



St Benedict's Catholic College, Norman Way, Colchester. CO3 3US
Telephone: 01206 549222 Fax: 01206 579342
Email: admin@stbenedicts.essex.sch.uk

CONFIDENTIAL APPLICATION FOR TEACHING STAFF

Post Applied for: _____ Closing date: _____

Where did you see this post advertised? _____

You are requested to complete this form (using supplementary sheets if there is insufficient space for any entry). **All sections must be completed.** For guidance on completing this form, please refer to the Guidance Notes – Teaching Staff document found on our website.

PERSONAL DETAILS

Surname:	Title:
First name(s):	Previous surname:
Home Address:	
Post Code:	Email (Home):
Telephone (Home):	Telephone (Mobile):
Telephone (Work):	<i>Please tick the box if you do not wish to be contacted at work</i> <input type="checkbox"/>
Religious denomination or Faith:	
National Insurance number:	

CURRENT OR MOST RECENT EMPLOYMENT

Employer's name:		
Department/Section:		
Address:		
Job title:	Grade:	Salary:
Date started:	Allowances (Type):	
	Allowances (Value):	
Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES , notice required:		or, if NO , the date employment ended:
Brief description of the main duties of the job:		
Reason for leaving:		
Local Authority if appropriate:		

PREVIOUS EMPLOYMENT DETAILS IN EDUCATION

Please list the most recent first, with precise dates if possible, as this information may be used to assess salary. Supply teaching appointments need not be listed individually. (*Continue on a separate sheet if necessary*).

Employer and establishment	Job title	Salary	Type of school/ Key stage	From	To	Reason for leaving

PREVIOUS EMPLOYMENT DETAILS OUTSIDE EDUCATION

Employer	Job title	From	To	Reason for leaving

BREAKS IN EMPLOYMENT HISTORY

If you have had any breaks in employment since leaving school, give details of these periods, including dates, and your activities during these times e.g. unemployment, raising family, voluntary work, training.

--

EDUCATION/QUALIFICATIONS

Please give details of your education including any professional qualifications, starting with the most recent attained.

HIGHER EDUCATION

Establishment(s)	From	To	Full/ Part- time	Qualification awarded			
				Subject	Class	Division	Date

SECONDARY SCHOOL EDUCATION

Establishment(s)	From	To

EXAMINATIONS

Subject	Date	Results/Grade

OTHER QUALIFICATIONS OBTAINED

Course and organising body	Date	Qualification

OTHER RELEVANT TRAINING AND DEVELOPMENT

Please list most recent first and continue on separate sheet if necessary.

Brief Description/Course title	Date	Organising body

LEISURE INTERESTS

Please state briefly what your main leisure interests are, particularly where these are relevant to the work for which you are applying.

REFERENCES

Please nominate **three** referees. In the case of a Catholic applicant, one referee should be your Parish Priest/Priest of the Parish where you regularly worship. If you are in employment, one referee should be your present employer. References will not be accepted from those writing solely in their capacity of friends or relatives. References will be taken up before interview. If you are known to the referees by another name (e.g. previous name) please inform them of your present name and advise that we may be in contact. The school may contact other previous employers for a reference with your consent.

1) Name:	Status:
Address:	
Telephone:	
Email address:	
2) Name:	Status:
Address:	
Telephone:	
Email address:	
3) Name:	Status:
Address:	
Telephone:	
Email address:	

INFORMATION IN SUPPORT OF YOUR APPLICATION

Please use this section to show how your experience and achievements meet the requirements of this post. Please refer closely to the job description and person specification in this section. Include relevant skills and experience that you have obtained through previous employment, work experience, voluntary or community involvement, personal interests or education. *(Please continue on a separate sheet if necessary).*

CLOSE PERSONAL RELATIONSHIPS

Are you a relative or partner, or do you have a close personal relationship with, any employee or Governor of St Benedict's Catholic College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:	
Failure to disclose a close personal relationship as above may disqualify you. Canvassing of governors or senior managers of the School by or on your behalf is not allowed.	
Has someone else completed this form on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the person's name and an explanation:	

PROFESSIONAL QUALIFICATIONS

Including details of professional association membership.

Do you hold Qualified Teacher Status (QTS): <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher Reference no:
Date of statutory induction period (if qualified since August 1999) Started: Completed:	

Please confirm the following statements are true by signing below.

Declaration

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by the school, and is likely to result in dismissal.

Disclosure of criminal convictions

Short-listed candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate, a disclosure/status check will be sought from the Disclosure and Barring Service in the event of a successful application. A conviction/caution/reprimand will not necessarily be a bar to obtaining employment.

Safer recruitment

I certify that I am not disqualified from working with children or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post.

Data Protection Act 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Correspondence

Thank you for applying for this post. Your interest in working for us is very much appreciated. It is not our practice to acknowledge receipt of applications. However, if you would like to be informed of the outcome of your application once the selection process has been completed, then please enclose a stamped addressed envelope.

Signed:

Date:

Recruitment Monitoring Information

Post title: ~~AAA~~ _____

Last name: _____

First name(s): _____

St Benedict's Catholic College are committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only and will not be seen by the shortlisting or interview panel. This section will be detached from the application form prior to shortlisting. If you do not wish to share this information, you can select the "prefer not to say" option.

1. Age

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 55-59 | |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60-64 | |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 65-69 | |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 70+ | <input type="checkbox"/> Prefer not to say |

2. Date of Birth _____

Prefer not to say

3. Gender

- Male Female Prefer not to say

4. Ethnic origin

- | | |
|--|--|
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White and Asian |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Asian/Asian British – Pakistani | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian/Asian British – Chinese | <input type="checkbox"/> Mixed other |
| <input type="checkbox"/> Asian/Asian British – Other | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black/Black British – Caribbean | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Black/Black British – Other | <input type="checkbox"/> Other (please specify) _____ |
| | <input type="checkbox"/> Prefer not to say |

5. Sexual orientation

- Heterosexual Lesbian Bisexual
 Gay Other Prefer not to say

The information contained on this form will be held on a computer file
(Continued overleaf).

6. Disability

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

To be protected under the Act.

- An individual must have an impairment which can be physical or mental.
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. The impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) **and**
- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people. The effect of your impairment on everyday activities is considered as it would be without medication or aids. The only exception is eyesight which should be judged when an individual is wearing their usual lenses or spectacles).

I do consider myself to have a disability as defined by the Equality Act 2010 (as detailed above).

I do not consider myself to have a disability as defined by the Equality Act 2010 (as detailed above).

I prefer not to say.

7. Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Signed: _____

Print Name: _____

Date: _____