# **Application Form – Great Heights Academy Trust**

















		Academ	y Academy	Academy	Academy
PART 1 - PERSONAL	INFORMATION			CONFIDEN	TIAL
FOR OFFICE USE ONL	.Y				
Post Ref No	Applicant No	Date Received			
1 001 1101 110	/ Applicant No	Date Necessary			
Please complete this	form fully using black	k ink or type.			
Post Applied for:					
Post Ref №:					
Section 1.1 Pe	rsonal Details				
Title:	Date of Birth (c	ld/mm/yy):			
Last Name:		First Name:			
Previous Names: (if applicable)					
Address:					
Town/City:					
Postcode:					
Daytime Telephone №	:			Email is preferred methologommunication	od of
Evening Telephone Nº	:			candidates will all communicat	ion via
Mobile Telephone Nº:				the email addre provided. We want to come advise you to come emails on a reg	would heck your
E-mail address:				basis.	
National Insurance Nº:					

Yes

No

Are you entitled to work in the UK?

Section 1.2	References		
First Refere	nce (most recent employer)		Second Reference
Name:		Name:	
Position (job title):		Position (job title):	
Address:		Address:	
	Postcode:		Postcode:
Telephone Nº:		Telephone Nº:	
Email address:		Email address:	
May we contact referee prior to t interview?		May we contact t referee prior to the interview?	
	Employer		Employer
Reference Type (tick as appropria	Academic (te)	Reference Type (tick as appropriate	Academic (te)
(	Personal/Character	(	Personal/Character
	ave substantial access to childre o approach any previous employ  Criminal Convictions		ts, Senior Management/Governors
	n convicted or cautioned in relation or are you at present the subject of		have you been bound-over, or subject ngs or police investigation?
	Yes	No	
	es of summons, charges, caution and sentence or order imposed.	ns, reprimands, final	warnings or convictions, court,
andidate's suitabili	closed will be treated sensitively an ty for the post	d in confidence and w	rill only be used in deciding a
Section 1.4	Disabled People		

and considered on their ab	ilities.	na ioi a job vacancy	will be guaranteed an int	.ei view
Do you consider yourself	to have a disability? Yes	No [		
If you have answered yes to (e.g. sign language interpre	o the above question, please give ter, wheelchair access)	e details of any assis	stance you may need at ir	nterview
Section 1.5 Addi	tional Information			
•	nber or governor at The Greetlar	nd Academy Trust?		
Y				
YES please give name, pos	sition and relationship:			
understand that canvassing to disclose a relation	ng, directly or indirectly in con iship will disqualify me.	nection with this a	ppointment or knowing	ly
o be completed for Teach Teacher Reference Number (TRN)	er positions only:			
Do you hold Qualified Te	acher Status? Yes	No [		
Advertising Media Ple	ease state where you saw this	post advertised		
Calderdale Council Website	Calderdale Council Job Sheet	Leeds 0 Website		
Association of Greater Manchester Authorities website	TES On Line			
LG Jobs	National Press			
Kirklees Council Website	Other - please state			

### Section 1.6 Declaration

In submitting this application (whether signed or not) I declare that I am the person referred to on the form and can confirm that the information I have provided in Parts 1, 2 and 3 of this application is true, complete and correct.

I understand that if I provide incorrect information or a false statement this will lead to the withdrawal of any job offer, or if I am given the job this will result in disciplinary action which is likely to result in my dismissal from employment.

I understand canvassing (seeking support from) any senior staff member of Great Heights Academy Trust in connection with this appointment or knowingly not disclosing a pre-existing relationship will disqualify me.

I authorise senior management of Great Heights Academy Trust to contact any current or former employers at the appropriate stage to confirm the details provided.

I understand that any job offer may be conditional upon references, DBS or other checks and that employment cannot commence until such checks have been completed satisfactorily.

In accordance with the Immigration, Asylum and Nationality Act 2006 I am entitled to work in the United Kingdom. I shall produce such original documentation as may be requested to evidence my right to work.

I agree to the information contained in this application being processed under the Data Protection Act 1998, for the purposes of recruitment monitoring and in relation to forming any contract of employment. I also agree to this information being used to monitor local employment targets.

Signed: Date:	
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This marks the end of section 1

## FOR OFFICE USE ONLY **Post Ref No Applicant No Date Received** Application for the post of: Post Ref Nº Please note that all the following information will be separated from your application and will not be available to anyone involved in shortlisting or selection for appointment to this position. This data is collected in order to enable us to effectively monitor our recruitment and selection processes and ensure equality of opportunity for all candidates. Which age category do you fall into? 16-19 years 20-24 years 25-29 years 30-34 years 35-39 years 40-44 years 45-49 years 50-54 years Rather not state 55-59 years 60+ years What is your Ethnic Origin? Please choose ONE section from 1 to 6, then tick the appropriate box to indicate your cultural background. White 2. Mixed **Asian or Asian British** (a) Mixed White & (a) White British (a) Asian Indian Black Caribbean (b) Mixed White & (b) White Irish Asian Pakistani Black African (c) Mixed White & Asian (c) (c) White Other Asian Bangladeshi (d) Mixed Other (d) Asian Other **Black or Black British Chinese or Other Undefined** 5. 6. (a) Black (a) Rather not state (a) Chinese Caribbean Black African (b) Other **Black Other**

**EQUAL OPPORTUNITIES MONITORING DATA** 

PART 2

Gender					
Male	F	emale		Rather not state	e 🗌
For the purpose of this question, transgender is de opposite to the one that they were assigned at birth		individual who liv	es, or wa	ants to live, in the	e gender
Is your gender identity the same as the gender you were assigned at birth?	er Yes	No			
Do you live and work full time in the gender reopposite to that assigned at birth?	ole Yes	No			
Disability					
Do you consider yourself to have a disability	? Yes	No			
Sexual Orientation					
Heterosexual		Bisexual			
Gay man		Rather not st	ate		
Gay woman or lesbian					
Religious Belief/Faith					
Christian Denominations		Jewish			
Buddhist		Other			
Hindu		No Religion			
Muslim		Rather not st	ate		
Sikh					

This marks the end of section 2

# PART 3 APPLICATION FOR EMPLOYMENT

## FOR OFFICE USE ONLY

	Post Ref No	Applicant No	Date Received	
Ар	olication for the post o	of:		
Pos	st Ref Nº			
Se	ction 3.1 Current	or Most Recent Emp	oloyment	
			of your most recent employments ase leave this section blank.	ent. If you have just left
Jok	Title:			
Gra	ide:	Salary:		
Otł	er allowances/benefit	s:		
Dat	e of Appointment:			
	e employment ended: applicable)			
No	cice period (if applicat	ole):		
Em	ployer:			
Ad	dress:			
Do	stcode:			
Tel	no:			
	tus: . Part Time/ Full Time/ 0	Casual/ Temp:		
	sponsible to:	·		
Nat	ure of business:			
Bri	ef description of dutie	s:		
	·			

employment please give reasons for wishing to leave):					
Section 3.2 Previo	ous Employment				
Previous Employment (p	Previous Employment (please put your most recent employer first)				
Name and Address of Employer	Job Title	Salary	Date From (dd/mm/yy)	Date To (dd/mm/yy)	Reason for Leaving
Please give reasons for ar dates and reasons):	ny gaps between jobs,	e.g. unemp	oloyment, study	y, childcare et	c. (specify

Reasons for leaving.

If you are successful will this be your only job? Yes No				
If no, please state the weekly hours and nature of the additional work?	I			
Section 3.3 Edu	ucation	and Qualifications		
Type e.g. school, co university, workpla		Qualifications ( (state level and	gained grade)	Date
Section 3.4 Per	rsonal	Development & Addition	nal Learning	
		Development & Addition opment Activity/Course Detail		Date
		•		Date
Learning	& Devel	opment Activity/Course Detai		Date
Learning	& Devel	al Membership of Membership e.g. Associate,		Date  State if Examination
Learning  Section 3.5 Prof	& Devel	opment Activity/Course Detai	ls	
Learning  Section 3.5 Prof	& Devel	al Membership of Membership e.g. Associate,	ls	

Section 3.6	Driving Licence Details
Note: This section sh	ould only be completed if driving is an essential requirement of the post for which you are applying
Do you hold a fu	III, current driving licence valid in the UK? Yes No
If YES, state clas Car, HGV, PSV, L	
Section 3.7	Personal Statement
person specifica no longer than 2	ence, knowledge, skills, abilities and other relevant information – please refer to the ation when completing this section. Your application (supporting statement) should be sides of A4 with a minimum font of Arial 11 and should address the selection criteria erson specification giving examples to support your application.

Section 3.7 - Personal Statement continuation sheet

## **Returning your application**

Your completed application form should be e-mailed to j.firth@greatheightstrust.org.uk

## Acknowledgement of receipt of applications

We do not acknowledge receipt of paper applications. Applications submitted by email will however, receive an acknowledgement upon request.

#### **Shortlisted Candidates**

Shortlisted candidates will be contacted shortly after the closing date. If you do not hear from us within 4 weeks, please assume that on this occasion your application has been unsuccessful.