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| **POST DETAILS**  Position Applied for    Post number Establishment / School:  Please tell us where you saw the position advertised | |
| PERSONAL DETAILS  Preferred title: Mr Mrs Miss Ms Dr Prof  Other (please specify):  Forenames  Surname    Known as | |
| CONTACT DETAILS  Email address  Telephone Home Work  Mobile  Preferred contact method Email Telephone Home Work Mobile | |
| ADDRESS  Postcode | |
| OTHER INFORMATION  Do you have the right to work in the UK Yes // No  *If you are not a British national or the holder of an EU or EEA passport, please indicate in what capacity you are in the UK*  National Insurance Number | |
| POSITIVE ABOUT DISABILITY  Coastal Learning Partnership welcomes applications from disabled people and all sections of the community. If you consider that the provisions of the Equality Act 2010 apply to you, please tick here: | |
| REFERENCES  Referees named on this form must be your most recent and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. The name of your course Tutor / Head teacher or similar professional. It is our policy to contact referees prior to interview.  Please indicate (yes or no) in the boxes below, whether you consent to your referees being contacted prior to interview:  Present / most recent employer Previous employer  Consent to contact? Consent to contact? | |
| Name  Capacity known to you  Organisation  Address  Postcode  Telephone  **Email:** | Name  Capacity known to you  Organisation  Address    Postcode  Telephone  **Email:** |

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| CURRENT / MOST RECENT EMPLOYMENT  Post title  Organisation  Address  Grade  Salary  Employment Start Date  Notice Period  Reason for leaving / wanting to leave  Main Duties: | | | | |
| PREVIOUS EMPLOYMENT (you may use additional sheets if required)  Please indicate in the last column your consent for the Trust to discreetly obtain additional references should it be necessary. | | | | |
| Employers / LEA Name & Address  (if a school please state type). | Job Title & brief description of duties (Inc. Key Stage) | Dates | Reason for leaving | Consent |
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| If you have had any gaps in your career history please explain these on the additional sheet at the end of the application form.  SUPPORTING STATEMENT  Please us the space below to tell us how you feel you meet the criteria outlined in the Person Specification.  Please set out your statement as follows:   * In the order that the criteria point appears on the Personal Specification, please give details of any relevant skills, experience or training you have. * In a separate paragraph headed ‘Additional Information’ please include any other detail that you feel is relevant to your application.   Please complete each section as fully as possible, as the information you provide will be used in assessing your application and will form part of the selection process.  If additional space is required please continue on a separate sheet, making it clear which criteria point on the Person Specification it relates to.  *Click below to enter text – 30 lines available, please continue on Additional Information Sheet if required* |

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| Date | School / College / University / Awarding Body | Qualification Achieved  (if selected for interview you will be asked to provide proof of qualifications & memberships) |
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| Other Short Courses and Training | | |
| Date | Course Title & Duration | |
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| Are you related to a Trustee, member of the Board, School Governor or employee of Coastal Learning Partnership?  Yes No  If yes, please provide details: Name : Relationship :  All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a member or employee of the Trust to use their influence to help get you a job.  If selected for interview, you must at that stage make known any personal or business relationship which may conflict with the role applied for.  If selected for interview would you like to be contacted by phone e-mail  Data Protection Legislation  The information you have provided will be held in compliance with the Data Protection Act 2018      I declare that the information I have provided on this application form is full and accurate & I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure Barring Service checks, where applicable. Applicants are advised that it is an offense to apply for the role if they are barred from engaging in regulated activity relevant to children.  Signed Date  **EQUAL OPPORTUNITIES INFORMATION CONFIDENTIAL** |
| Coastal Learning Partnership will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.  In order to help the Trust monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This sheet will be detached from your application form upon receipt and the information will not be taken into account when making the appointment.  If you are successful at interview and take up employment with the Trust the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 2018. |
| **DISABILITY**  Do you consider yourself to have a disability under the Equality Act 2010?  A disability is defined as a ‘physical or mental impairment which as substantial and long term adverse effects on the ability to carry out normal day to day activities’.  Yes No Prefer not to say  For more details please contact the Disability Rights Commission Helpline on 08457 622633. |
| **ETHNIC ORIGIN (Place Tick after selection)**  ***White***  British Irish Any other background  ***Mixed***  White and Black Caribbean White and Black African White and Asian  Any other Mixed background  ***Asian or Asian British***  Indian Pakistani Bangladeshi Any other Asian background  ***Black or Black British***  Caribbean African Any Other Black background  ***Other Ethnic Group***  Chinese Any other Ethnic group  Prefer not to say |
| **Sexual Orientation**  Heterosexual Bisexual Gay / Lesbian Other Prefer not to say |
| **Religion / Beliefs**  Agnostic Atheist Baha’I Faith Buddhism Christianity Hinduism  Islam Jainism Judaism Sikhism Zoroastrianism Other None Prefer not to say |
| **Internal Applicants ONLY**  Is this a promotional opportunity for you?  Yes No |

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| Additional Information |