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| cid:image002.jpg@01D02E63.08634D70New Design**ABINGDON PRIMARY SCHOOL** **& CHILDREN’S CENTRE****Abingdon Road, Middlesbrough, TS1 3JR****Tel. 01642 210567 • Email** **abingdon@abingdonprimary.org.uk** **Chair of Governors, Alison Kerr ● Head Teacher, Adam Cooper**Please read the Guidance for Applicants before completing this form. All sections must be completed. Your application will be considered only if you complete all the relevant sections of this form. If you need more space please attach a separate sheet(s). Please write the job reference and job title on each additional sheet. |
| **EQUAL OPPORTUNITIES STATEMENT** |
| The school will afford equal opportunity in all aspects of employment, irrespective of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership. |
| **DECLARATION** |
| I understand that trying to influence Elected Members, employees, or Heads/Governors of educational establishments, in connection with this application, will disqualify me. I understand that in line with legislation, if the job for which I am applying will have access to children or vulnerable adults or is a designated job within the meaning of Disclosure and Barring Service (DBS) legislation, I agree to being checked by the DBS to disclose any criminal record I have. I understand that in line with legislation I will be required to provide evidence of my eligibility to work in the UK.  |
| **JOB TITLE:** | **REF NO:** |
| **DEPARTMENT/SERVICE:** |
| **PERSONAL**  |
| Title: |  | Surname/Family Name: |  |
| Please give any previous names (including surnames) by which you have been known: |  |
| First Name: |  | Middle Name(s): |  |
| Address: |  |
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| Telephone (Daytime): |  | (Evening): |  | (Mobile): |  |
| (Please indicate which number is preferred)Email address:Please tick this box to confirm you are happy for us to communicate with you using this email address: [ ]  |
| National Insurance Number:  |  |
| Do you want to work full-time only?  |  Yes [ ]  No [ ]   |
| Would you like us to consider you for other working patterns, for example,Job share /part-time, working in term-time etc. Yes [ ]  No [ ]  |
| If yes, please specify: |

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| **CURRENT OR LAST EMPLOYER** |
| If you are applying for this job with no previous experience, please put 'N/A' in this part of the application form. |
| Employer's Name: |  | Job Title: |  |
| Address:  |  |
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| Postcode: |  | Date Appointed: |  | Salary: |  |
| Notice Period: |  | Date Left: |  | Reason for Leaving: |  |
| Brief description of duties and responsibilities *(maximum 500 words)*: |
| **CAREER HISTORY** – Please account for any gaps in employment, training or education dates**EMPLOYMENT** – If you are applying for this job with no previous experience, please put 'N/A' in this part of the application form. |
| Name and address of employer(s) (Show latest employment first) | Position held and brief description of duties | Dates | Reason for leaving |
| From | To |
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| **EDUCATION** |
| Place of study | Dates | Qualification/Subject | Level | Grade | Date achieved |
| From | To |
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| **HIGHER EDUCATION** |
| Place of study | Dates | Qualification/Subject | Level | Grade | Date achieved |
| From | To |
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| **MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**Please list any professional organisations of which you are a member which are relevant to the job for which you are applying. If you are not a member of a professional organisation please put ‘N/A’ in this part of the application. |
| Professional Organisation | Subject/Level of Membership |
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| If you are applying for a teaching job, please confirm you are qualified to teach in England and Wales and that you are registered to do so. Please tell us your Teacher Registration Number. If you are applying for a job as a Social Worker, please tell us your Health and Care Professions Council (HCPC) Registration Number. |
| Teacher Registration Number | Health and Care Professions Council Registration Number |
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| **CONTINUING PROFESSIONAL DEVELOPMENT AND OTHER TRAINING COURSES**Please give details of how you have kept your skills up-to-date and any other courses/qualifications or continuing professional development undertaken relevant to the job for which you are applying *(maximum 500 words).* |
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| **SKILLS, KNOWLEDGE AND EXPERIENCE**Please tell us how you feel you meet the ‘**Essential’** skills, knowledge and experience as detailed in the person specification for the role for which you are applying. If you also believe you meet some or all of the ‘**desirable’** skills, knowledge and experience please explain why. Remember to include any experience you have gained in community or voluntary work as well as employment *(maximum 1,500 words)*.It is important to complete this section. Simply referring to your curriculum vitae is not acceptable. |
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| **OTHER DETAILS** |
| The Council has a policy of guaranteeing interviews for people with disabilities who meet all the essential criteria in the person specification for the job.Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.**Do you consider yourself to have a disability under the****Equality Act 2010 and wish to claim this guaranteed interview**? Yes [ ]  No [ ]  Do you require any reasonable adjustments to help you demonstrate your full potential in the recruitment process? If so, please give details: |
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| Do you have a relationship with any school employee / governor within this Authority?  Yes [ ]  No [ ]  If YES, please state the person's name, job title and relationship: |
| Do you hold a UK Driving Licence? Yes / No If Yes, please specify the type (Full, HGV, etc):As part of the recruitment process you will be required to provide evidence of your eligibility to work in the UK:Are you eligible to work in the UK? Yes [ ]  No [ ]  Do you receive an occupational pension from the Local Government Pension Scheme? Yes [ ]  No [ ] The school is part of Middlesbrough Co-operative Learning Trust, which consists of the following schools: Abingdon Primary, Berwick Hills Primary, Breckon Hill Primary and Newport Primary.Are you happy for your details to be shared with other schools in the group for the purpose of other vacancies? Yes [ ]  No [ ]  |

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| **REFERENCES**Please provide two references, one of which should be from your present or most recent employer. If you do not provide full contact details, including contact telephone numbers, for your referees, this may delay the recruitment/appointment process. If you have not worked previously, please name someone as a referee who has known you for at least three years but is not a relative. |
| **Reference 1:** |  |  |  |
| Name: |  | Job Title: |  |
| Organisation: |  |
| Address: |  |
|  | Postcode: |  |
| Email: |  | Telephone: |  | Fax: |  |
| Relationship to you: |  |
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| **Reference 2:** |  |  |  |
| Name: |  | Job Title: |  |
| Organisation: |  |
| Address: |  |
|  | Postcode: |  |
| Email: |  | Telephone: |  | Fax: |  |
| Relationship to you: |  |
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| **Data Protection Statement:**The information you give on this form and the equal opportunities monitoring form will be used for recruitment monitoring purposes. If you are appointed to the job your name and address will be given to the recognised trade unions, who may contact you with membership information. Please tick the box if you want your information to be passed to the trade unions. [ ]  |

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| **IMPORTANT – Please read and complete the section:- Rehabilitation of Offenders – Disclosures, on Page 8 and make certain you have completed all other relevant sections of this form prior to signing and dating below.** |

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| By submitting this application I am agreeing that the information given is true and correct and I understand that any offer of employment will be made on this basis. |
| **Signed:** |  | **Date:** |  |

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| Please return this application form via email to debra.baxter@abingdonprimary.org.uk Adam Cooper – Personal Assistant to the Head Teachers  |
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| **REHABILITATION OF OFFENDERS ACT – DISCLOSURE OF PREVIOUS CONVICTIONS** |
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| Before completing this section please read the Guidance for Applicants which includes information on the Rehabilitation of Offenders Act and the Council's DBS Policy. As an Equal Opportunities employer Middlesbrough Council will not unfairly discriminate against you if you declare that you have a criminal record. Criminal records are only taken into account when the conviction may be relevant to the job for which you are applying.A criminal record will not necessarily affect your chances for a post unless it makes you unsuitable for appointment. In making this decision we will consider the nature of the offence, how long ago and what age you were when you committed the offence, and any other relevant factors, including the Council's DBS policy and procedures.**NON DBS POSTS (POSTS THAT DO NOT REQUIRE A DBS DISCLOSURE)**You need to declare below any convictions that are **unspent** under the Rehabilitation of Offenders Act 1974.Do you have any **unspent** convictions? Yes [ ]  No [ ]  If **YES**, please give the details of the offence, date of conviction, judgement/sentence and any other additional information in the section below.**DBS POSTS (POSTS THAT DOREQUIRE A DBS DISCLOSURE)** Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198. Please click on the link to view relevant legislation <http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdff> We will keep in strict confidence any information we receive from the Disclosure and Barring Service. We will store it securely during the recruitment and selection process. |
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| Details of Offence | Date of Conviction | Sentence/Judgement |
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| Additional Information |
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| **Important:** This page should be detached from your application form and placed in a sealed envelope marked 'Private and Confidential' and 'For the attention of: Chair of Recruitment Panel'.Reference No (for internal use only) |
| Name: | (please print): |  |  |
| Sign: |  |
| Date: |  |