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| ata black text**Post applied for:** | ata black shield |

**Full time**  **/ Term Time**  **/ Part Time**

(Tick as appropriate)

|  |  |
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| ASSOCIATE POSTAPPLICATION FORM | CONFIDENTIAL |

## FOR ACADEMY USE ONLY

Date Received …………………………

References(s) Requested ….…….….

References(s) Received 1)…..2)……

Interview YES / NO

Interview Date …………………….….

Interview Time …………..……………

VICE-PRINCIPAL

ASHCROFT TECHNOLOGY ACADEMY

100 WEST HILL

LONDON

SW15 2UT

Tel 020 8812 3553

Fax 020 8877 0617

*Completed applications should be emailed to us at* [*recruitment@ashcroftacademy.org.uk*](mailto:recruitment@ashcroftacademy.org.uk) *or to the address above. All sections must be completed in full. A CV may accompany the form but should not be used as a substitute for any part of the form. The Academy reserves the right to interview before the stated closing date should sufficient applications be received beforehand. Applications received after the close date may not be considered.*

## 1 PERSONAL DETAILS

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| --- | --- | --- | --- |
| Surname: |  | | MrMrsMissMsDr |
| First names: | |  | |
| Previous surname (if applicable): | |  | |

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| Address for correspondence: |  | | |
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|  | | |
|  | | |
|  | Postcode |  |

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| Home telephone number (inc. code): | |  | | | Mobile: |  |
| Email Address: | | |  | | | |
| Full Driving licence: | Yes  No | | | Number: | |  |

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| **2 EDUCATION/QUALIFICATIONS (please also state grades obtained for each qualification gained)** |

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| --- | --- | --- |
| School attended: |  | |
| Dates of attendance: |  | |
| Qualifications gained: |  |  |
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| Sixth Form attended: |  | |
| Dates of attendance: |  | |
| Qualifications gained: |  |  |
|  |  |
| College/University: |  | |
| Dates of attendance: |  | |
| Title & Class of Degree with Division and Date awarded: | | |
|  | |
|  | |
| Other qualifications: |  | |
|  | |

**Note:** *Should you be appointed, original evidence of qualifications held may be requested.*

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| **3 PRESENT OR MOST RECENT POST** |

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| Name of Employer: |  |
| Name and Address of Employing Establishment: |  |
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| Telephone number (inc. code): |  |
| Date of appointment: |  |
| Currently employed: | YES  NO |
| If not, please confirm when this position ceased. |  |
| If yes to above, what notice are required to give your present employer? |  |
| If this is a temporary appointment, please confirm when that appointment is due to end. |  |
| Post held: |  |
| Present salary: |  |
| Relevant Scale (if applicable): |  |

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| Description of post held including any secondary and other responsibilities: |
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| If you are no longer in this post please explain the reasons for departure |
|  |
| If you are offered this job will you have any other paid/unpaid work? Yes  No |
| If yes, please give brief details: |

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| **4 PREVIOUS EMPLOYMENT (*please include all employments and any periods of non-employment*)**  (give name(s)/address(es) of employer(s) and title(s) of post(s) held (most recent first). **Ensure there are no gaps in dates on the form from completion of your secondary schooling to the present day.** | | | | | | |
| Employer | **Establishment** | **Post** | **Age range taught/ responsibilities held** | **Salary/scale** | **Employment Dates MM/YY** |
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| Reason for leaving this post: | | | | | |
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*Please continue on separate sheet if necessary*

