

Willows Academy Trust ASPIRE ... ACHIEVE ... THRIVE

Registered Office: Wilmot Street, Sawley, Long Eaton, Nottingham NG10 3DQ

Telephone: 0115 973 3626 Fax: 0115 973 4036

APPLICATION FORM- Shardlow Primary School

Please note – this post involves working with children or vulnerable adults so appointment will be subject to a Disclosure and Barring Service check. See supporting information for further details.

Please complete in BLACK ink or TYPE. Please complete every section.

JOB DET	TAILS									
Job title										
Vacancy number				e.g. DCC/	C/09/1234 Closing date					
PERSON	AL DETA	AILS								
Title		Surna	me				First names			
Previous names						Preferred first name				
Date of birth							Current annual salary or full time equivalent			
National Ins No							Home telephone			
Address							Daytime telephone			
							Mobile telephone			
Postcode										
							Do you have a disability? * Yes ☐ No ☐			
Email add	dress									

^{*} The Disability Discrimination Act defines disability as 'a physical or mental impairment which has a substantial and longterm effect on your ability to carry out normal day-to-day activities'

EDUCATION AND TRAINING

Please give details about all the education and qualifications you have including GCSEs, degrees and other formal qualifications. **Please include grades achieved.** If you are shortlisted, evidence of all qualifications should be brought to interview. Please continue on a separate sheet if necessary.

Establishment	Full-time	Qualifications	Dates attended		Date of
	or part-time	(indicate class and division)	from	to	final exam
her Qualifications Establishment	Full-time	Qualifications	Dates a	uttended	Date of
	or part-time	(indicate class and division)	from	to	final exam

Other courses or relevant training in which you have been involved during the past three years and which you consider relevant to this post. please indicate who provided it and start/finish dates.	1

EMPLOYMENT RECORD

Please give details of **all** previous jobs including temporary or voluntary work in chronological order ending with your present post. This section is split into teaching and non-teaching. Please include periods when you were not working under the non-teaching section as **all time must be accounted for and may be checked**. Continue on separate sheet if necessary.

NON-TEACHING Please give details of all paid and non paid time outside teaching including family responsibilities since leaving full-time education Brief description of **Dates** Employer Post title Full-time Reason for activity/responsibility or (if appropriate) (if appropriate) or part-time leaving from to duties

S	UITABILITY FOR JOB
	This section is for other relevant information to support your application. Please give examples where appropriate.

REFERENCES	
one referee must be your present employer. If you are the past, please indicate the name of that last employe	e in the details of the post). If you are working at the moment, not working with children at the moment but have done so in er as one of your referees. Referees will be asked for etc. References will not be accepted from relatives or from
Name of your first referee	Name of your second referee
Their job title	Their job title
Their relationship to you e.g. headteacher	Their relationship to you e.g. headteacher
Organisation and address	Organisation and address
Postcode	Postcode
Email	Email
Telephone	Telephone
Please note – Willows Academy Trust reserve the righ	t to contact previous employers to verify experience or
qualifications.	

DECLARATION							
I declare that the information on this form is true and accurate.							
I understand that providing misleading or false information will disqualify me from appointment or may lead to me being dismissed if appointed to the job.							
My name has not been placed on any list which disqualifies me from working with children.							
I confirm that I have read the above statements in respect of a Disclosure and Barring Service check and understand the requirements of this position.							
Privacy Notice I consent to the information contained in this form, and any other information received by or on behalf of Willows Academy Trust relating to my application, being processed by the Academy Trust in administering the recruitment process and to assist with the prevention and detection of fraud.							
Signature							
If you submit this form electronically, you will be required to sign this declaration if invited to interview. Please advise us of any other information relevant to the recruitment process so we can ensure every attempt is made to meet your needs. This could include dates when you are not available for interview or any special requirements you may have such as necessary equipment and/or resources to enable you to attend an interview.							

Please return your completed application via post or email:-Shardlow Primary School

London Road

Shardlow

Derbyshire

DE722GR

Telephone: 01332792215

E-mail: <u>headteacher@shardlow.derbyshire.sch.uk</u>

Headteacher: Mrs K Magner

EQUAL OPPORTUNITIES MONITORING FORM

Willows Academy Trust is committed to its equality and diversity policy. We want to do all we can to prevent discrimination in any form and you can help us in this by completing the information below. The information given on this sheet will **not** be used to make decisions about who is recruited. The form will **not** be seen by the shortlisting/interview panel. It will be used to improve equality in recruitment and overall service delivery. Your help filling in this form is greatly appreciated. Thank you.

JOB REFERENCE No.	DCC / /								
DATE OF BIRTH	DD	MM		YYYY					
RACIAL OR ETHNIC ORIGINS									
White British	☐ WB	Other mixed background	□ МО	Black Caribbean	☐ BC				
White Irish	\square WI	Indian	\square AI	Black African	☐ BA				
White other	☐ WO	Pakistani	☐ AP	Other black background	□ ВО				
White & Black Caribbea	an \square <i>MC</i>	Bangladeshi	☐ AB	Chinese					
White & Black African	\square MB	Other Asian background	☐ OA	Gypsy or Irish Traveller	☐ OG				
White & Asian	\square MA	Arab	\square AR	Any other	□ от				
DISABILITY									
Are you disabled?		Yes	☐ No						
_		plications from disabled peo	ple and unde	rtakes to offer every approp	riate				
support to enable them	to gain and re	ат етрюутел.							
GENDER									
Male [Female							
RELIGION / BELIEF – please tick only one box									
Buddhist		Jewish		None					
Christian (all denomina	tions)	Muslim		Other religion or belief					
Hindu		Sikh		Prefer not to say					
OFVIIAL ODIENTATION	mlasse C. I	anh. ana karr							
SEXUAL ORIENTATION – please tick only one box									
Bisexual		Lesbian or gay woman		Gay man					
Heterosexual		Other		Prefer not to say					
HOW DID YOU FIND OUT ABOUT THIS JOB?									
e.g. council website, newspaper (please tell us which), Job Centre etc.									
EMPLOYMENT									
LEMPLOYMENT									