



Park Vale
Academy

CONFIDENTIAL

STAFF APPLICATION FORM

Please complete in **BLACK** as this form may be photocopied.

APPLICATION FOR THE POST OF

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|--|

LOCATION:

1. PERSONAL DETAILS (BLOCK LETTERS PLEASE)

| | |
|--|-----------------------------------|
| SURNAME: | FIRST NAME(S): |
| Title you wish to be known by: (MR, MRS, MISS, MS, etc) | Date of Birth: |
| Address for correspondence: | Permanent address (if different): |
| Postcode: | Postcode: |
| Telephone Number | National Insurance No. |
| Home: | |
| Work: | Email: |

2. PRESENT EMPLOYMENT

| | |
|--|--|
| Name and address of present employer: | |
| Nature of employer's business: | |
| Name and address of establishment at which employed: | |
| Present post: | |
| Date appointed: | Notice required to terminate present employer: |
| Annual Salary £ | Scale/Grade: |
| Brief description of duties: | |

3. PREVIOUS EMPLOYMENT (Starting with most recent first)

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

| Employer | Post | Grade/ Scale | Full or Part-time (give hours) | Dates | | Reason for Change |
|----------|------|-----------------|-----------------------------------|-------|----|-------------------|
| | | | | From | To | |
| | | | | | | |

| 4. EDUCATION AND TRAINING | | | | |
|---|-------|----|--|------|
| Secondary School/ College/University | Dates | | Qualifications gained Examinations passed and Grades obtained. | Date |
| | From | To | | |
| | | | | |

Other Training Courses Attended

| Organising Body | Course Title | Length of Course |
|-----------------|--------------|------------------|
| | | |

Membership of Professional Bodies

| Name of Body | Type of Membership | Date Obtained |
|--------------|--------------------|---------------|
| | | |

| | | |
|---|--|--|
| | | |
| 5. PERIODS OF UNRENUMERATED ACTIVITY | | |
| Please give details of any gaps in employment (not included in sections 3 or 4) since leaving full time education (continue on separate sheets if necessary). | | |

| | | |
|--|--|--|
| 6. ADDITIONAL INFORMATION | | |
| Please give details of relevant experience, interests, or skills that you could bring to the post, and your reasons for applying (continue on separate sheets if necessary). | | |

| | | |
|---|---------------|---|
| 7. REFEREES | | |
| Please provide details of two referees below. One of the referees should be your present or most recent employer and normally no offer of employment will be made without reference to him/her. If you have not previously been employed, then Head Teachers, College Lecturers, or other persons who are able to comment authoritatively on your educational background and or personal qualities, are acceptable as referees. | | |
| Name: | Name: | |
| Status: | Status: | |
| Address: | Address: | |
| Postcode: | Postcode: | |
| Telephone No: | Telephone No: | |
| E-mail: | E-mail: | |
| Do we have your permission to approach the above prior to interview? | | YES / NO (delete as appropriate) |
| If no, you may wish to give reasons: | | |

8. GENERAL

If you are related to any member of Park Vale Academy Governing Body or an employee of the school, please give details:

9. DISCLOSURE OF CRIMINAL BACKGROUND

Please note it is an offence to apply for the role if you are barred from engaging in regulated activity relevant to children.

If you are shortlisted to interview you will be asked to complete a self-declaration of your criminal record.

10. OVERSEAS WORK

Have you lived or worked outside the United Kingdom for 3 months or more within the last ten years of your adult life (18)? For more information please click [here](#)

YES/NO

If YES, please give details including dates:

11. EQUALITY ACT 2010

The Equality Act 2010 permits Park Vale Academy to enquire if you have any health issues or a disability for the purpose of ensuring we give you a fair selection interview. The Equality Act 2010 defines disability as, “a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability? YES/NO

If you have answered YES to the above, is there any information that we need in order to offer you a fair selection interview?

Successful applicants will be required to complete a confidential medical questionnaire and may be required to undergo a medical examination.

12. DATA PROTECTION ACT

The personal information collected on this form will be processed on computer to manage your application. If successful, your personal information will be retained whilst you are an employee and used for payroll, pension and personnel administration. It will not ordinarily be disclosed to anyone outside the Council or school without first seeking your permission. You can ask our Data Protection Officer about your legal rights regarding personal information or you can contact the Information Commissioner whose website is www.ico.org.uk

13. DECLARATION

I declare that, to the best of my knowledge and belief, the information given on ALL parts of this form is correct. I understand that, should my application be successful and it is discovered subsequently that information has been falsified, then disciplinary action may be taken which may include dismissal from the post.

I confirm that I have a legal right to work in the UK and if this application is successful, I undertake to produce appropriate documentary evidence to prove this, prior to commencing work with the academy.

Please note:

If you return your application form to us by email and you are subsequently invited to interview, you will be required to sign a printed copy of your form.

Please return your completed form to arrive by the closing date to the contact name and address shown in the advertisement/information pack.

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

If you have not received a reply within three weeks of the closing date attached to the vacancy you are applying for, you should assume that your application has been unsuccessful.