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| **POST DETAILS**  Position Applied for Click here to enter text.    Establishment Click here to enter text.  Please tell us where you saw the position advertised Click here to enter text. | |
| **PERSONAL DETAILS**  Preferred title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Prof ☐  Other (please specify): Click here to enter text.    Forenames Click here to enter text.  Surname Click here to enter text.  Known as Click here to enter text.  Previous names Click here to enter text. | |
| **CONTACT DETAILS**  Email address Click here to enter text.  Telephone: Home Click here to enter text. Mobile Click here to enter text.  Preferred contact method  Email ☐ Telephone ☐ Home ☐ Mobile ☐ | |
| **ADDRESS** Click here to enter text.    **Postcode**  Click here to enter text. | |
| **OTHER INFORMATION**  Do you have the right to work in the UK Yes ☐ No ☐  *If you are not a British national, please indicate in what capacity you are in the UK* Click here to enter text.  Have you lived or worked abroad for more than 12 months in the last 10 years?Yes ☐ No ☐  *If yes, please give details* Click here to enter text.  National Insurance Number Click here to enter text. | |
| **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 AND ONLINE SEARCHES**  Referees named on this form must be your current line manager or most recent employer. We will also seek a reference from the last time you worked with children (if applicable).  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. It is our policy to contact referees prior to interview. Please note, we shall also conduct online searches prior to interview in accordance with [Keeping Children Safe in Education](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf).  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? Yes /No Consent to contact? Yes /No | |
| Name Click here to enter text.  Capacity known to you Click here to enter text.  Organisation Click here to enter text.  Address Click here to enter text.      Postcode Click here to enter text.  Telephone Click here to enter text.  Email address Click here to enter text. | Name Click here to enter text.  Capacity known to you Click here to enter text.  Organisation Click here to enter text.  Address Click here to enter text.      Postcode Click here to enter text.  Telephone Click here to enter text.  Email address Click here to enter text. |

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| **CURRENT / MOST RECENT EMPLOYMENT**  Post title Click here to enter text.  Organisation Click here to enter text.  Address Click here to enter text.  Grade Click here to enter text.  Salary Click here to enter text.  Employment Start Date Click here to enter text.  Notice Period Click here to enter text.  Reason for leaving / wanting to leave Click here to enter text.  Employment End Date (if applicable) Click here to enter text.  Continuous service date (If eligible) Click here to enter text.  Main Duties Click here to enter text. | | | |
| **FULL EMPLOYMENT HISTORY**  Please explain any gaps in employment history (e.g. University studies, caring for children etc)  We reserve the right to contact any previous employer for an additional reference if deemed necessary. | | | |
| Employers Name & Address (if a school please state type) | Job Title & brief description of duties (Inc. Key Stage) | Dates  (Most recent first) | Reason for leaving |
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| **SUPPORTING STATEMENT**  Please us the space below to tell us how you feel you meet the criteria outlined in the Person Specification. *Please note, you will not be shortlisted unless you fulfil all essential criteria.*    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 that 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. |

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| **EDUCATION, QUALIFICATION & PROFESSIONAL MEMBERSHIPS** | | | | | | |
| **REGISTRATION**  Do you hold Qualified Teacher Status Yes ☐ No ☐  If yes please give details of award by DfES:  QTS certificate Number (if available): Click here to enter text.  Have you successfully completed a period of induction as a qualified teacher in this country: Yes ☐ No ☐ | | | | | | |
| If yes please give date of completion Click here to enter text. | | | | | | |
| Are you subject to any conditions or prohibitions placed on you by the GTC? Yes ☐ No ☐  If yes please give details Click here to enter text. | | | | | | |
| **QUALIFICATIONS** (including GCSEs, A-Levels or equivalent) | | | | | | |
| **Dates** | School / College / University / Awarding Body | | | | | Qualification Achieved  (if selected for interview you will be asked to provide proof of qualifications & memberships) |
| Click here to enter text. | Click here to enter text. | | | | | Click here to enter text. |
| **Other Relevant Short Courses and Training** | | | | | | |
| Dates | Course Title & Duration | | | | | |
| Click here to enter text. | Click here to enter text. | | | | | |
| Are you related to a Trustee, member of the Board, School Governor or employee of Coastal Learning Partnership?  Yes ☐ No ☐ If yes, please provide their 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.   |  | | --- | | The information you have provided will be held in compliance with the **Data Protection Act 2018** |   If selected for interview, would you like to be contacted by phone ☐ e-mail ☐  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 Click here to enter text. Date Click here to enter text. | | | | | | |
| **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 shortlisting candidates.    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**  ***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 ☐ 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 ☐ |