**APPLICATION FORM** 

**PART A**

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| **Please complete this form in black ink/text and return to: clevescross@durhamlearning.net** | |
| Post Title: | |
| Surname: | Forename: |
| Address: | Telephone No: Home |
| Mobile: |
| Postcode: | Work (if convenient): |
| E-mail address: | |
| **Please state where you saw the advertisement for this post.** | |

**EMPLOYMENT**

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| **Current Post Title\*:** |  | | | |
| (\*If currently unemployed please give your most recent post with date of leaving and reasons for this.) | | | | |
| **Name and address of current Employer** | | **Date** | | **Grade and present salary** |
|  | | From | To |  |
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| Please provide **full** details of all previous posts you have held, starting with the most recent first. You will also need to include any dates (if applicable) when you have not been in employment. (Please use continuation sheets if required). | | | | |
| **Name and Address of Employer** | **Appointment held/Grade and/or salary (if any)** | **Dates (dd/mm/yy)** | | **Reason for leaving** |
|  |  | **From** | **To** |  |
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**EDUCATION**

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| **Secondary Education** | | | | |
| N.B. appointment will only be confirmed subject to receipt of official certificates in support of below. (Please use continuation sheets if required) | | | | |
| **School attended** | **Qualifications** | **Subject** | **Date** | **Grade** |
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| **Further and Higher Education:** | | | | | | | |
| **School, College or University** | **Qualifications** | | **Subject** | | **Date** | | **Grade** |
|  |  | |  | |  | |  |
| **Professional Membership/Qualification:** | | | | | | | |
| **Institute** | | **Grade of Membership** | **Year of Election** | **Registration Number** | | **Expiry Date (if applicable)** | |
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| **Personal Statement:**  Please use this section to demonstrate that you have the essential and where possible desirable experience, skills and knowledge as stated on the person specification of the post for which you are applying. Candidates who do not evidence that they meet the essential qualifications and experience listed on the person specification will not be shortlisted. (Please limit this to 1500 words). |
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| **REFEREES** | |
| Give name, job title, relationship to referee and address of TWO people, who must know you well to whom a reference may be made. Referee 1 should be your present (or most recent) employer, or if you are a recent school leaver, should be the Head Teacher of your last school.  Next of kin or immediate relatives should not be named as referees.  Please note that for positions in contact with children and vulnerable adults Together Learning Partnership has the right to seek references from any or all previous employers prior to interview. | |
| **Referee 1**Name: | **Referee 2**Name: | |
| Job Title: | Job Title: | |
| Relationship to Referee: | Relationship to Referee: | |
| Address: | Address: | |
| Post Code: | Post Code | |
| Telephone No: | Telephone No: | |
| E-mail: | E-mail: | |
| This reference can be requested prior to interview: | This reference can be requested prior to interview: | |
| **N.B. Appointment will only be confirmed subject to satisfactory references and other pre-employment checks in accordance with statutory guidance.**  **If you are not notified in writing within six weeks of the closing date for applications, you may assume that you have not been selected for interview on this occasion.** | | |

**APPLICATION FORM**

**PART B**

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| Together Learning Partnership is an equal opportunities employer and need to check that decisions are not influenced by unfair or unlawful discrimination. To help us we should be grateful if you would complete this short questionnaire. You only need to answer if you feel happy to do so. Your answers will be treated with the utmost confidence and will only be used for statistical purposes. | | | | | | | | | | | |
| **1. Are you:** | | |  | | | | | Male | |  | Female |
| **2. Date of Birth:** | | |  | | | | | | |  | Prefer not to say |
| **3. Do you consider yourself to be a person with a disability?**  This may include a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities. Long-standing means that it has lasted, or is likely to last, for over a year. | | | | | | | | | | | |
|  | | Yes | |  | | No | | | |  | Prefer not to say |
| **4. What is your religion or belief?** | | | | | | | | | | | |
|  | | Christianity | |  | | Judaism | | | |  | Baha’i |
|  | | Hinduism | |  | | Sikhism | | | |  | No Religion |
|  | | Islam | |  | | Buddhist | | | |  | Prefer not to say |
|  | | Other – e.g. Humanist, Atheist, etc (Please state) | | | | | | | |  | |
| **5. How do you describe your sexuality?** | | | | | | | | | | | |
|  | | Heterosexual/Straight | |  | | Bisexual | | | |  | Prefer not to say |
|  | | Gay Man | |  | | Gay Woman / Lesbian | | | |  |  |
| **6. Please describe your ethnic origin** | | | | | | | | | | | |
| **White** | | | | |  | | **Black or Black British** | | | | |
|  | British | | | |  | |  | | Caribbean | | |
|  | Irish | | | |  | |  | | African | | |
|  | Any other White background | | | |  | |  | | Any other Black background | | |
| **Arab or Middle Eastern** | | | | |  | | **Travelling Community** | | | | |
|  | Arab | | | |  | |  | | Gypsy/Roma | | |
|  | North African | | | |  | |  | | Traveller of Irish Descent | | |
|  | Any other Arab or Middle Eastern Background | | | |  | |  | | Other member of the travelling community | | |
| **Asian or Asian British** | | | | |  | | **Mixed** | | | | |
|  | Indian | | | |  | |  | | White & Black Caribbean | | |
|  | Pakistani | | | |  | |  | | White & Black African | | |
|  | Bangladeshi | | | |  | |  | | White & Asian | | |
|  | Chinese | | | |  | |  | | Any other Mixed Background | | |
|  | Any other Asian background | | | |  | |  | |  | | |
| **Other ethnic groups:** Please state | | | | |  | | **Prefer not to say** | | | | |
|  | | | | |  | |  | | Prefer not to say | | |
| **7. What is your Relationship Status?** | | | | | | | | | | | |
|  | | Married/Civil Partnership | | | | |  | | Prefer not to say | | |
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**ADDITIONAL INFORMATION**

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| This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare any cautions, convictions, reprimands and final warnings that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). For further information on filtering please refer to [Nacro guidance](https://www.nacro.org.uk/wp-content/uploads/2014/06/practical-guidance-on-dbs-filtering.pdf) and the [DBS website](https://www.gov.uk/government/publications/dbs-filtering-guidance).  Please ensure you complete the Criminal Record Declaration Form and submit this alongside your application form.  Do you hold a DBS Certificate?  Yes  No  Have you subscribed to the update service?  Yes  No  If yes:  Please indicate level of check: Standard  Enhanced  Please indicate workforce: Child  Adult  Child and Adult  Other  Have you ever been disqualified under DCCR (Disqualification of Care of Children Regulations 1991)  Yes  No |
| **Eligibility to work in the United Kingdom**  To ensure Together Learning Partnership complies with legislation, you will be required to provide documentary evidence showing that you are entitled to work in the United Kingdom.  National Insurance Number:  Are there any restrictions regarding your right to work in the UK?  Yes  No  If yes, please give details: |
| **I have read the guidance notes including the information regarding Criminal Convictions and I declare that the information I have given is true in all respects. I understand that false information may render me liable for dismissal if I am appointed.**  I agree to the above statement and will sign and date a copy of this application as a true record if I am invited for an interview**:** |
| **Signature: Date:** |