**Application Form**

Please complete and return this form addressed

for the attention of Miss K Fasham-Hughes, PA to the Headteacher email[*head@srms.kent.sch.uk*](mailto:head@srms.kent.sch.uk)*.*

***Please complete using black ink or type.***

This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process. Please refer carefully to the information you have been provided for this post.

Please ensure you complete **ALL** sections of the application form. Your application will be treated in the strictest confidence.

**Post Applied for:**

|  |
| --- |
|  |

**Part 1 - Personal Details**

**Please complete using black ink or type.**

|  |  |
| --- | --- |
| **Title:** |  |
| **Last Name/Family Name:** |  |
| **Previous Last Name:** |  |
| **First Name:** |  |

**General Information about You**

**Please provide your addresses for the last five years. Please include the name, address and contact telephone number of landlords and/or lettings agents if any of the addresses are rented accommodation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Home Address:  Landlord/Lettings Agent Contact details if applicable:  **Dates of Residence**: | | Previous Address 1:  Landlord/Lettings Agent Contact details if applicable:  **Dates of Residence**: | | |
| Previous Address 2:  Landlord/Lettings Agent Contact details if applicable:  **Dates of Residence**: | | Previous Address 3:  Landlord/Lettings Agent Contact details if applicable:  **Dates of Residence**: | | |
| Telephone No. Home: | |  | Alternative Telephone No: |  |
| Email Address: | | | | |

**General**

|  |
| --- |
| **Pension Scheme**  Do you contribute to the Local Government Pension Scheme Yes 🞏 No 🞏  If you contribute to another scheme please provide details:  If a Teacher, have you elected to pay Superannuation contributions for part-time teaching?  Yes 🞏 No 🞏 |
| Are you related to any member of the School Governing Body, Current Employee or Volunteer?  Yes 🞏 No 🞏  (if yes please provide details): |
| Are you aware of any matter, which might call into question your integrity as an employee or bring you/or SRMS into disrepute? Yes 🞏 No 🞏  If yes please give brief details: |
| Do you have a current UK driving licence? Yes 🞏 No 🞏 |
| Do you have any current endorsements on your licence? Yes 🞏 No 🞏  If yes, please give brief details: |
| How did you become aware of this vacancy?  Media: Date: Reference: |
| If successful, when could you start? |

**Please indicate two people who can provide references** – one of whom should be your present/most recent employer. Applicants who are immediate school leavers should include their University/College tutor.

References will be taken up if you are shortlisted as part of the school’s Safeguarding and Child Protection process. Neither of your referees should be related to you, including partner or previous partners.

|  |  |
| --- | --- |
| **Reference 1** | **Reference 2** |
| Name:  Mr/Mrs/Ms/Miss/Dr | Name:  Mr/Mrs/Ms/Miss/Dr |
| Address: | Address: |
| Tel no. | Tel no. |
| Email: | Email: |
| Occupation: | Occupation: |

**CONSENT TO SEEK REFERENCES**

|  |  |
| --- | --- |
| **I consent/do not consent** (delete as appropriate) that the school may seek references in advance of interview should I be successfully shortlisted for interview.  **I consent/do not consent** (delete as appropriate) that the school may seek my references after interview. | |
| Signature: | Date: |

**Part 2 – Competency**

**Education and Training**

***If invited for interview, original documentation of qualifications must be bought with you, along with an original passport.***

**a) Teacher Training**

|  |  |  |
| --- | --- | --- |
| Name of Teacher Training Institute: |  | |
| Dates: | From: | To: |
| Qualification obtained: |  | |
| Subjects – Main and Subsidiary |  | |
| Age Range/ Key Stage |  | |
| Other special interests: |  | |
| QTS Reference Number: |  | |

**b) Post-18 Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **Date Attended** | **Subjects** | **Qualification achieved (including class of degree)** | **Date of Award** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**c) Secondary Education**

|  |  |  |
| --- | --- | --- |
| Name of School(s) attended and dates: |  | |
| **GCSE /‘O’ Levels or equivalent** | | |
| Subject | | Grade |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **‘A’ Levels or equivalent** | | |
| Subject | | Grade |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **d) Membership of Professional Organisations and Institutions** | | | |
| **Name** | **Date achieved** | **Membership status** | **By examination**  **(Yes/No)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**e) Training and Development**

Please give details of relevant courses and training undertaken in the last five years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates and duration** | **Title of Course/ Training incl. Home Study and Distance Learning** | **Name of Provider e.g. LEA, College etc.** | **Qualification obtained (if any)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment History**

Please give details of all jobs held after the age of 18, including part-time and unpaid work, starting with your current or most recent employer. Any gaps in employment must be explained.

When giving details of school employment please include the age range, approximate school roll number and school type i.e. independent, foundation, academy, voluntary aided or maintained.

***(Continue on a separate sheet if necessary giving page number and title heading)***

|  |
| --- |
| Employer name: |
| Employer address: |
| Employer contact details (name and telephone number): |
| Job Title: |
| Dates: |
| Salary upon leaving (and TLR payments): |
| Full or Part time: |
| Reason for leaving: |
|  |
| Employer name: |
| Employer address: |
| Employer contact details (name and telephone number): |
| Job Title: |
| Dates: |
| Salary upon leaving (and TLR payments): |
| Full or Part time: |
| Reason for leaving: |
| Employer name: |
| Employer address: |
| Employer contact details (name and telephone number): |
| Job Title: |
| Dates: |
| Salary upon leaving (and TLR payments): |
| Full or Part time: |
| Reason for leaving: |
|  |
| Employer name: |
| Employer address: |
| Employer contact details (name and telephone number): |
| Job Title: |
| Dates: |
| Salary upon leaving (and TLR payments): |
| Full or Part time: |
| Reason for leaving: |

**Other Skills and Interests**

|  |
| --- |
| Please include languages (spoken/written), computer literacy, etc. Please provide details of any community or voluntary work experience.  *(Continue on a separate sheet if necessary giving page number and title heading)* |

**Applicant Statement**

|  |
| --- |
| In this section you are asked to outline how your knowledge, skills and experiences meet the competencies required for this post, as set out in the job description and person specification. Remember to consider experience in previous employment and relevant experience outside of paid work e.g. that gained at home, through the community or through leisure activities.  *(Continue on a separate sheet if necessary giving page number and title heading)* |

**Protection of children**

|  |
| --- |
| **Disclosure of criminal background is required of those with substantial access to children.**  *You are required to give details as the post, for which you are applying is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order 1986.* ***A subsequent offer of appointment will be dependent upon the completion of a satisfactory Enhanced Disclosure and Barring Service check.***  Have you ever been convicted or cautioned of a criminal offence? Yes 🞏 No 🞏  (If yes please provide details of the Offence, the Sentence and the date) |
| **Financial Information**  Please also provide details of any bankruptcy, CCJs or any other financial settlements with creditors, with dates and outcomes: |
| If a non-UK national: Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? Yes 🞏 No 🞏  If YES, please provide details:  If you are successful in your application, would you require a work permit prior to taking up employment?  Yes 🞏 No 🞏 |
| **Data Protection Statement**  “I hereby give my consent for SRMS to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation.” |
| **Declaration**  I declare that the information I have given in this application is accurate and true. I understand that by omitting any material detail or providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.  Signature: Date: |

Part 3 – Equal Opportunities Monitoring

**Protecting your personal information**

The information you have provided will be retained and used by SRMS only for the purposes of monitoring the composition of the workforce and the fair application of policies and procedures.

**This section of the application is CONFIDENTIAL and will be detached from your application. It is solely for monitoring purposes.**

**SRMS recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.**

**Ethnic Group**

|  |  |  |  |
| --- | --- | --- | --- |
| I would describe myself as (please tick one of the boxes below) | | | |
| **White**  British  Irish | | 🞏  🞏 | |
| Any other White background   (please specify) | |  | |
|  | |  | |
| **Mixed**  White and Black Caribbean  White and Black African  White and Asian | | 🞏  🞏  🞏 | |
| Any other mixed background   (please specify) | |  | |
|  | |  | |
| **Asian or Asian British**  Indian  Pakistani  Bangladeshi | | 🞏  🞏  🞏 | |
| Any other Asian background  (please specify) | |  | |
|  | |  | |
| **Black or Black British**  Caribbean  African | | 🞏  🞏 | |
| Any other Black background  (please specify) | |  | |
| **Chinese** | | 🞏 | |
| **Any other Ethnic Group**  (please specify) | |  | |
| Please specify | | Male 🞏 Female 🞏 | |
| Age Range  (Please tick) | 🞏 Up to 19  🞏 20 – 25  🞏 26 – 35  🞏 36 – 45 | | 🞏 46 – 55  🞏 56 – 65  🞏 over 65 |

If you wish you may disclose information about yourself in this section about your:

|  |  |
| --- | --- |
| Religion: | Sexual Orientation: |

**Disability Statement**

**SRMS aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you would like any further assistance or advice about this application we will try to help.**

The information you have given will only be shared with the recruiting manager if you are shortlisted. This is to enable appropriate, reasonable accommodations to be made to our selection processes and to provide facilities where necessary.

Please answer the following questions:

|  |  |
| --- | --- |
| 1. Do you consider yourself to be disabled?   If YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act? | Yes 🞏 No 🞏  Yes 🞏 No 🞏 |
| *The Disability Discrimination Act 1995 defines disability as* ***“a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities.”*** | |
| 2. Is there anything you would particularly like to tell us about your disability? | |
| 1. Do you wish us to try to arrange for any of the following to be available, if you are called for interview? Please tick:   🞏 Induction loop or other hearing enhancement  🞏 Sign language interpreter (please state type)  🞏 Keyboard for written tests  🞏 Someone with you at the interview (e.g. advocate or facilitator)  🞏 Assistance in and out of vehicle  🞏 Accessible car parking  🞏 Wheelchair access  🞏 Accessible toilet | |
| Other assistance (please specify): | |

***The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities. Thank you for providing this information.***