**APPLICATION FORM – TEACHING**

The Rivers CofE Academy Trust is committed to safeguarding and promoting the welfare of children and young people and expects all its employees and volunteers to share this commitment.

Please ensure that you complete all sections of this form in black typeface to enable photocopying of the form. Please do not send your Curriculum Vitae (CV) or any Testimonials.

If any sections do not apply to you, enter not applicable (n/a)

|  |  |
| --- | --- |
| **Candidate’s Name:** |  |
| **School/Establishment:** |  |
| **Post:** |  |
| **Any preference for Phase i.e. Nursery/KS1/2/3/4:** |  |
| **Other subject interests e.g. music, sport** |  |

Please send your completed application form to: North Worcester Primary Academy on northworcesterprimary@riverscofe.co.uk

By: 6th May 2024, 12 noon.

We are sorry but we are unable to acknowledge receipt of this application form and please note that if you haven’t received a response in 2 weeks time I am afraid you have been unsuccessful on this occasion.

Thank you for your interest in working in our school.

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1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname/Family Name** |  | **Forename(s)** |  |
|  |  |  |  |
| **Former Surname/Family Name** |  |  |  |
|  |  |
| **Preferred Title** |  |
|  |  |
| **Home Address** |  | **Contact Address (if different)** |  |
|  |  |  |  |
| **DfES Reference No.** |  | **National Insurance No.** |  |
|  |  |  |  |
| **Telephone No. (Home)** |  | **Telephone No. (Work)** |  |
|  |  |  |  |
| **Email Address (Home)** |  | **Email Address (Work)** |  |

**Disability Confident** 

'Under the ‘Disability Confident' Scheme the school undertakes to interview disabled people who meet the minimum essential criteria detailed on the person specification.

Do you consider that you would qualify for an interview under the Scheme YES  NO

If you need any particular arrangements to be made for interview e.g. access, sign interpreter, induction loop system, taping of documents etc., please specify them below:

*……………………………………………………………………………………………………………………………………………………………………………….*

|  |
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1. **EDUCATION, TRAINING AND QUALIFICATIONS**

**Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/College/University**  **attended** | **From - To**  **(Month/Year)** | **(\*) Qualifications**  **including Grades** | **Date Obtained**  **(Month/Year)** |
| **Schools (after age 11)** |  |  |  |
|  |  |  |  |
| **Further or Higher Education**  **(Full or Part Time)** |  |  |  |
|  |  |  |  |
| **Teaching Qualifications** |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Age Range Trained** |  |

|  |
| --- |
| **Professional Development**  *(Relevant courses and other events / activities including dates)* |

|  |
| --- |
| **Membership of Professional Bodies (excluding Teachers' Professional associations)** |

*\* Applicants invited for interview will be required to produce documentary evidence of their qualifications.*

***Early Career Teacher (ECT’s)***

**If you qualified as a teacher after 7th May 1999, please complete the following section:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date when qualified** |  | **Date when completed induction** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you completed your skills tests in:** | **Literacy** | **Numeracy** | **ICT** |

***Initial Teacher Training (ITT)***

|  |  |  |
| --- | --- | --- |
| **Are you an ITT Student?** | **Yes** | **No** |

***Retirement***

Are you in receipt of a Teacher Pension? **Yes**  **No**

If **yes**, state effective date from and the type of pension you are receiving i.e. Age, phased, premature or ill health retirement

………………………………………………………………………………………………………………………………………………………………………

1. **EMPLOYMENT/WORK EXPERIENCE**

**Please include any previous work experience, either paid, unpaid or voluntary starting with the most recent.** Please complete the following, in full chronological order, starting with your current employment and include all employment including non-teaching. For safeguarding purposes, it is important that all gaps in your employment history are fully accounted for. Please also include any breaks in employment history together with the reason for the break.

|  |  |
| --- | --- |
| **Current/most recent School or other employer (with address)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Held** |  |  | **Full or Part Time** |  |

|  |  |
| --- | --- |
| **Present salary and point on pay spine** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Started** |  | **Date employment ceased if applicable & reason for leaving** |  |  |

|  |  |
| --- | --- |
| **Employing Authority** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Range** |  |  | **Boys/Girls/Mixed** |  |  | **Approx. No.**  **on Roll** |  |

|  |
| --- |
| **Duties and Responsibilities** |
| **Date Passed Threshold (if applicable)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Previous schools or other employers/employer and**  **Employing Authority** | **Age Range + Boys/Girls/ Mixed** | **Approx. No. on Roll** | **Position held and responsibilities (and**  **full time or part time)** | **From** | **To** | **Reasons for**  **Leaving** |
|  |  |  |  |  |  |  |

1. **SUPPORTING STATEMENT**

|  |
| --- |
| (Please ensure your statement is a maximum of 2 \* A4 pages, font size 11)  **Please use this space to give information in support of your application for this post, demonstrating how you meet the Person Specification and requirements of the Job Description. You may wish to include details of any interests, experience, responsibilities or education philosophy which you consider relevant.** |

1. **REFERENCES**

**Please give details of two people who are able and willing to comment on your suitability for this job. If you are or have been employed, one should be your present or most recent employer**. If this employment has been within a school, this would normally be your head teacher, unless in exceptional circumstances. If you are not currently working with children, but have previously done so, one referee must be the most recent employer who employed you to work with children.

Written references will not be accepted from relatives or friends

To comply with ‘Keeping Children Safe in Education’ the school will seek and scrutinise references prior to interview. Referees will be contacted to provide further clarification if needed. All references will be compared for consistency against the information disclosed in your application form and you will be asked about any discrepancies at interview

Please advise if you do not want us to contact your referees prior to interview and provide reasons and do contact your referees to let them know they may be required to provide a reference.

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** | **Name** | **B.** | **Name** |
|  | **Address:** |  | **Address** |
|  | **Telephone No.** |  | **Telephone No.** |
|  | **Email address:** |  | **Email address:** |
|  | **Relationship to you (e.g., Headteacher)** |  | **Relationship to you (e.g., Headteacher)** |

1. **DECLARATIONS**

**Immigration, Asylum and Nationality Act (2006)**

In accordance with the Immigration, Asylum and Nationality Act 2006, The Rivers CofE Academy Trust requires new members of staff to provide documentary evidence that they are entitled to undertake the position applied for/have an ongoing entitlement to live and work in the United Kingdom. Therefore, all candidates shortlisted for interview are required to complete a declaration and to produce acceptable specified documentary evidence at interview.

**I confirm that I am legally entitled to work in the UK**

**Safeguarding Vulnerable Groups Act (2006)**

The Rivers CofE Academy Trust is obliged by law to operate a checking procedure for employees who have substantial access to children and young people.

**I understand that it is an offence to apply for a role if barred from engaging in regulated activity relevant to children**

If you are the successful applicant, you will be required to have an Enhanced Disclosure & Barring Service disclosure & we will also check the DBS barred list (children). Failure to complete this form will result in your application not proceeding any further. The possession of a criminal record will not automatically debar you from consideration for the post for which you have applied. Any information given will be treated as confidential and will only be used in relation to the post for which you have applied.

The school will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions.

**I agree that the appropriate enquiry may be made to the Disclosure & Barring Service**

**Data Protection Act 2018**

The information provided by you on this form as an applicant will be stored securely either on paper or electronically in accordance with our obligations under the Data Protection Act 2018 and General Data Protection Regulation. The information provided will be processed solely for the purpose of recruitment and any other activity relating to this recruitment.

**I hereby give my consent for the information provided on this form to be held on computer or other relevant filing system and to be shared with other 3rd Party Processors for the purpose of this recruitment in accordance with Data Protection 2018.**

**Disclosure**

A candidate for any appointment with The Rivers CofE Academy Trust must state below any known relationship to any employee of the school when making an application. A candidate failing to disclose such a relationship or seeking to improperly influence the recruitment and selection process shall be disqualified from appointment, or if appointed, shall be liable to dismissal without notice.

Are you related to any member of the Governing Body or existing employees of the school?

**Yes**   **No**

**If Yes, give details:**

|  |
| --- |
|  |

|  |
| --- |
| **I DECLARE THAT ALL THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I NOTE THAT THE WITHHOLDING, FALSIFICATION OR OMISSION OF RELEVANT INFORMATION BY A SUCCESSFUL CANDIDATE ARE GROUNDS FOR DISCIPLINARY ACTION WHICH MAY LEAD TO DIMISSAL.**  **Signed: Date:**  **BY SUBMITTING THIS FORM ONLINE, I AGREE THAT THIS IS EQUIVALENT TO ME SIGNING THE DECLARATION.** |

**Equal Opportunities Monitoring Form**

**The Rivers CofE Academy Trust is committed to the elimination of all forms of unjustifiable discrimination.**

We seek a workforce which reflects the community we serve. We welcome applications from those groups which are under-represented on our staff. Applicants for jobs are judged on their skills and suitability for the vacancy. To ensure this policy is carried out effectively, we ask all applicants to provide the information requested on this page. It will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant.

**Ethnicity**

**Please Note:** These categories have been recommended to the employers by the Commission for Racial Equality and are being collected to assist us to monitor the effects of its equal rights policy and to meet the requirements of the Race Relations (Amendment) Act 2000.

|  |  |  |  |
| --- | --- | --- | --- |
| White | English  Scottish  Welsh  Irish  Any other white | 1  2  3  4  5 |  |
| Mixed | White & Black Caribbean  White & Black African  White & Asian  Any other mixed | 6  7  8  9 |  |
| Asian or Asian British | Indian  Pakistani  Bangladeshi  Kashmiri  Any other Asian | 10  11  12  13  14 |  |
| Black or Black British | Caribbean  African  Any other black | 15  16  17 |  |
| Other Ethnic Groups | Chinese  Any other ethnic group | 18  19 |  |

**I am:** **Female**  **Male**   **Gender Fluid/Non Binary**   **Other**   **Prefer not to say**

**Do you have a disability?**  **Yes**  **No**

For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

**Please tick the age band currently applicable to you:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| up to 19 | 20-29 | 30 - 39 | 40-49 | 50-65 | Over 65 |

**Where did you see the job advertised?**

**This information will be treated as completely confidential and will be used for monitoring purposes**

**only. This information will be detached from the application form on receipt and will not be**

**considered during the selection process.**