JOB APPLICATION FORM



JOB TITLE APPLIED FOR:							
PERSONA	PERSONAL DETAILS						
Title:	Forename(s):		Surname:				
			Previous Surname:				
Address:							
Postcode:							
D. T.I							
Day Tel:		Home Tel:		Mobile:			
Email:							
National Insu	rance No:						
	-		• •	e are required to check eligibility to live			
and work in th	e UK. Please note that y	ou will be requested to p	rovide this evide	nce.			
Do vou have	the right to work in U	K? Yes No <mark>(please hig</mark> ł	nlight as appror	priate)			
Do you have		(picase ingi		shace,			
If No please o	detail:						
DDECENIT							
		IN I (Student teacher)	NQT seeking fir	st appointment please give details			
Employer:	ol placements)	sition:					
Employer.	FU	Position:					
Start Date:	Sal	Salary (per annum): £					
		,					
End Date:		sion Scheme: LGPS TPS Other					
- 1 1	(Please highlight as appropriate)						
Teachers onl TLR:	· · · · · · · · · · · · · · · · · · ·	S Number:					
		S Number.					
Other Payments:							
•							
Number of st	umber of students on roll: Age range of students:						
Subjects taught:							
Reason for leaving:							

PREVIOUS EMPLOYMENT (most recent first)							
Employer	Role	From	То	Teachers only			
		(mm/yyyy)	(mm/yyyy)	Accetour		hianta	No. on roll
				Ages taug	nt Su	bjects	No. on roll
EDUCATIO	ON (most recent qua	alifications fir	rst)	L			
If you are cu	rrently undertaking	Teacher train	ing please de				
Higher Educa College/Scho		From	То	Qua grac	alification	ns &	Year taken/to be taken
College/Schi	501			grau	Jes		laken
APPLICANTS	CURRENTLY IN TEA	<mark>CHER TRAINI</mark>	NG ONLY			1	
University/College:							
Course of St	udy:						
Date when QTS will be gained:							
Literacy and numeracy no longer tested separately							
NI		Date			Venue	2	
Numeracy	SKIIIS	dd/mm/	уу				
Literacy Ski	ills	dd/mm/ [,]	уу			_	

PERIODS NOT IN EMPLOYMENT/TRAINING Please provide details of any gaps in employment or training:					
Please pr	ovide details of any	gaps in employment or t	raining:		
From	То	Reason			
		IONAL & PERSONA	L DEVELOPMEN		
Course na	ame & provider	Qualification	From	То	

STATEMENT OF SUITABILITY

Please include a statement of personal qualities and experience you believe relevant to your suitability to the role and how you meet the personal specification

REFERENCES

- Please provide two referees who have recent professional knowledge of your work.
- One must be your present / last employer.
- If any references relate to employment at a school/college, your referee must be the Headteacher/Principal.
- Trainee Teachers: please provide details of your college tutor and the Headteacher of a school where you have undertaken teaching practice.

OUR POLICY IS TO TAKE UP REFERENCES PRIOR TO INTERVIEW. IF YOU HAVE ANY CONCERNS ABOUT					
THIS PLEASE	CONTACT US.				
Name:					
Position:					
Address:					
Postcode:					
Tel:					
Email:					
If you are no	ot currently working with children, but have done so in the past, please provide details of a 3 rd				
referee whe	re you were most recently employed/volunteered to work with children.				
Name:					
Position:					
Address:					
Postcode:					
FOSICOUE.					
Tel:					
Email:					
WHERE DID YOU HEAR ABOUT THIS VACANCY?					
Please highl					
School website / TES/ LinkedIn/ Other website (please specify)/ Local press/ Word of mouth etc.					

PROTECT	ION OF	CHILDREN				
The Circle Trust is committed to safeguarding and promoting the welfare of children and young people and						
			rk with our young people to share this commitment.			
DISCLOS	URE OF C	RIMINAL RECORD				
If shortlisted, you will be asked to self-declare any criminal cautions or convictions prior to interview.						
Have you liv	/ed outside	the UK in the last 5 years?	YES/ NO (delete as appropriate)			
	If YES, successful candidates will be required to provide a police certificate or certificate of good conduct from those countries to complete the DBS check.					
DATE OF	BIRTH					
To assist wi please prov	•	and vetting requirements, ite of birth	dd/mm/yyyy			
DECLARA	TION					
Please declare if you have a family member or close relationship with any employee or Member/Trustee/Local Advisor within this school or The Circle Trust itself.						
No	Yes If yes please give details below:					
Name(s) of relevant person(s): Relationship:						
In submitting this form to The Circle Trust, I declare that the information provided by me on this application form is correct to the best of my knowledge and belief.						
I understand that if I give any information, which is later found to be false, or I withhold any relevant information, this may lead to my application being rejected or, if already appointed, to termination of the employment.						
Please HIGHLIGHT YES and sign /type your name below to confirm that you have read, understood and agree with the above declaration.						
Yes:		Signed:	Date:			

EQUALITY AND DIVERSIT	Y MONITORING				
The Circle Trust wants to meet t	the aims and commitments set out in its equality policy. This includes not ty Act 2010, and building an accurate picture of the make-up of the				
The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.					
Please highlight below as appropriate					
GENDER					
Man Woman Non-Binary Prefer not to say					
If you use your own term, pleas	e specify:				
WHAT IS YOUR ETHNICITY? Ethnic origin is not about nation perceive you belong:	nality, place of birth or citizenship. It is about the group to which you				
White	English Welsh Scottish Northern Irish Irish British				
	Gypsy or Irish Traveller Prefer not to say				
	Any other white background, please detail:				
Mixed/multiple ethnic groups	White & black Caribbean White & Black African White & Asian				
	Prefer not to say				
	Any other mixed background, please detail:				
Asian/Asian British	Indian Pakistani Bangladeshi				
	Prefer not to say				
	Any other Asian background, please detail:				
Black/African/Caribbean/Black British	African Caribbean Prefer not to say				
	Any other Black/African/Caribbean background, please detail:				
Other ethnic group	Arab Prefer not to say				
	Any other ethnic group, please detail:				
DO YOU CONSIDER YOURSELF	TO HAVE A DISABILITY / HEALTH CONDITION?				
Yes No Prefer not to say					
If VEC what is the offect or impact of your disability or health condition on your shills, to show your heat at					

If YES what is the effect or impact of your disability or health condition on your ability to give your best at work?

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment' please discuss this with your manager, or the manager running the recruitment process.