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|  | **APPLICATION FORM****CONFIDENTIAL** |  |

Application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following form as fully as possible**

**You may also attach your CV in addition to the completed application form**

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| **Surname**: **(Mr, Mrs, Miss, Ms, Mx, Other)**:  | **Forename**(s**):** **Maiden Name/Previous Name**:  |
| **Address**:  | **Date of occupation**:  |
| **~ during the last five years if different from above**: | **Date of occupation**: |
| **Have you lived outside of the UK for more than 3 months in the past 5 years?****If so, please provide details below:** |
| **Home Tel No**:  | **Work Tel No**:  | **Mobile No**:  |
| **Best time(s) and numbers to call you?** |
| **Email address**:  |
| **DfE Reference Number (if applicable)**: |
| **Current Salary and Benefits:** | **Notice Period:** |
| **Name of Current Employer**:  |
| **Do you have QTS?** Yes / No  | **Do you require a work permit to work in the UK?** Yes/No |
| **If yes, when does your current permit expire?**  |
| **Do you hold a current UK driving licence?**  Yes / No  | **How long have you been driving for?**  Yrs |
| **Existing Contacts within School** (please indicate if you know any existing employees or governors at the School, and if so, how you know them):  |
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| **EQUAL OPPORTUNITIES****As an equal opportunities employer we welcome applications from suitably skilled women and men irrespective of their ethnic origin, disability, or sexuality.** |

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| **Secondary Education**Please list below the secondary schools/colleges you attended, with dates and exit exam results: |
| **Dates** | **School/College(s) & address** | **Subjects & Results (with grades)** |
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| **Tertiary Education *(if applicable)***Please list below the universities you attended with dates and degree details: |
| **Dates** | **University/Degree Body** | **Title & Class of degree** | **Main Subject(s)** Principal subject first |
|  |  |  |  |
| **Graduate Indicator:** (please tick) 1 – Non graduate  2 – Graduate equivalent 3 – Good honours or equivalent |
| **Other Academic/Vocational Qualifications** |
| **Dates** | **Awarding Body** | **Grade (if appropriate)** |
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| **Further Training and Development**Please give details of any relevant and significant training you have undertaken in the last few years: |
| **Dates** | **Training details** |
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| **Membership of Professional Bodies *(if applicable)*** |
| **Dates** | **Institute or Association** |
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| **Career History** Please supply a **full** history in chronological order (with start and end dates) of all training/further education, employment, self-employment, **and any periods of unemployment** since leaving secondary education. Please provide where appropriate explanations for any periods not in employment, self-employment, or further education/training and in each case any reasons for leaving employment. |
| **Current Employer**  |
| **Name & Address of Employer** | **Dates from - to** | **Position** | **Reasons for leaving** |
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| **Career History**  |
| **Name & Address of Employer** | **Dates from - to** | **Position** | **Reason for leaving** |
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| **Career History continued** |
| **Name & Address of Employer** | **Dates from - to** | **Position** | **Reason for leaving** |
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| **Employment Gaps**For compliance with Safer Recruitment legislation, it is important to understand any employment gaps. If you have any gaps in your employment history, please state the dates and reasons for the gaps below: |
| **Interests**Please give details of interests, hobbies, or similar enthusiasms: |
| **Referees** Please provide details of at **least three different referees**. One referee should be your current or most recent employer. Where you are not currently working with children but have done so in the past, one reference must be from the employer by whom you were most recently employed in work with children. **Referees will be contacted formally as soon as the short-listed candidates have been chosen but may be approached informally at any stage.** If candidates have any concerns about this, they should contact HR Team at hr@miltonabbey.co.uk or on 01258 880484.**Please note, references cannot be sought from a relative and photocopies and references addressed “to whom it may concern” will not be accepted.** |
| **CURRENT EMPLOYER DETAILS:** | **SECOND REFEREE:****How does this referee relate to you?** | **THIRD REFEREE:****How does this referee relate to you?** |
| **Referee Name****Job Title** | **Referee Name****Job Title** | **Referee Name****Job Title** |
| **Address** | **Address** | **Address** |
| **E-mail:** **Home tel**: **Work tel**: **Mobile tel**:  | **E-mail:** **Home tel**: **Work tel**: **Mobile tel**:  | **Ee-mail:** **Home tel**: **Work tel**: **Mobile tel**:  |
| **Declaration**The amendments to the Rehabilitation of Offenders Act 1974 (exceptions), Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.**All** shortlisted applicants who are invited to interview will be required to complete a ‘Pre-Interview Vetting Form’, who will be asked of any prior convictions. If you require guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice (MoJ) website. Additional guidance is also available from other organisations, namely:* [Nacro’s Criminal Record Support Service](https://www.nacro.org.uk/criminal-record-support-service/)
* [Unlock](https://unlock.org.uk/)

I understand that if my application is successful, I will be required to obtain a DBS Disclosure at enhanced level and may be asked to undergo a full medical examination. I declare that I know of no reasons on the grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the post in question and understand that any offer of employment made by the School will be conditional on verification of medical fitness.**I declare that the information I have given on this form is complete and accurate and that I am not banned or disqualified from working with children nor subject to any sanctions or conditions on my employment imposed by a regulatory body or the Secretary of State. I understand that to knowingly give false information, or to omit information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution.****Signed: Date:** *If this form is being returned electronically, applicants should insert a digital signature or print their name.* |

In line with guidance, our school will perform an online search for shortlisted candidates as part of our due diligence checks.

