

Application Form for Vacancies at Embrace Multi Academy Trust

Please complete all sections of the application form as fully as possible. If you need to enter more information than a section allows, add the relevant details to section 10 of this form. It is an offence to apply for the role if you are barred from engaging in regulated activity relevant to children.

Post Applied For:

Establishment/school:

1. Personal Details

Title:		Surname:	
Forename(s):		Previous Name(s):	
Address and Postcode:			
Home Tel No:		Mobile Tel No:	
Which number would you prefer to be contacted on?	Home No: SELECT	Mobile No: SELECT	
Email Address:			
Teacher number (if applicable):		NI Number:	

2. Present Employment (or most recent, if not currently employed) (format for dates DD/MM/YYYY)

Post Title:		Date Appointed:	
Employer's Name:			
Employer's Address:			
Type (if school):		Age Range (if school):	
Subjects(s) Taught (if applicable):		No. on Roll (if school):	
Salary on Leaving: (specify allowances)		Notice period:	
Date Left (if applicable):		Reason for Leaving:	

3. References (one MUST be your current/most recent employer and be the headteacher, if at a school)

Title & Name:		Title & Name:	
Job Title:		Job Title:	
Address and Postcode:		Address and Postcode:	
Contact Number:		Contact Number:	
Email Address:		Email Address:	
Relationship to Applicant:		Relationship to Applicant:	

Character references will not be accepted, referees **MUST** only be those who can comment authoritatively on your work. **References will be sought prior to interview.**

4. Previous Employment Record – most recent first (complete continuation section if required)

Dates: (DD/MM/YYYY)		Employer's Name & Address:	Post:	Salary (inc allowances):	Reason for leaving:
From:	To:				

5. Breaks in Previous Employment History (if applicable) (format for dates DD/MM/YYYY)

Dates:		Reason for break:
From:	To:	

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6. Education (format for dates DD/MM/YYYY)

Dates:		Establishment Name & Address:	Qualifications:	Grade:
From:	To:			

7. Membership of Professional Organisations (format for dates DD/MM/YYYY)

Dates of Membership:		Professional Body / Organisation	Membership Level/Grade and Duration
From:	To:		

8. Relevant Professional Development (in the last 5 years) (format for dates DD/MM/YYYY)

Dates:		Organising Body:	Subject:	Grade:	Duration:
From:	To:				

9. Summary of Experience, Skills, Knowledge & Competencies

Please outline your suitability for the role by referring to the person specification and providing evidence of impact and outcomes (maximum of 2 pages):

10. Additional Information and/or Continuation (if required)

Please detail any further information you feel is relevant to your application that has not already been covered on this application (max 500 words):

Please add any information that could not be included from previous sections:

11. Interview Arrangements (format for dates DD/MM/YYYY)

Please indicate below any dates you would not be available for interview:

12. Disability / Health Conditions

The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.’

Do you consider yourself to be disabled? SELECT

Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable an interview, or which you wish us to take into account when considering your application.

13. Data Protection Act

The information you supply when submitting an application will be held for monitoring and evaluation purposes and in connection with any future contact. When you sign and return this form you are giving your permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held for up to 6 months and then destroyed. Information for appointed candidates will be held in accordance with the Embrace Multi Academy Trust Data Retention Policy.

14. Applicant Declaration

(format for dates DD/MM/YYYY)

I confirm that the statements in this application are true, correct and accurate and that I have not omitted any facts which may have any bearing on my application. I understand that falsification of qualifications or any other information may lead to the withdrawal of any offer of employment, or dismissal where employment has already commenced. By signing this form I agree to Embrace Multi Academy Trust using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information

I understand that if I do not tell you about any relationships with employees, governors or trustees at Embrace Multi Academy trust and its academies, and this is discovered after appointment, I could be dismissed without notice.

The amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website.

Should you be shortlisted for the position, you will be required to complete a criminal records self-declaration form in order to provide any information about any unspent and unprotected criminal records that you may have.

I understand that if I am shortlisted for the position and do not tell you about any relevant unspent criminal convictions including adult cautions, reprimands and warnings, or that I am under investigation or have pending prosecutions and this is discovered after appointment, I could be dismissed without notice	SELECT
I can produce the original documents of my qualifications, prior to any appointment.	SELECT
I understand that any canvassing, directly or indirectly, will be a disqualification.	SELECT
I understand I MUST provide documents proving eligibility to work in the UK, prior to confirmation of appointment.	SELECT
I am prepared to undergo a medical examination, prior to any appointment.	SELECT

Signature:

Date: