

CONFIDENTIAL

APPLICATION NUMBER



The Collegiate Academy Trust



Teaching Staff Application Form

Please note that CV's cannot be accepted without an official Application Form.
 Please complete **All Sections** of this form as appropriate, and for ease of photocopying complete in **Type** or **Dark Ink** and use **Block Capitals**.
 Please note sections 1 & 2 of this application form, will be removed prior to short listing

Post Applied for:

Location: **George Salter Collegiate Academy**

SECTION 1. PERSONAL DETAILS

Title:	Last Name:
First Name(s):	Former Names:
Home Address:	Term address: (If different)
Post Code:	Post Code:
Day/work telephone:	Mobile Telephone:
E-mail address:	Home Telephone:
GTC Registration Date:	DfES number:
Date of Birth:	NI number:

Short-Listing Codes A B C D



Shireland Learning

Email: collegiateacademy@shireland.sandwell.sch.uk

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For official Use only

SECTION 2. EQUAL OPPORTUNITIES

The Collegiate Academy Trust is committed to ensuring equality of Opportunity. Your application will be considered on your ability ONLY. Sections 1 & 2 will be removed prior to short listing and the information requested below will be treated confidentially and will ONLY be used to monitor the Academy practices. If you fail to complete this page fully, your application will **not** be accepted

Gender (please tick)

Male

Female

Ethnicity

Asian or Asian British (Please tick)	Indian <input type="checkbox"/>	Mixed (Please tick)	White & Black Caribbean <input type="checkbox"/>
	Sikh <input type="checkbox"/>		White and Black African <input type="checkbox"/>
	Pakistani <input type="checkbox"/>		White & Asian <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>		Any other mixed background <input type="checkbox"/>
	Any other Asian Background <input type="checkbox"/>	White (Please tick)	British <input type="checkbox"/>
Black or Black British (Please tick)	Caribbean <input type="checkbox"/>	If, to your knowledge you are related to any Collegiate Academy Trust, Employee or Academy Governor of the School to which you are applying, please give details	Irish <input type="checkbox"/>
	African <input type="checkbox"/>		European <input type="checkbox"/>
	Any other Black Background <input type="checkbox"/>		Any other White Back ground <input type="checkbox"/>
Chinese, Yemini or Other ethnic group (Please tick)	Chinese <input type="checkbox"/>		
	Yemini <input type="checkbox"/>		
	Other <input type="checkbox"/>		

Do you have or had in the past, any disability which makes it difficult for you to carry out normal day to day activities? (Please tick)

YES

NO

If YES, Please provide details of your disability

Do you have the legal right to live and work in the UK?

YES

NO

How did you learn about the vacancy, please state



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SECTION 3. TEACHING QUALIFICATIONS

TEACHING QUALIFICATIONS	
AGE GROUP	
SUBJECT SPECIALISM	

SECTION 4. EDUCATIONAL DETAILS

School/College /University (name & address)	Subjects	Level (i.e. A- Level, Degree etc)	Grade	Date Gained

SECTION 5. DETAILS OF FURTHER TRAINING

(Please list any training you have received)

Empty box for listing training received.



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SECTION 6. EMPLOYMENT DETAILS

Please complete the following, starting with your current employment and include all employment including non-teaching experience. Any employment with Teacher Supply Agencies must show the Agency as the employer and not the school where the work was carried out. Please also include any breaks in employment history together with the reason for the break. This information may form part of your salary assessment, so please complete the following accurately and include all experience since the age of 18. Failure to provide the correct and accurate information may result in an incorrect salary assessment. **If you have passed threshold you will need to supply a copy of your letter of Confirmation with this form**

Date		Employers name & Address	Position Held	Salary	F/t P/t	Prop. Of Hours	Responsibilities	Reason for leaving/break in employment
From Mth/Yr	To Mth/Yr							



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**SECTION 7. OTHER INFORMATION IN SUPPORT OF
YOU APPLICATION**

Please continue on a separate page if necessary

Empty box for providing other information in support of the application.



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SECTION 8. Convictions

Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

IMPORTANT NOTE FOR ALL PERSONS APPLYING FOR POSITIONS IN SCHOOLS AND COLLEGES, AND OTHERS WHO WILL WORK WITH YOUNG PERSON UNDER THE AGE OF 18.

The rehabilitation of Offenders Act 1974 (exceptions) Order 1975 does not allow employees with access to children and young persons under the age of 18 years the right to withhold information regarding previous criminal convictions, including cautions, for any offences (not just those involving children) which for other purposes are 'spent' under the provisions of the Act. You must disclose in this section any previous convictions.

Failure to disclose an previous convictions (including cautions) could result in dismissal should it be subsequently discovered. Any information given, either when returning this application form or at interview will be entirely confidential and will be considered only in relation to this application.

Date	Type of Offence	Sentence/Fine Imposed	Comments

SECTION 9. HEALTH

How many periods of absence have you had during the last 3 terms? _____

How many working days has this amounted to in total? _____

SECTION 10. REFERENCES

Please provide the names, addresses and occupations of two referees (one of whom must be your present or most recent employer) who are willing to support your application.

Name	_____
Address	_____
Postcode	_____
Telephone No:	_____
Fax No:	_____
E-mail Address	_____

Name	_____
Address	_____
Postcode	_____
Telephone No:	_____
Fax No:	_____
E-mail Address	_____



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SECTION 11. DATA PROTECTION

This information collected in the form will be used in compliance with the Data Protection Act 1998. The Information is being collected by the Personnel Team for the purpose of administering the employment and training of employees of The Collegiate Academy Trust. The information may be disclosed, as appropriate, within the Academy Trust, to Academy Governors, to Occupational Health, to the General Teaching Council, to the Teachers Pensions Agency, to the Department for Children Families and Schools, pension providers and relevant statutory bodies. You may also note that because we have a duty to protect public funds we handle, we might need to use information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public funds.

SECTION 12. CERTIFICATION

I certify that to the best of my belief, the information I have provided is true, and I understand that any false information or failure to disclose any criminal convictions will, in the event of employment, in disciplinary investigation, and is likely to result in dismissal.

I give my permission for my name and contact details to be provided to the recognised Trade Unions in Sandwell (please tick as applicable)

Yes

No

I give my permission for my service and salary details to be accessed by other local education authorities (please tick as applicable)

Yes

No

Signed

Date

N.B. Canvassing for this appointment will disqualify.



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