|  |  |  |  |
| --- | --- | --- | --- |
| **Position applied for:** |  | **Closing Date:** |  |

If you require this form in an alternative format (braille, large print, audio tape etc.) please contact main reception on 0191 3866628.

As this application may be photocopied, please complete the form in black ink or type. **Please do not send a CV as this will not be considered.**

**Note: If you provide false information on any part of this application form, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.**

Framwellgate School Durham is committed to confidentiality and complies with the Data Protection Act. All information will be handled and stored sensitively and used only for its intended purpose.

|  |
| --- |
| **Equal Opportunities and Monitoring** |
| The information requested in **Part A** of this form will be used for monitoring and administration purposes only, and is not seen by the recruitment panel. The information requested in **Part C**, is used for checking convictions and other employment information, and is also not seen by the recruitment panel. **Part B** is separated when we receive your application form, and given to the recruitment panel for shortlisting. This is done to reduce the possibility of unfair and unlawful discrimination. |

|  |
| --- |
| **PART A** |

|  |
| --- |
| **PERSONAL DETAILS** |
| **Surname** |  | **Title** |  |
| **Forename(s)** |  |

|  |
| --- |
| **Address** |
|  | **Postcode** |  |

|  |  |
| --- | --- |
| **Mobile Phone Number:** |  |
| **Home Phone Number:** |  |
| **Work Phone Number:****(if convenient)** |  |
| **Email address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **National Insurance Number:** |  | **Date of Birth:** |  |

|  |
| --- |
| **FRAMWELLGATE SCHOOL DURHAM****EQUAL OPPORTUNITIES MONITORING FORM** |
| **Gender** | [ ] [ ] [ ] [ ] [ ] [ ]  | Male Female IntersexNon-binaryPrefer not to sayIf you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Age group** | [ ] [ ] [ ] [ ] [ ] [ ]  | 16 to 25 26 to 3536 to 4546 to 5556 to 65Over 65 |
| **Religion** | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | ChristianityHinduismIslamOtherNo religion | [ ] [ ] [ ] [ ] [ ]  | JudaismSikhismBuddhistBaha’iPrefer not to say |
| **Ethnic origin** | White: | Black or Black British: |
| **[ ]** **[ ]** **[ ]**  | BritishIrishAny other white background | [ ] [ ] [ ]  | CaribbeanAfricanAny other Black background |
| Arab or Middle Eastern: | Travelling Community: |
| **[ ]** **[ ]** **[ ]**  | ArabNorth AfricanAny other Arab or Middle Eastern background | **[ ]** **[ ]** **[ ]**  | Gypsy / RomaTraveller of Irish DescentOther travelling community |
| Asian or Asian British: | Mixed: |
| **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | IndianPakistaniBangladeshiChineseAny other Asian background | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | White & Black CaribbeanWhite & Black AfricanWhite & AsianAny other Mixed backgroundOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]**  | Prefer not to say |  |
| **Sexuality** | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | Heterosexual / StraightBisexualGay ManGay Woman / LesbianPrefer not to say |  |  |
| **Disability** | **Do you consider yourself to be a person with a disability, or health condition?**The Disability Discrimination Act 1995 states that “a person has a disability for the purpose of this Act if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities”. |
| [ ]  | Yes | [ ]  | No | [ ]  | Prefer not to say |

|  |
| --- |
| **DECLARATION** |
| I confirm that the information that I have given in **Section A** is true, correct, complete and up to date. **I understand that false information may render me disqualified from appointment, and liable for dismissal if I am appointed.** |
| **Signed:** |  | **Date:**  |  |

|  |
| --- |
| **PART B** |

|  |
| --- |
| **EDUCATIONAL ACHIEVEMENTS** |

|  |  |
| --- | --- |
| **Position applied for:** |  |

|  |
| --- |
| **Appointment will only be confirmed subject to receipt of official certificates in support of below.** (Please include GCSE, O’ level, CSE, A’ level, Further/Higher Education and any other relevant study in chronological order) |
| **School/College Attended** | **Qualifications****(inc. subject (s))** | **Grades** | **Date Achieved** |
|  |  |  |  |
| **Higher Education Institution Attended** | **Degree / Higher Advanced Degree/ Diploma / Certificate** | **Degree Class/ Division** | **Date of Award** |
|  |  |  |  |

|  |
| --- |
| **TECHNICAL OR PROFESSIONAL MEMBERSHIPS** |
| **Institute and membership number** | **Membership Grade** | **Date of appointment** |
|  |  |  |

|  |
| --- |
| **PROFESSIONAL DEVELOPMENT INCLUDING IN-SERVICE TRAINING** |
| Please detail below the commitment to professional development within your career that is relevant to your application for this post. |
| **Date** | **Subject/Focus/Course** | **Provider** | **Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **EMPLOYMENT DETAILS**  |

|  |
| --- |
| **DETAILS OF PRESENT EMPLOYMENT** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** |  | **Employer Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please state whether present appointment is permanent or temporary?** |  | **Period of notice required or termination date?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full or part time** | **Annual salary £** | **Who do you report to?** | **How many staff report to you?** | **Summary of roles and responsibilities** | **Date of Appointment** |
|  |  |  |  |  |  |

|  |
| --- |
| **DETAILS OF PREVIOUS EMPLOYMENT (MOST RECENT FIRST)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Post** | **Full or part time** | **Annual salary?** | **Name and address of establishment** | **Dates of Employment** | **Reason for leaving** |
| **From** | **To** |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **DETAILS OF PREVIOUS EMPLOYMENT CONTINUED** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Post** | **Full or part time** | **Annual salary?** | **Name and address of establishment** | **Dates of Employment** | **Reason for leaving** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please continue on a separate sheet if necessary

|  |
| --- |
| **DUAL EMPLOYMENT** |
| Do you have any additional employment which you intend to continue if appointed to this post?  | **Yes** | **No** |
| If yes, please detail the nature of this work and the hours. |  |

|  |
| --- |
| **REFERENCES** |
| Give names, designations and addresses of **TWO** nominated referees. One **must** be your present (or most recent) employer. Any offer of employment will be conditional subject to receipt of **two** satisfactory references and appropriate satisfactory clearances.As the job you are applying for will involve access to children, we reserve the right to contact any of your previous employers for a reference (including your most recent employer even if youhave not selected them as a referee) and to verify particular experience or qualifications. |
| **Reference One** | **Reference Two** |
| **Name** |  | **Name** |  |
| **Position** |  | **Position** |  |
| **Address** |  | **Address** |  |
| **Post Code**  |  | **Post Code** |  |
| **🕿 Number**  |  | **🕿 Number** |  |
| **Email** |  | **Email** |  |

|  |  |  |
| --- | --- | --- |
| Can your referees be contacted without any further authorisation from yourself?  | **YES** | **NO** |

|  |
| --- |
| **PERSONAL STATEMENT** |
| **In no more than** **1000 words**, please state clearly how you meet all of the essential requirements listed on the Person Specification. |
|  |

|  |
| --- |
| **PERSONAL STATEMENT CONTINUED** |
|  |

Please continue on a separate sheet if necessary

|  |
| --- |
| **ABSENCE FROM WORK/EDUCATION** |
| How many days sickness absence from work or education have you had in the last **two** years? |  |

|  |
| --- |
| **DISABILITY / REASONABLE ADJUSTMENTS** |
| Do you require us to make any reasonable adjustments that will help you to demonstrate your full potential in the recruitment process? If yes, please give details. |  |

This post may be subject to medical assessment through the Occupational Health Service.

|  |
| --- |
| **JOB SHARE** |
| If this post is open to job share, do you wish to apply for this post in a job share capacity? | **YES** | **NO** |

|  |
| --- |
| **RELATIONSHIP(S)** |
| If you have any relationship with any senior employee of the Trust or school, please state the name(s) and nature of relationship(s) |
| **Name** | **Relationship** |

**Note:** If you canvas any Senior Officer of representative of the Trust or school, directly or indirectly for this appointment, or if you fail to disclose a relationship, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice

|  |  |
| --- | --- |
| Please state where you saw the advertisement for this post : |  |

|  |
| --- |
| **DECLARATION** |
| I confirm that all of the information given in **Section B** is true, correct, complete and up to date. **I understand that false information may render me disqualified from appointment, and liable for dismissal if I am appointed.** |
| **Signed** | **Date** |

|  |
| --- |
| **PART C** |

|  |
| --- |
| **CRIMINAL CONVICTIONS AND OTHER EMPLOYMENT CHECKS** |

|  |
| --- |
| The post you have applied for is exempt from the Rehabilitation of Offenders Act 1974, because it involves access to children. Therefore you are required to provide details of **all** convictions in the box below, **even if they are classified as ‘spent’**. If you are successful in this recruitment process, Framwellgate School Durham will then obtain a disclosure from the Disclosure and Barring Service about you, irrespective of whether you tick Yes or No. This will be discussed with you at the time. The information gained will be used by the School to check your suitability for the post. **Note:** Should you fail to disclose any conviction, and the Disclosure and Barring Service information confirms that you have any prosecution pending, or that you have been convicted at a Court, or cautioned by the Police for any criminal offence, or that there are any other matters causing the Framwellgate School Durham to reasonably conclude that you may be unsuitable for the post, then you will be disqualified from appointment. If already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice. |

|  |  |
| --- | --- |
| **Position applied for:** |  |

|  |  |  |
| --- | --- | --- |
| **Do you have a prosecution pending, or have you ever been convicted at a court or been cautioned by the police, for any offences, including those classified as ‘spent’ under the Rehabilitation of Offenders Act 1974?** | **YES** | **NO** |
| If yes, please use the space to provide details of pending prosecutions, convictions, cautions and bind-over orders, including approximate date, the offence, and the court or police force which dealt with the offence.(Please continue on another sheet if necessary) |  |

|  |  |  |
| --- | --- | --- |
| **Have you lived and/or worked outside of the UK within the last 5 years?**  | **YES** | **NO** |
| If yes, please provide details including dates.(Please continue on another sheet if necessary.) |  |

|  |  |  |
| --- | --- | --- |
| **Do you have the right to work in the UK?**  | **YES** | **NO** |
| If no, please indicate the reason: |  |

|  |
| --- |
| **DECLARATION** |
| I confirm that the information that I have given in **Section C** is true, correct, complete and up to date. **I understand that false information may render me disqualified from appointment, and liable for dismissal if I am appointed.** |
| **Signed** | **Date** |