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| **5 PROFESSIONAL DEVELOPMENT**  Relevant courses attended in the last 3 years (nature, duration and dates)  *Continue on separate sheet if required.* |
|  |
| **6 INTERESTS/ACTIVITIES**  (please ensure you also indicate those in which you would be prepared to lead with students or participate in with students) |
|  |
| **7 HEALTH RECORD** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you registered disabled? | | | | | | YES  / NO | | | | | |
| Details (if applicable): | | | | | |  | | | | | |
|  | | | | | | | | | | | |
| Do you have any health related issues that may require the Academy to consider making ‘reasonable adjustments’? | | | | | | YES  / NO | | | | | |
| Details (if applicable) | | | | | |  | | | | | |
| **Note:** *Should you be appointed you will be required to complete a medical questionnaire.* | | | | | | | | | | | |
| **8 ATTENDANCE RECORD** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Number of days missed each year during the last three calendar years: | | | | | | | | | | | |
| Year 1 |  | days |  | Year 2 |  | | days |  | This year to date |  | days |
| Please give reasons for these absences if they were not health related\*  \*The Academy reserves the right to ask about the health of an applicant where such information is important to establish an applicant’s ability to carry out functions intrinsic to the job they have applied to undertake. | | | | | | | | | | | |
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| **9 OTHER DISCLOSURES BY APPLICANT**  You will appreciate that Ashcroft Technology Academy must be particularly careful to inquire into the character and background of applicants for appointment to posts involving contact with children under the age of 18. It is therefore essential that, in making your application, you disclose whether you have ever been convicted of a criminal offence or cautioned and, if so, for what offence(s). Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders 1974 (exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the Police Act 1997 as amended by Part V of the Protection of Children Act 1999. The fact that conviction/caution(s) have been reported against you will not necessarily debar you for consideration for this appointment.  You must, therefore, answer the question below: “have you ever been convicted of a criminal offence or cautioned? Please answer “yes” or “no”. If the answer is “yes”, you must give details which may, if you wish, be enclosed in a separate, sealed envelope marked ‘confidential’ and attached to the application. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. The object of this Notice is not, in any way, to reflect upon applicants’ integrity but it is necessary to protect the public and the Trustees.  Please note this will also include the need to declare information about any cautions or convictions which for other purposes are “spent” under the provisions of the Act. In the event of employment, any failure to disclose such convictions will result in dismissal or disciplinary action by the Academy. Formal checks are undertaken for all staff appointed to work at the Academy through the Disclosure and Barring Service (DBS) and you will be asked to respond again to the question at interview if shortlisted for the position. | |
| Have you ever been cautioned or convicted of a criminal offence? | YES  / NO | |
| Are you subject to any competency procedures or any other investigation in your current employment?  Do you have any informal or formal warnings currently on your employment record? | YES  / NO  YES  / NO | |
| If yes, please give details | | |
|  | | |
| Do you require a work permit? | YES  / NO | |
| If yes, please give details of length of permit |  | |
| Are you, to your knowledge, related to any Member of the Board of Trustees, Member of the Executive Board or any employee at Ashcroft Technology Academy? | YES  / NO | |
| If, yes, please give details: |  | |
| Have you at any time been debarred from teaching by the Department of Education (DfE)? | YES  / NO  / NOT RELEVANT | |
| If yes, please give details unless covered under any disclosures above. |  | |

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| **10 SUPPORTING STATEMENT**  It is important to explain below, why you are applying for this role, how you consider your experience to date is appropriate for the position and what difference you feel you could bring if appointed. **Please complete in the section below - do not send a separate supporting statement other than a continuation sheet**. |
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| **11 NAMES, ADDRESSES AND TELEPHONE NUMBERS OF 2 REFEREES ONE OF WHOM MUST BE YOUR PRESENT EMPLOYER**  Please include your current or last employer or if not applicable at least one person able to provide a professional reference. If you are shortlisted, the Academy will wish to take up references before interview. References will not be requested until you have been shortlisted for interview and confirm that you intend to attend interview. If you are not willing for your present employer to be contacted at this stage, please place an **x** in the box provided. | |

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| Name: | |  | | |  | Name: | |  | | |
| Position: | | |  | |  | Position: | | |  | |
| Contact Address: | | | |  |  | Contact Address: | | | |  |
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| Email address: | | | |  |  | Email Address: | | | |  |
| Tel No (inc.code) | | | |  |  | Tel No (inc. code) | | | |  |
| Relationship: | | | |  |  | Relationship: | | | |  |

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| **12 NOTES**   1. When completed, this form should be returned in accordance with the instruction in the advertisement for the post. 2. Any personal information to the application form may be held on computer files and in accordance with the Data Protection Act 1998, such information will only be used in conjunction with Data Protection Registration. 3. Candidates must declare whether they are subject to any legal restrictions in respect of their employment in the UK and/or require a work permit. 4. On the grounds of economy, it is not normally practicable to acknowledge receipt of application forms. 5. Canvassing, directly or indirectly a Trustee or member of the Academy Executive Board will disqualify the application. 6. Candidates recommended for appointment will be required to complete a medical questionnaire and may be required to undergo a medical examination. 7. Ashcroft Technology Academy is the operating name for Prospect Education (Technology) Trust Ltd (the Trust). The Trust is an equal opportunities employer and welcomes applications from minority groups and also has full disabled access. |
| **13 DECLARATION** |

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| **The information submitted in this application is, to the best of my knowledge, complete and correct. I understand that by giving false information, or concealing relevant information, I will be liable to dismissal. I agree that the information given on this form may be used for registered purposes under the Data Protection Act 1998. I have also understood and complied with the provision concerning the disclosure of criminal convictions.** | | | |
| **Signed:** |  | **Date:** |  |

For our records please state where you saw the advert for the job you are applying for: