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| https://lh4.googleusercontent.com/k5FFmfRH-5DwZSzGMmmRF_s84aNwNjoENrSpjUvcf2Kk8-bRgwnG9wxcBuqeJ47jNjOUzESiOFdJLa-_71uTIvtJl-vLkvtsX2MIVwJMul28I2xRyL_QafSzg_xF6gLhTX10vSpf  **APPLICATION FORM**  Please complete in BLACK ink.  **Lakes Academies Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.** | | | | | | | | | |
| **POST APPLIED FOR:** | |  | | | | | | | |
|  | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | |
| Title: | | |  | | Surname: | | | | |
| Forename(s): | | |  | | DoB: | | | |  |
| Address:  Post Code: | | |  | | National Insurance No: | | | |  |
| Mobile No: | | | |  |
| If you have been at this address **for less than 5 years** please provide details of previous addresses covering this period **on a separate sheet**. | | | | | | | | | |
| Tel No (day): | | | | | Tel No (eve): | | | | |
| Email: | | | | | | | | | |
| Do you hold **Q**ualified **T**eacher **S**tatus? | | | | **Yes No** | | If **No,** are you an (please circle): | | | **OTT NQT Unqualified** |
| DfE Number: | | | |  | | | | | |
| If qualified in the UK have you passed your induction year? | | | | **Yes No** | |  | | | |
| |  |  | | --- | --- | | **DBS:** | Have you been subject to a DBS Check? Yes No  If **Yes** please state the date and the Number of your CRB:  Which employer carried out this check: | |  |  | | | | | | | | | | |
| Under the Asylum and Immigration Act 1996, we can only offer you a job if you have the right to live and work in the United Kingdom.  Do you require a permit to work in the UK? \***Yes/No** If yes, do you have a current permit to work? \***Yes/No**  If yes, **please provide the original along with originals** of any other evidence that you are eligible to work in the UK. | | | | | | | | | |
| Please indicate whether you have any family or close relationships with existing staff employed by Lakes Academies Trust or have children attending a school within the Trust. \***Yes/No** | | | | | | | | | |
| **ACADEMIC & PROFESSIONAL QUALIFICATIONS** | | | | | | | | | |
| Name & Addresses of Schools/Colleges | From (Mth/Yr) | | | | | | To  (Mth/Yr) | Qualifications Obtained –  please include A Level grades and class of degree | |
|  |  | | | | | |  |  | |
| **MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS** Please state whether you are a member of any technical or professional associations, and if so, which: | | | | | | | | | |
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| **JOB RELATED TRAINING/PERSONAL DEVELOPMENT** Have you attended any training courses/seminars to develop your skills. If yes, please list: | | | | | | | | |
| Course Title | | Date From | | Date To | | | Details of Course | |
|  | | | | | | | | |
| **DETAILS OF PRESENT OR MOST RECENT EMPLOYER** | | | | | | | | |
| **Name of Organisation:** | | | | | | | |  |
| Start Date: | | | End Date: | | | Position/Job Title: | |  |
| **Address:** | | | | | | **Name** of Headteacher/Principal:  **Post Title:**  **E-mail address:**  **Telephone Number:** | | |
|  | | | | | | | | |
| **Current Salary:** | **Responsible to:** | | | | **Reason for leaving:** | | | |

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| **DETAILS OF PREVIOUS EMPLOYERS (in reverse order)** | | | | | |
| From: | | To: | | Position/Job Title: | |
| Name and Address: |  | | | Main duties: | |
| Responsible to: | | | | Reason for leaving: | |
| From: | | To: | | Position/Job Title: | |
| Name and Address |  | | | Main duties |  |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| Responsible to: | | | | Reason for leaving: | |
| From: | | To: | | Position/Job Title: | |
| Name and Address |  | | | Main duties |  |
| Responsible to: | | | | Reason for leaving: | |
| From: | | | To: | Position/Job Title: | |
| Name and Address | | | | Main duties | |
| Responsible to: | | | | Reason for leaving: | |

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| **SUPPORTING STATEMENT – please state why you want to work for Lakes Academies Trust, why you think you are the right person for this post; referring to your experience, qualifications, personal strengths and values and any other information that you feel is relevant.**  **Please enter your information here:** |
|  |
| **LEISURE INTERESTS, HOBBIES, MEMBERSHIP OF ORGANISATIONS,ETC** |
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| **HEALTH** | | | | | |
| Please note that the successful applicant will be required to undertake an initial medical health check and may be asked to authorise his/her GP to answer questions from the medical consultant acting on behalf of Lakes Academies Trust and, if necessary, undergo a medical examination.  Do you have any medical condition that is likely to restrict your ability to undertake this job? \***Yes/No**  If yes, please give details and state any adjustments that you might need in the job to overcome this restriction. | | | | | |
| Please provide details of two individuals who we can contact to obtain a reference. One should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed to work with children**. Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends. E-mail addresses and telephone numbers are essential please.** | | | | | |
| Referee 1 | | | Referee 2 | | |
| Name: |  | | Name |  | |
| Organisation Name: |  | | Organisation Name |  | |
| Job Title |  | | Job Title |  | |
| Address | | | Address | | |
| Post Code |  | | Post Code |  | |
| Telephone No: |  | | Telephone No: |  | |
| Fax No: |  | | Fax No: |  | |
| Email: |  | | Email: |  | |
| Do you agree to references being taken up if you are short-listed for the appointment? | | | | | \*Yes/No |
| **Where did you see this position advertised?** | |  | | | |

**Action for Equality**

Lakes Academies Trust is an equal opportunities employer. The aims of the Equalities Policy are to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, gender, sexual orientation, marital status, age, religion or any disability nor disadvantaged by conditions or requirements which cannot be shown to be justifiable.

**Disability Discrimination Act 1995**

This Act protects people with disabilities from unlawful discrimination. If we know you have a disability we will make adjustments to the working environment provided it is reasonable in the circumstances to do so.

* Do you consider yourself to have a disability? \*Yes/No

If yes, to assist us in considering your application, please let us know if you believe there are any reasonable adjustments we should be making.

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| **I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as ‘spent’ must be declared. I have not been disqualified from working with children, am not named on DfE List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (eg the General Teaching Council) and either:**  **\*I have no convictions, cautions or bind-overs OR \*I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked Confidential.**  **I understand that the successful applicant will be required to provide an enhanced disclosure from the DBS.**  To meet our obligations under Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided on this form may be used and processed by Lakes Academies Trust for recruitment and personnel administration and for equality monitoring.  Such use will be subject to the General Data Protection Regulation. For more information please view the Lakes Academies Trust Privacy Policy available on our website.  I confirm the information given in this form is correct and understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made. | | |
| \*delete as applicable | | |
| Signature: |  | Date: |