Heckmondwike Grammar School



High Street

West Yorkshire WF16 0AH

#### Tel: 01924 402202 Fax: 01924 418318

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Head Teacher: Mr P D Roberts

***Please ensure all sections of the form are completed***

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| --- | --- |
| Application for the post of: Temporary Teacher of Chemistry (Maternity Cover) | |
| Personal Details: (please use block letters) | |
| Title: Surname: First Name(s):  Previous Names (if applicable): | |
| Address:Postcode: | |
| Telephone (home): (work): (mobile): | |
| Email: NI Number: | |
| Department of Education Ref No:RP | Where did you find out about this vacancy? |
| Do you hold Qualified Teacher Status? Yes/No | |

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| --- | --- | --- | --- | --- | --- | --- |
| Education/Training/Other Qualifications: in chronological order(Please do not leave any gaps in your education history) | | | | | | |
| Secondary Education: | | | | | | |
| **Institute Name** | **Subject(s) & Level** | **Grade** | | | | **Date Awarded** |
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| Further & Higher Education: in chronological order(Please do not leave any gaps in your education history) | | | | | | |
| **Institute Name** | **Subject(s) & Level** | **Grade** | | | | **Date Awarded** |
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| ***Other relevant qualifications*: *in chronological order***  ***(Please do not leave any gaps in your education history)*** | | | | | | |
| **Institute Name** | **Subject(s) & Level** | **Grade** | | | | **Date Awarded** |
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| Details of current or most recent post: (Please do not leave any gaps in your work history) | | | | | | |
| Name & Address of School/College, type of Institution | Post Held & Scale | | Month Year | | | Current Salary |
|  |  | |  | |  |  |
| Other teaching experience: in chronological order(Please do not leave any gaps in your work history) | | | | | | |
| Name & Address of School/College, type of Institution | Post Held & Salary | | Month Year From To | | | Reason for Leaving |
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| Other experience: (Please include any other employment or voluntary work, please do not leave any gaps in your work history) | | | | |
| Employer | Post Held | Month Year To From | | Reason for Leaving |
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| **Breaks/Gaps in Employment/Education**  **Please explain any breaks in your educational attainment and/or employment history in the following space.**  If you need more space, please attach additional sheets and tick this box 🞏 | | | | |
| **Have you ever lived or worked abroad? If Yes, please ensure that you detail below the dates and countries where you resided /worked:** | | | | |
| Country | Date To | Date From | | Occupation |
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| ***Relevant training courses attended in the last five years: in chronological order*** | | | | |
| Course Title | Organising Body | Dates | | Duration |
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| ***Membership of professional bodies*** | | | | |
| Professional Body | Registration Number | Registration Type | | Renewal Date |
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| Additional information in support of your application. Please use this space to clearly demonstrate with examples, how your experience meets the requirements of the job description and how your skills and qualifications meet the requirements of the person specification. ***If you could also supply evidence of GCSE and A level results for the last 3 years, this would be appreciated.***  If you need more space, please attach additional sheets and tick this box 🞏 | | | | |
| If you are in receipt of a pension under the Teachers’ Pensions Regulation following early retirement please tick here: 🞏 | | | | |
| Protection of children:Disclosure of criminal background of those with access to children | | | | |
| You have applied for a post which involves access to children. This means that the provisions of the Rehabilitation of Offenders Act 1974 do not apply. You must therefore, declare any pending prosecutions or convictions, cautions or bind-overs which you have had at any time. The information will be treated as confidential. You should also be aware that if successful, you will be required to undergo an enhanced DBS check before taking up employment. Details: **(if none please write below “I have no convictions, cautions or bind-overs.”)** | | | | |
| Referees: before you provide us with referee details remember to obtain permission from them to do so and for us to contact them (the referees should be from two different organisations and one must be from your current or most recent employer). We do not accept references from family and those who are solely friends. | | | | |
| Name: | | Name: | | |
| Position Held: Relationship to you: | | Position Held: Relationship to you: | | |
| Address: Email: | | Address: Email: | | |
| Telephone: | | Telephone: | | |
| ***It is the Academy’s policy to seek references if you are short-listed.*** ***Please read the statement below, and sign to state that you agree to these terms.***  *I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise Heckmondwike Grammar School to contact my referees to investigate my past employment and professional activities and I have obtained permission from my referees to provide their contact details to Heckmondwike Grammar School for this purpose. I also agree to release from liability all persons and companies providing this information.*  *I understand and acknowledge that any offer of employment is conditional upon Heckmondwike Grammar School being completely satisfied with the information provided as a result of this reference check.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Name*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date*  ***Do not take up references prior to short listing.*** | | | | |
| **Use of your personal data**  By completing this application form you are providing us with your personal data and you may provide us with further personal data throughout the recruitment process.  We will only use your personal data in accordance with applicable data protection laws and our privacy policy.  We will process your personal data for the following purposes:   * To assess your skills and suitability against our criteria for the relevant post applied for * To contact you in relation to your application * In some circumstances, to produce statistics for equality and diversity and recruitment monitoring.   If your application is successful, this form and any other records of the recruitment process will be filed securely on an electronic personnel file and a paper personnel file with restricted access. This will be held for the duration of your employment with us plus and additional six years.  If your application is unsuccessful we:   * Will retain a copy of this form in a secure electronic file for a year, and during this time may contact you to discuss any other vacancies we think may be suitable. * Will also keep paper records of the recruitment process relating to your application for six months.   Please sign below to provide your consent to us using your personal data to contact you regarding other suitable vacancies.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Name*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature* | | | | |
| Declaration | | | | |
| I declare that the particulars given above and in my letter of application are true, to the best of my knowledge and belief. (I am not on List 99, disqualified from work with children or subject to sanctions from a regulatory body.) (I am aware that to withhold or falsify information could result in dismissal or disciplinary action.) NB. Canvassing will disqualify; if you are related to, or know an employee of the Academy or Governing Body, please give details. If none, please tick the box 🞏   |  |  | | --- | --- | | Relationship to you:  (mother, brother, partner etc): | Name: |   Signature: Date:  We may use internet searches to perform due diligence on candidates in the course of recruitment. Where we do this, we will act in accordance with our data protection and equal opportunities obligations. | | | | |

**CONFIDENTIAL: EQUALITY AND DIVERSITY MONITORING** *(Completion of this section of the application is optional.)*

This section will be separated from the other parts of the application form. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

**Ethnic Group**

*Please tick*

|  |  |  |
| --- | --- | --- |
| White | British (English Welsh Northern Irish Scottish) |  |
| Irish |  |
| Irish Traveller |  |
| Gypsy |  |
| Other White background |  |
| Mixed | White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Other Mixed background |  |
| Asian  or Asian British | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian background |  |
| Black  or Black British | Caribbean |  |
| African |  |
| Other Black background |  |
| Other ethnic group | Arab |  |
| *Write in:* |  |
| Prefer not to say |  |  |

**Religion** **Disability**

Do you consider yourself to have a disability? *Please tick*

*Please tick*

|  |  |
| --- | --- |
| No religion |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion  *write in* |  |
|  |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Yes *Please complete the grid below* |  |
| No |  |
| Prefer not to say |  |
|  |  |
| My disability is: *Please tick* | |
| Physical Impairment |  |
| Sensory Impairment |  |
| Mental Health Condition |  |
| Learning Disability/ Difficulty |  |
| Long standing illness |  |
| Other |  |
| Prefer not to say |  |

**Sexual Orientation** *Please tick*

**Gender** *Please tick*

|  |  |
| --- | --- |
| Bi-sexual |  |
| Gay |  |
| Lesbian |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |

**Personal relationship** *Please tick*

|  |  |
| --- | --- |
| Single |  |
| Living together |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |