

# Application Form

**CONFIDENTIAL**

Role applied for:

## PERSONAL DETAILS

Last Name: \_\_\_\_\_ Title: \_\_\_\_\_ First Names: \_\_\_\_\_  
 Have you ever had a different surname: Yes  No  Previous Name(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Teacher (DfE) number: \_\_\_\_\_  
 Qualified Teacher Status? YES/NO

**NB. The boxes will expand as you type in your details**

## EDUCATION, QUALIFICATIONS AND TRAINING

Secondary School/College	Full or Part-time	Qualifications attained / to be taken. Subjects	Grades Attained	Year taken/ to be taken

  

Higher Education Institutes	Dates		Full or Part-time	Qualifications attained / to be taken. Subjects	Grade Attained	Year taken/ to be taken
	From	To				

## In-Service Education, Courses and Training (over last 3 years) – Please continue on a separate sheet

Dates and Duration	Title of Course/Training	Name of Provider (eg LEA, College)	Qualification (if any)

**NB. The boxes will expand as you type in your details**

**ELIGIBILITY TO WORK IN THE UK**

Are you eligible to work in the UK/EEA? Yes  No

Do you require a work permit? Yes  No

National Insurance number (LLNNNNNNL, L Letter, N Number)

**For non-EU applicants only**

Do you require sponsorship certificate? Yes  No

If yes, please give following: Sponsorship TIER: No: Expiry date:

**EXPERIENCE – Current place of work**

Employer	Place of Work	Post	Reason for Leaving	Period of Service					
				From			To		
				D	M	Y	D	M	Y

**CURRENT SALARY DETAILS**

Grade/Scale	Spine points	Allowances	Total Pay

**EXPERIENCE – Other posts and work experience (including career breaks)**

Details of all other paid or unpaid, employment or experience. It is important that you include periods of break in unemployment since leaving school. Please give details of these periods and your activities during these times, these might include: career breaks to raise a family, travel, voluntary work, training, long periods of sickness, unemployment detailing which office you may have received benefits from, and if you have been self employed you will need to provide proof.

Employer	Place of Work	Post	Reason for Leaving	Period of Service					
				From			To		
				D	M	Y	D	M	Y

## SUPPORTING STATEMENT

Please explain how your ability, skills and knowledge match those required for the appointment. Please consider all your experience whether paid or unpaid. Give examples (where possible) in support of your application.

**NB. The box will expand as you type in your statement**

## PROTECTION OF CHILDREN (Rehabilitation of Offenders Act 1974)

**We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment. All our posts are subject to a satisfactory Disclosure and Barring Service (DBS) check.**

The job for which you are applying has substantial opportunity for access to children/vulnerable adults. Your employment is therefore exempt from the Rehabilitation of Offenders Act 1974. You will be required to complete a Disclosure and Barring Check (DBS). You must therefore give details of any convictions or pending prosecutions you have, even if they would otherwise be regarded as 'spent' under this Act.

Have you been convicted of a criminal offence other than a road traffic offence not involving injury to a third party, or a sentence of imprisonment? Yes  No

If yes, please provide details below:

Date: \_\_\_\_\_ Offence: \_\_\_\_\_

Sentence: \_\_\_\_\_

Please note: All information we receive will be treated as confidential.

## APPLICANTS FROM OUTSIDE THE UK

Applicants from outside the UK need to provide an overseas criminal records check and/or certificate of good conduct from their home country.

I can provide this information Yes  No

## REFEREES

If you are selected for an interview we will obtain references to cover a full five year history, which could include time spent in education. Your first referee must be your current or last employer if you have one. If you are a school/college leaver give the details of your Headteacher or Tutor. Relatives will not be accepted as a referee. In addition to information on ability and performance, we will be seeking information on recent sickness if offered the position.

1) Name and  
Job Title  
Address

Email

Tel no

2) Name and  
Job Title  
Address

Email

Tel no

## GENERAL INFORMATION

When would you be free to commence duty?

## DISCLOSURE OF RELATIONSHIP

Are you related to, or have a close personal relationship with any OHCAT Board Member, OHCAT employee, Orchard Hill College employee, College governor or School governor?

Yes  No  If yes, state the name, relationship and position held

I declare that the information given on this form is correct to the best of my knowledge and belief and I understand that any false statements on this form will justify dismissal from Orchard Hill College/OHCAT's service. I hereby give my permission for a DBS check to be carried out.

Name:

Date:

**By providing my name or email address, this means that I have read, understood and agreed to the above**

## EQUAL OPPORTUNITIES MONITORING FORM

We are committed to ensuring equality of opportunity for all applicants. We will monitor the profile of those undertaking training and the outcomes of the training by using the information provided below. Information from this form will not be used for recruitment or selection purposes.

Name \_\_\_\_\_

### 1) Ethnicity

How would you best describe your ethnicity? (Please choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background)

#### A. White

- British
- Irish
- Any other White background

Please state which

#### B. Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other Mixed background

Please state which

#### C. Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

Please state which

#### D. Black or Black British

- African
- Caribbean
- Any other Black background

Please state which

#### E. Other ethnic group

- Chinese
- Any other ethnic group

Please state which

2) Gender  Male  Female

3) Date of birth

### 4) Impairments or Conditions

If we ask you to come for an interview or to the next stage of the selection process, are there any access arrangements, adjustments or adaptations you would like us to provide?

Yes  No

The Disability Discrimination Act considers a person disabled if:

- ~ You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months and
- ~ This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities

Do you consider you have a condition or impairment which falls within the Disability Discrimination Act?

Yes  No

**STRICTLY PRIVATE AND CONFIDENTIAL  
WHEN COMPLETED**