

Application Form

Applicant Surname (CAPITAL LETTERS):

Please return your co	mpleted application form to:		
	, Great Oak Multi Academy Trust, c/ reet, Great Chesterford, saffron Wa	_	′
Thank you for your int	erest in this post.		
_	tion is necessary to ensure that full con mation given will be treated as confide	G	
•	application form in black ink or type and tion must be signed and can be foun	·	
• • • •	al requirements and/or require reasonad/or during the recruitment process pla	•	
Post Details		Section 1	
Application for appo	pintment as:		
School:			
Closing date:			
How did you hear a	about this vacancy?:		
\			

Personal Details		Section 2	
Last name and title:	First name (s):		
Previous names:	Date of birth:		
Home telephone no:	Home email address:		
Work telephone no:	Work email address:		
Address:			
National Insurance no:			
Do you have the right to work in the UK?	Yes	No	
Present Employment (if currently em	nployed)	Section 3	
Employer's name and address (if applicable):			
Nature of business:			
Current post title:	Date appointed:		
Grade/salary range:	Current salary: £		
Notice required:	Allowance(s) received:		
Reason for leaving:	Type(s): Value(s): £		

				Coation E
lease include a	ployment all full time and pa			Section 5
lease include a rst and continu	all full time and pa			
	all full time and pa ue on a separate s	sheet if nece	ssary.	t the most recent

Brief outline of duties in your current or most

Section 4

Breaks in	n Employme	nt Histo	orv		Section 6
If you have periods and	had any breal	ks in emp	oloyment since le		, give details of these nt, career break,
Start date	End date	Reasor	n for break		
Ability to	travel (if red	quired)			Section 7
Do you have	e a valid driving li	cence?		Yes	No
Do you have use for work	e access to a veh purposes?	icle which y	you are able to	Yes	No
If not, are you		or work pu	rposes, by another	Yes	No
Seconda	ry School F	ducatio	n (please list m	ost recent fire	Section 8
School(s)	From	To	Qualification/su	ubject	Grade Dates
	I	I	ı		ı I

Section 9 **Continuing Education** (University/College/Apprenticeships etc.) Please list most recent first. Qualification/subject Education Grade Dates From То obtained and awarding body **Establishments** Section 10 **Professional Qualifications** Including details of professional association membership Do you hold Qualified Teacher Status (QTS)? Yes No Teacher Reference Number: If yes, please complete the following: Date NQT Statutory Induction Period (if qualified since August 1999) (statutory requirement for maintained schools) Started: Completed: Section 11 Other relevant training and development activities attended in the last five years Please list the most recent first and continue on a separate sheet if necessary. **Brief description/Course title** Date **Organising body**

Information in support of this application

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the person specification (please continue on a separate sheet if necessary). If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.

References

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. In the case of school references, this should be the Headteacher (or the Chair of Governors for Headteacher applications). Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Position:	Position:
Telephone number:	Telephone number:
Email address:	Email address:
Relationship between referee and applicant:	Relationship between referee and applicant:
Period of time applicant known to referee:	Period of time applicant known to referee:
Note: (i) Referees will be contacted before interview (ii) If either of your referees know you by anoth (iii) The school may contact other previous em (iv) References will not be accepted from relat capacity of friends.	ner name, please give details. ployers for a reference with your consent.

Close Personal Relationships

Section 14

Are you a relative or partner, or do you have a close personal relationship with, any employee, Trustee or Governor of the establishment to which your application is being made (or to any County Councillor or employee of Essex County Council)? If 'yes', please state the name(s) of the person(s) and relationship (see notes below).

	Yes		No
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Details:

Failure to disclose a close personal relationship as above may disqualify you. Canvassing of Governors, Trustees, County Councillors or senior Managers of the School/Essex County Council by or on your behalf is not allowed.

Disclosures

Shortlisted candidates will be asked to complete a Self-Disclosure Form (SD2) to disclose whether:

- they have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974; or
- they have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020.
- they are subject to any prohibitions relevant to the role

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance notes are available to accompany the SD2 form to assist candidates with information which must be disclosed. Any information disclosed will be treated in the strictest confidence.

Where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application, along with other relevant pre-employment checks.

Shortlisted candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2018 ("the Regulations") will be asked to complete a Disqualification Declaration Form.

A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.

Safer Recruitment Declaration

t is u oositi	nlawful for a person who is barred from working with children to apply to work in a regulated on.
	I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.

Data Protection

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

If I am the successful applicant, I acknowledge that this information will be retained in line with the school's retention schedule. If I am not the successful candidate, I acknowledge this information will be retained by the school in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.

All forms submitted (in paper or electronic format) will be held securely by the school in line with their data protection policy.

Thank you for applying for this post and your interest in working for this school. It is not our normal practice to acknowledge receipt of paper applications. If you submit this form electronically, you will receive confirmation that the form has been received.

Declaration and Signature

Please read the following statement and information relating to your application carefully.

By ticking the box below, signing and submitting this form you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.

the best of my knowledge.	have supplied on this form is accurate and true to
Name:	Date:
Signed:	
If this form is submitted electronically application is progressed.	y, you may be asked to sign a physical form if your

	Recruit	ment monitorin	g informatio	on		
Post applied for:						
effectiveness of our R	promoting diversity and ecruitment Policy and reomplete this confidential	ecruitment process a				
Completion of this form say" option.	n is voluntary. If you do	not wish to answer	any of the que	stions you o	can select the	"prefer not to
 involved in making We will use your opposition of the promoting equality with the Equality A Data will be collated has been collated 	rovided will be kept configured a recruitment decision. data to compile statistics and inclusion act 2010. The decirity and inclusion and used anonymously and use in accordance with our review your consent at any time.	on the representation in accordance with o ed only for monitoring ecords retention poli	on of applicants ur duties and e g purposes. Th	s of the cate	egories listed discrimination	to assist us in in accordance
f you have any questio	ns about the form contac	t MAT Office Manage	r, Great Oak M	ulti Academ	ny Trust, Tel: ()1799 530292.
Please return the cor Chesterford, Essex, Cl Declaration	npleted form to MAT (310 1NN.	Office Manager, Gre	at Oak Multi <i>i</i>	Academy T	rust, School	Street, Great
By signing below you o	consent to your data beir	ng used for the purpo	ses stated.			
Signed:			Date:			
1. Age						
16-24	25-34	35-44		45-54]
55-64	65-74	75-84		85+		-
Prefer not to say						J
2. Gender						
Male	Female		Non-bina	У		
If you prefer to use	your own gender identi	ty, please write in				
Prefer not to say						
3. Marital status						
Married	Civil Part	nership	Single/Wi	dowed		1
Prefer not to say						J

4.	Sexual	orier	ntation
т.	oc xuai	OLIGI	ıtatıvı

4. Sexual orientation					
Heterosexual/Straight	ght Gay/Lesbian			Bisexual	
If you prefer to use your own	identity, please	write in			
Prefer not to say					
5. Ethnic group					
a) White					
English	Irish			Scottish	
Welsh	Gypsy or Iri	ish Trav	eller	Roma	
Northern Irish	British				
Any other white background				<u> </u>	
b) Mixed or multiple otheric					
b) Mixed or multiple ethnic	groups	1			
white and black Caribbean			white	and Asian	
white and black African					
Any other mixed or multiple of	ethnic group				
c) Asian or Asian British					
Indian			Pakis	etani	
Bangladeshi			Chine	ese	
Any other Asian background					
d) Black, Black British, Car	ribbean or Afric	an			
Caribbean				African	
any other black, black British	ı, or Caribbean b	ackgrou	ınd		
e) Other Ethnic group:					
Arab	any other e	thnic gro	oup		
Prefer not to say					

6. Religion

No religion	Christian		Buddhist	
Hindu	Jewish		Muslim	
Sikh	Any other religion,	please describe	e	•
Prefer not to say				

7. Disability

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: "a physical or mental impairment which has a "substantial" and "long term" negative effect on a person's ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability?

Yes	No	
Prefer not to say		