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| **POSITION APPLIED FOR:** | | | | **DATE:** | |
| **Position based at:  Belleville  Belleville-Wix  The Alton  Churchfields  Central team** | | | | | |
| **1. Personal details** | | | | | |
| Title | |  | | | |
| Surname / Family name | |  | | | |
| Forenames | |  | | | |
| Previous names / surnames / family names | |  | | | |
| National Insurance Number | |  | | | |
| Address | |  | | | |
| Postcode | |  | | | |
| Home telephone number | |  | | | |
| Mobile telephone number | |  | | | |
| Email | |  | | | |
| Work telephone number  May we call you at work? | | N/A  Yes  No | | | |
| Please give details of when you will **NOT** be available for interview e.g. holidays | |  | | | |
| Teacher Reference Number: | |  | | | |
| Continuous Service Date: | |  | | | |
| **2. Current or most recent employment** | | | | | |
| Job title |  | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Notice period |  | | | | |
| Current salary and grade |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Brief description of current duties and responsibilities |  | | | | |
| Reason for leaving, if applicable |  | | | | |
| **3. Employment history**  Please list below all of the jobs that you have held in the past. Follow on from your answer to question 2 with the next most recent and include details of any voluntary work or employment that you have held on a temporary basis. **You must account for all your time since leaving school and give details of any gaps in your employment below**. Please continue on a separate sheet if necessary. | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
|  | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
|  | | | | | |
| From DD/MM/YY |  | | To DD/MM/YY | |  |
| Position |  | | | | |
| Duties |  | | | | |
| Employer’s name and address |  | | | | |
| Telephone number |  | | | | |
| Reason for leaving |  | | | | |
| Salary on leaving |  | | | | |
| **Periods of non-employment:** Please indicate below the nature / reason for any periods during which you have not been employed, with relevant dates (DD/MM/YY) | | | | | |
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| **4. Education, training and qualifications:** Starting with the most recent, please provide details and dates for all the educational establishments you have attended. Shortlisted applicants will be required to provide evidence i.e. original certificates, of all qualifications listed on the form.  You are advised to list qualifications if (1) they are relevant to the job (2) listed in the person specification and/or (3) you can produce original copies of them. *(Please continue on a separate sheet if necessary and attach it to your form).* | | | | | | | | |
| Name of school, college or or university | | Name of course or studies | | | Date taken/  to be taken  (DD/MM/YY) | | Qualification  Level/grade obtained | |
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| **5. Membership of professional bodies and professional qualifications:** Please provide details of your DfES, GTC, GSCC or other relevant membership number. You will be required to provide original evidence all qualifications listed below. | | | | | | | | |
| Name of body | Qualification of membership  (class/grade) | | Membership  number | Date obtained  (DD/MM/YY) | | Gained by  examination | | Still current |
|  |  | |  |  | | Y  N | | Y  N |
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| **6. Supporting Statement of knowledge, skills, abilities and experience:** Please use this space, with separate sheets attached if necessary, to tell us how you meet the job requirements that are listed in the job description/person specification. Do not attach a CV as it will not be considered. You may refer to experience and knowledge gained from previous employment, voluntary work, leisure interests and any other activities which are relevant to this position. | | | | | | | | |
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| **7. Referees:** Please provide full details of two referees: one must be your present or most recent employer and the other should be a previous employer. If you have not been in paid employment please give the name of the head of education or training establishment that you attended and/or the manager of a voluntary group for whom you have worked. **If you are shortlisted, please note that we will seek references from your referees prior to interview** | | | |
| Name of referee 1 |  | | |
| Job title |  | | |
| Organisation |  | | |
| Address |  | | |
| Date of employment/study  (DD/MM/YY) |  | | |
| Relationship with referee  e.g.line manager |  | | |
| Telephone number |  | | |
| Email |  | | |
|  | | | |
| Name of referee 2 |  | | |
| Job title |  | | |
| Organisation |  | | |
| Address |  | | |
| Date of employment/study  (DD/MM/YY) |  | | |
| Relationship with referee  e.g. Line manager |  | | |
| Telephone number |  | | |
| Email |  | | |
|  | | | |
| **8. Relationship:** Are you related to, or do you have a close personal/business association with any employee of The Quality First Education Trust?  YES  NO  If YES please complete this section. You may attach an additional sheet if necessary. | | | |
| Employees name |  | | |
| Position |  | | |
| Relationship |  | | |
| **9. Employment Restrictions:** Are there any restrictions or conditions affecting your ability to take up or remain in employment in the UK? E.g. do you require a work permit? Are you a highly skilled migrant or a working holidaymaker?  YES  NO  If YES, please give details (including, if you are already in the UK, details of your current employer, visa/leave to remain, expiry date, certificate of sponsorship number and tier under which you are employed)  If you are offered this job will you have any other paid work?  YES  NO  If YES, please complete this section | | | |
| Employer |  | | |
| Address |  | | |
| Telephone number |  | | |
| Nature of work |  | | |
| From DD/MM/YY |  | To DD/MM/YY |  |
| Number of hours per week |  | | |
| Working times/days |  | | |
| Are these arrangements subject to change e.g. shifts  If YES, please give details | Yes  No | | |
| Name of applicant……………… ………………………………………………………………………...  Signature of applicant…………………………………………………………………Date…………………………… | | | |
| **Please note: If you are completing this application electronically, you will be asked to sign the form if you are invited to an interview.** | | | |