Applicants who have lived or worked outside of the UK, will undergo additional checks related to prohibition and professional standards.

Candidates should also submit **a letter of application** of not more than two sides, stating why they are interested in the post and what relevant skills and experience they would bring to it.

Please address the letter to: Mr James Watson, Headmaster and send it electronically with the application form and optional CV to: the HR Team at hr@miltonabbey.co.uk

Please note that a CV is not acceptable as an alternative to the Application Form.

As an equal opportunities employer we welcome applications from suitably skilled women and men irrespective of their ethnic origin, disability, or sexuality.

***Equal Opportunities Monitoring Form follows:***

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| **EQUAL OPPORTUNITIES MONITORING FORM** |
| Milton Abbey has an equal opportunities policy and is keen to ensure that it is working efficiently. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring and is not used as part of the interview selection process. **The Equality Act 2010**The Equality Act 2010 protects people against discrimination on the grounds of their age and sex. |
| [ ]  Female | [ ]  Male | [ ]  I do not wish to disclose this |
| Date of birth: |  |
| Is the gender you identify with the same as your sex registered at birth? |  |
| [ ]  Yes | [ ]  No  | [ ]  I do not wish to disclose this |

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| **The Equality Act 2010**The Equality Act 2010 protects people who are married or in a civil partnership. |
| Please indicate the option which best describes your marital status. |
| **[ ]** Married | **[ ]** Legally separated |  |
| [ ]  Single | **[ ]** Divorced | [ ]  I do not wish to disclose this |
| [ ]  Civil partnership | **[ ]** Widowed |  |

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| **The Equality Act 2010**The Equality Act 2010 protects bisexual, gay, heterosexual, and lesbian people from discrimination on the grounds of their sexual orientation. |
| Please indicate the option which best describes your sexual orientation. |
| **[ ]** Heterosexual | **[ ]** Bisexual | **[ ]** Gay  |
| [ ]  Lesbian | **[ ]** Asexual | [ ]  Pansexual |
| [ ]  Undecided | [ ]  I do not wish to disclose this |  |

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| **The Equality Act 2010**The Equality Act 2010 protects disabled people, including those with long term health conditions, learning disabilities and so called “hidden” disabilities such as dyslexia. If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes, including interview, are fair and equitable. |
| Do you consider yourself to have a disability or health condition? | [ ]  Yes | [ ]  No | [ ]  Prefer not to say |
| What is the effect or impact of your disability or health condition on your work? Please write here: |
| “Long-term” effects are effects which have lasted at least 12 months or are expected to last 12 months or more. The disability could be physical, sensory, or mental but must be substantial. For example, wearing spectacles would only apply while vision was substantially affected even when wearing glasses. It could relate to a progressive condition such as HIV infection, multiple sclerosis, or cancer, from the time at which the impairment first affects day-to-day activities, so long as it is ultimately expected to result in substantial impairment.  |
| Do you have caring responsibilities? If yes, please tick all that apply;  |
| **[ ]** None | **[ ]** Primary carer of a child/children (under 18) | **[ ]** Primary carer of disabled child/children | **[ ]** Prefer not to say |
| **[ ]** Primary carer of disabled adult (18 or over) | **[ ]** Primary carer of older person | **[ ]** Secondary carer (another person carries out main caring role) |  |
| **The Equality Act 2010**The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including any lack of belief. |
| Please indicate your Religion or Belief |
| **[ ]** Atheism | **[ ]** Islam | **[ ]** Other |
| [ ]  Buddhism | **[ ]** Jainism | [ ]  No religion or belief  |
| [ ]  Christianity | **[ ]** Judaism | [ ]  I do not wish to disclose this |
| **[ ]** Hinduism | **[ ]** Sikhism |  |

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| **The Equality Act 2010**The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin. |
| Please indicate the option which best describes your Ethnic Group |
| **White** | **Mixed/Multiple ethnic groups** | **Asian/Asian British** | **Black/African/****Caribbean/Black****British** | **Other ethnic group** |
| [ ]  English | **[ ]** White and BlackCaribbean | [ ]  Indian | [ ]  African | [ ]  Arab |
| [ ]  Welsh | **[ ]** White and BlackAfrican | **[ ]** Pakistani | [ ]  Caribbean | [ ]  Any other ethnicgroup, pleasedescribe |
| **[ ]** Scottish | **[ ]** White and Asian | **[ ]** Bangladeshi | [ ]  Any otherBlack/African/CaribbeanBackground, pleaseDescribe: | **[ ]**  Prefer not to say |
| **[ ]** Northern Irish | **[ ]** Any other Mixed/Multiple ethnicBackground, pleaseDescribe: | [ ]  Chinese | **[ ]**  Prefer not to say |  |
| **[ ]**  Irish | **[ ]**  Prefer not to say | [ ]  Any other Mixed/Multiple ethnicBackground, pleasedescribe: |  |  |
| **[ ]**  British |  | **[ ]**  Prefer not to say |  |  |
| **[ ]**  Gypsy or Irish Traveller. |  |  |  |  |
| **[ ]**  Prefer not to say |  |  |  |  |

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| For the purposes of compliance with the Data Protection Act 2018, I hereby confirm that by completing this form I give my consent to Milton Abbey School processing the data supplied above in connection with monitoring and compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.**Signed**: **Date**: *If this form is being returned electronically, a digital signature or printing of your name will suffice.* |