



Employment Application Form

Internal use only

Ref No: _____

Date Received: _____

The UTC Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Please ensure that you complete all sections of Part 1 and Part 2 of the application. Please note that providing false information will result in the application being rejected or withdrawal of any offer of employment, or summary dismissal if you are in post, and possible referral to the police. Please note that checks may be carried out to verify the contents of your application form. Please complete the form in black ink. CV's are not accepted.

Vacancy Job Title	
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Part 1. INFORMATION FOR SHORTLISTING AND INTERVIEWING

Surname: _____ **Forename(s):** _____ **Title:** _____

2. LETTER OF APPLICATION Please enclose a letter of application which should describe how your experience, knowledge and skills make you a suitable candidate for this role. *Please refer to the applicant information pack which may include instructions on completion of the letter of application.*

3. PRESENT / LAST APPOINTMENT: IF TEACHING (include teaching practice)

Name, address of school					
Telephone number & Email address					
1 Type of school	Boys	Girls	Mixed	Age range	Number on Roll
2 Type of school					
Job title <i>Please enclose a copy of your current job description</i>					
Subjects/age groups taught					
Date appointed to current post					
Current salary, scale, point and allowances					
Date available to begin new job					

4. PRESENT / LAST APPOINTMENT: IF NON-TEACHING

Name, address of employer					
Telephone number					
Job title <i>Please enclose a copy of your current job description</i>					
Date appointed to current post					
Current salary, scale, point and allowances					
Date available to begin new job					



5. **FULL CHRONOLOGICAL HISTORY** Please provide a full history in chronological order since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment, with start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

Job Title or Position	Name and address of school, other employer, or description of activity	Number on roll and type of school, if applicable	F/T or P/T	Dates				Reason for leaving
				From		To		
				Month	Year	Month	Year	

Please enclose a continuation sheet if necessary



6. SECONDARY EDUCATION & QUALIFICATIONS

Name of School/College	From	To	Qualifications Gained	Grade

7. HIGHER EDUCATION

Names and Addresses of University or College and/or University Education Department	Dates From To	Full or Part-time	Courses/subjects taken and Passed	Qualification and Grade	Age Groups for which Trained



8. PROFESSIONAL COURSES ATTENDED AS A TEACHER Please list relevant courses attended in the past 3 years

Subject	Organising Body	Date(s)	Duration

9. OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS

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10. REFEREES

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is "time expired" and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. References will not be accepted from relatives or from people writing solely in the capacity of friends.

First referee

Title and Name	
Address	
Post Code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

Second referee

Title and Name	
Address	
Post Code	
Telephone number	
Email address	
Job Title	
Relationship to applicant	



11. MEDICAL AND ABSENCE INFORMATION

How many days absent from work have you had as a result of ill health in total over the last 3 years?

Please tick accordingly

nil	
1 to 3 days	
4 to 10 days	
11 to 20 days	
21 to 29 days	
Over 30 days	

Please give details:

Please give details of any prolonged period of absence in your career:



Part 2

Internal Ref No: _____

This section will be separated from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.

12. PERSONAL INFORMATION

1. Surname or family name	
2. All previous surnames	
3. All forenames	
4. Title	
5. Current Address	
6. Postcode	
7. Resident at this address since	
8. Home telephone number	
9. Mobile telephone number	
10. Date of Birth	
11. Email address	
12. DfE reference number	
13. National Insurance Number	
14. Do you have a current full driving licence?	
15. Did you qualify as a teacher after May 1999?	
16. Have you ever been subject to a child protection investigation by your employer or the General Teaching Council or Independent Safeguarding Authority?	
17. Do you require sponsorship (previously a work permit)?	
18. Are you related to or have a close personal relationship with any pupil, employee, or governor?	
19. NQTs ONLY: Have you provided evidence of passing the Skills Tests?	
20. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?	



13. COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND-OVERS

If you are shortlisted you will be required to complete a "Disclosure of Criminal Record" form and bring the completed form to interview. The information you give will be treated as strictly confidential. Disclosure of a conviction, caution, warning or reprimand will not automatically disqualify you from consideration. Any offence will only be taken into consideration if it is one which would make you unsuitable for the type of work you are applying for. However, offences relating to children may make you unsuitable since this is a "regulated position" under the Under the Criminal Justice & Courts Services Act 2000.

14. DATA PROTECTION ACT

The information collected on this form will be used in compliance with the Data Protection Act 1998. By supplying information, you are giving your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998. The information may be disclosed, as appropriate, to the governors, to Occupational Health, to the Teachers Pensions Agency, to the Department for Education, to pension, payroll and personnel providers and relevant statutory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud. This form will be kept strictly confidential but may be photocopied and may be transmitted electronically for use by those entitled to see the information as part of the recruitment process. When the recruitment process is completed, the form will be stored for a maximum of six months then destroyed. If you are employed as a result of this recruitment process then this application form will be retained as part of your personnel record.

15. NOTES

- (a) Under the Criminal Justice & Courts Services Act 2000 it is an offence for an individual who has been disqualified from working with children to knowingly apply for, offer to do, accept, or do any work in a 'regulated position'. The position you are applying for is a "regulated position".
- (b) Canvassing, directly or indirectly, an employee or governor will disqualify the application.
- (c) Candidates recommended for appointment will be required to provide a satisfactory Enhanced DBS certificate and complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

16. DECLARATION

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 13 above, and in particular that checks may be carried out to verify the contents of my application form.

Signature of Applicant

Print Name



**Thomas Telford
University Technical College**

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Please complete next page – Part 3**



PART 3 EQUALITY AND DIVERSITY MONITORING

This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

Ethnic Group

	<i>Workforce Census Code</i>		<i>Please tick</i>
White	WBRI	British English Welsh Northern Irish Scottish	
	WIRI	Irish	
	OOTh	Irish Traveller	
	OOTh	Gypsy	
	WOTh	Other White background	
Mixed	MWBC	White and Black Caribbean	
	MWBA	White and Black African	
	MWAS	White and Asian	
	MOTH	Other Mixed background	
Asian or Asian British	AIND	Indian	
	APKN	Pakistani	
	ABAN	Bangladeshi	
	CHNE	Chinese	
	AOTH	Other Asian background	
Black or Black British	BCRB	Caribbean	
	BAFR	African	
	BOTH	Other Black background	
Other ethnic group	OOTh	Arab	
		<i>Write in:</i>	
Prefer not to say	REFU		

Nationality	
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Religion

	<i>Please tick</i>
No religion	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion <i>write in</i>	
Prefer not to say	

Sexual Orientation

	<i>Please tick</i>
Bi-sexual	
Gay	
Lesbian	
Heterosexual	
Other	
Prefer not to say	

Disability

Do you consider that you have a disability? *Please tick*

Yes <i>Please complete the grid below</i>	
No	
Prefer not to say	
My disability is: <i>Please tick</i>	
Physical Impairment	
Sensory Impairment	
Mental Health Condition	
Learning Disability/ Difficulty	
Long standing illness	
Other	
Prefer not to say	



Gender *Please tick*

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Personal relationship

Please tick

Single	<input type="checkbox"/>
Living together	<input type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>