ever been subject to a child protection investigation by your	Yes No
	employer or the General Teaching	If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.
	Council or Independent Safeguarding Authority?	
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	Yes No
	personal relationship with any pupil, employee, or governor?	If YES give details separately under confidential cover
21.	NQTs ONLY:	Numeracy
	Have you provided evidence of	Literacy
	passing the Skills Tests? Please tick or cross	СТ
22.	Are there any special arrangements	Yes No
	which we can make for you if you are called for an interview and/or work	If Yes please specify, (e.g. ground floor venue, sign language,
	based assessment?	interpreter, audiotape etc.)

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

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



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.

13. 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.

14. NOTES

- a) 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.
- b) Canvassing, directly or indirectly, an employee or governor will disqualify the application.
- c) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

15. 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

Signature of Applicant

Date

Print Name

PLEASE NOTE SIGNATURES MUST BE HANDWRITTEN

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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

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

Religion

		Please 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:	Plea	se tick
Physical Impairment		
Sensory Impairment		
Mental Health Condition		
Learning Disability/ Difficulty		
Long standing illness		
Other		
Prefer not to say		