

If possible please attach a recent photo

APPLICATION FORM

Please complete in BLACK ink.

Parlaunt Park Primary Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

POST APPLIED FOR:

PERSONAL DETAILS

| | | | |
|--|--|-----------------------------|--|
| Title: | | Surname: | |
| Forename(s): | | DoB: | |
| Address: | | National Insurance No: | |
| Post Code: | | Mobile No: | |
| If you have been at this address for less than 5 years please provide details of previous addresses covering this period on a separate sheet. | | | |
| Tel No (day): | | Tel No (eve): | |
| Email: | | | |
| Do you hold Qualified Teacher Status ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If No , are you an (pls circle): OTT NQT Unqualified |
| Are you registered with the General Teaching Council? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DfE Number / Teacher No: |
| If qualified in the UK have you passed your induction year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| CRB: | Have you been subject to a Criminal Records Bureau Check? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | If Yes please state the date and the Number of your CRB: | | |
| | Which employer carried out this check: | | No: <input type="text"/> |
| | <input type="text"/> | | Date: <input type="text"/> |
| Do you require a permit to work in the UK? *Yes/No If yes, do you have a current permit to work? *Yes/No If yes, please provide the original along with originals of any other evidence that you are eligible to work in the UK. | | | |
| Please indicate whether you have any family or close relationships with existing employees/employment at The Langley Academy or children attending the academy. Yes/No | | | |

ACADEMIC & PROFESSIONAL QUALIFICATIONS

| Name & Addresses of Schools/Colleges | From (Mth/Yr) | To (Mth/Yr) | Qualifications Obtained – please include A Level grades and class of degree |
|--------------------------------------|---------------|-------------|---|
| | | | |

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS Please state whether you are a member of any technical or professional associations, and if so, which:

| |
|--|
| |
|--|

PERSONAL DEVELOPMENT Have you attended any training courses/seminars to develop your skills. If yes, please list:

| Course Title | Date From | Date To | Details of Course |
|--------------|-----------|---------|-------------------|
| | | | |

DETAILS OF PRESENT OR MOST RECENT EMPLOYER

Name of Organisation:

Start Date:

End Date:

Position/Job Title:

Address:

Name of Headteacher/Principal:

Post Title:

E-mail address:

Telephone Number:

Main duties (use separate sheet if necessary and attach)

| | | |
|--|--|--|
| | | |
|--|--|--|

Current Salary:

Responsible to:

Reason for leaving:

| | | |
|--|--|--|
| | | |
|--|--|--|

| DETAILS OF PREVIOUS EMPLOYERS (in reverse order) | | |
|--|----|---------------------|
| From | To | Position/Job Title: |
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |
| From | To | Position/Job Title |
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |
| From | To | Position/Job Title |
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |
| From | To | Position/Job Title |
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |
| From | To | Position/Job Title |
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |

SUPPORTING STATEMENT (ie why you think you are the right person for this post; referring to your experience, qualifications, personal strengths and any other relevant information)

LEISURE INTERESTS, HOBBIES, MEMBERSHIP OF ORGANISATIONS ETC**HEALTH**

Please note that the successful applicant will be required to authorise his/her GP to answer questions from the academy's medical consultant and, if necessary, undergo a medical examination.

Do you have any medical condition that is likely to restrict your ability to undertake this job? ***Yes/No**

If yes, please give details and state any adjustments that you might need in the job to overcome this restriction.

Please provide details of two individuals who we can contact to obtain a reference. One should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed to work with children. **Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends. E-mail addresses and telephone numbers are essential please.**

| Referee 1 | | Referee 2 | |
|-------------------|--|-------------------|--|
| Name | | Name | |
| Organisation Name | | Organisation Name | |
| Job Title | | Job Title | |
| Address | | Address | |
| Post Code | | Post Code | |
| Telephone No: | | Telephone No: | |
| Fax No: | | Fax No: | |
| Email: | | Email: | |

Do you agree to references being taken up if you are short-listed for the appointment? ***Yes/No**

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not named on DfE List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (eg the General Teaching Council) and either:

***I have no convictions, cautions or bind-overs OR *I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked Confidential.**

I understand that the successful applicant will be required to provide an enhanced disclosure from the CRB.

To meet our obligations under Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided on this form may be used and processed by The Langley Academy for recruitment and personnel administration and for equality monitoring. Such use will be subject to the provisions of the Data Protection Act 1998

I confirm the information given in this form is correct and understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made.

*delete as applicable

Signature:

Date: