Application Form

Support Staff

Please complete this form in \boldsymbol{black} \boldsymbol{ink} or typescript.

Please return to: jmason@calderlearningtrust.com



PUSI APPLIED FUR					
Application for appointment (Job Title)	ent as:		School apply	ing to:	
How did you first learn o If you have been referre			e provide thei	ir full name.	
Date you are able to com	nmence dut	ty:			
Continuous Service Date	(If applical	ble):			
		1			
PERSONAL DETAILS					
Title:		Surname:		Name:	
Home Address:			National Insu	irance No:	
Telephone (preferred):			Have you got licence? (Y/N		
Telephone (second contact):			Email:		
QUALIFICATIONS		= 1 · · ·			
Secondary, Further ar	na nigher i	Education.			
Institution		Dates(From/To)	Full or Part Time	Qualificatio Subjects/G	ns obtained (with rades)

		been extended beyon or any gaps in your e		u, state reason a	na perioa or	
In Service T	raining and other	qualifications obta	nined.			
		e Training and other r It then attach to this f		ns undertaken in	the last five	
Training Provider.		Subject.	Duration.		Qualifications Obtained (If applicable).	
Continued P	rofessional Learr	ning (CPD).				
Please give de separate shee	` `	es) of subsequent qua	alifications, training	or research. Con	tinue on a	
WORK EXPE		most recent) Post.				
LA (If applicable).	Name, Type and Size of School (If Independent please give full address).	Position Held (I subjects taught, spe	cion Held (Including main taught, special posts, if any) reate if full or part time.		Date appointed (From/To).	
_		u are leaving/have lef	·			

Name and employer and nature of business.	P	Position held and brief outling responsibilities.	ne of	Salary De	tails.		Date ppointed rom/To).
Please give reasons for leaving thi	s po	st:					
Please give reasons for leaving thi	s po	st:					
Please give reasons for leaving thi	s po	st:					
Please give reasons for leaving thi	s po	st:					
Please give reasons for leaving thi	s po	st:					
Other Work Experience.		N CF	- "	D 1 T	_		
Name of Employer.		Nature of Employment.	rull or	Part Time.	From.		To.
Employment Gaps.							
Please provide details of any empl	oym	ent gaps since leaving scho	ool, and	give the rea	sons f	or th	e gap.
Start date.		End date.		for employ			

Have you lived / worked outside of the UK in the last 5 years for 3 months or longer?
Yes / No (please circle / delete).
If you have answered yes, please provide details below:
Right to work in the UK.
The Calder Learning Trust will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.
By signing this application, you agree to provide such evidence when requested.
Find out more about how The Calder Learning Trust recruits teachers from overseas in <u>guidance from the Department of Education.</u>
SUPPORTING STATEMENT
Please provide a supporting statement of no more than two A4 pages detailing: How you meet the job description and person specification;
What your main qualities and experiences are and how they relate to the job description and person specification.
This can be attached separately if you wish.

should have direct knowledge of your professional of family member.	capabilities and performance a	and should not be a
As the Calder Learning Trust is an educational estab		
<u>Children and Safer Recruitment in Education Legisla</u> requested prior to interview.	ition Therefore, please be awa	are references will be
1. Name:		
Address:	Telephone:	
	Email:	
	Relationship:	
2. Name:		
Address:	Telephone:	
	Email:	
	Relationship:	

Please nominate two references. Your current employer should be one of your referees. Referees

CANDIDATE DECLARATION AND CONFIRMATION

Declaration of any relevant convictions and cautions:

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provide that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.

If you are shortlisted for interview, you will be asked to declare if you have any relevant convictions or cautions. Guidance about weather a conviction or caution should be disclosed can be found on the Ministry of Justice Website (https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974).

Data Protection

REFERENCES

All information you send to us is strictly confidential and will be used for the purposes of this recruitment process only. It will be processed and held in accordance with the principles of the Data Protection Act and General Data Protection Regulations (2018)

Candidate Declaration

By submitting this form, you are confirming that the information contained within it is true and complete. Any false or misleading information may result in an offer of employment being withdrawn, or your dismissal if discovered after your employment has commenced. Completed application forms should be submitted to the email address at the top of the first page.

SIGN AND DATE	
Name: (please print)	
Sign:	
Date:	

EQUAL OPPORTUNITI	ES MO	ONITORING E	ATA				
For Office Use Only							
Applicant Number:							
Data Dasainada							
Date Received:							
Application for the post o	f:						
AGE				25 20		20. 24	
16-19 years	20-	20-24 years		25-29 years		30-34 years	
35-39 years	40-	40-44 years		45-49 years		50-54 years	
55-59 years	60+ years			Rather not say			
ETUNIC ODICIN							
ETHNIC ORIGIN Please choose ONE section	n fron	n 1 to 6. then t	tick the	appropriate box	to indicate	vour cultural	
background.				appropriate sox		your curtaru.	
White		Mixed			Asian or	Asian British	
White British		Mixed White	e & Blac	k Caribbean	Asian I	ndian	
White Irish		Mixed White	e & Blac	k African			
White Other		Mixed White		n	Asian Bangladeshi		
District District		Mixed Othe			Asian C		
Black or Black British		Chinese or C	otner		Undefine Rather		
Black African					Radici	not state	
Black African Black Other		Other			Ratici	not state	
					Radici	not state	
Black Other					Rautel	not state	
Black Other GENDER	Fema	Other	Othe				
Black Other GENDER Male	Fema	Other	Other			not state	
Black Other GENDER	Fema	Other	Othe				
Black Other GENDER Male	Fema	Other	Other	-			
Black Other GENDER Male If 'other' please state:	Fema	Other	Other	•			
Black Other GENDER Male	Fema	Other	Other				
Black Other GENDER Male If 'other' please state:		le	Other				
Black Other GENDER Male If 'other' please state: DISABILITY		le	Other		Rather	not state	
GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION	to hav	Other le	Other		Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual	to hav	Other le	Othe	Bisexual	Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual Gay Man	to hav	Other le	Other		Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual	to hav	Other le	Other	Bisexual	Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual Gay Man Gay Woman	to hav	le ve a disability?	Other	Bisexual	Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual Gay Man Gay Woman RELIGIOUS BELIEF / F	to hav	le ve a disability?	Other	Bisexual Rather not sta	Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual Gay Man Gay Woman RELIGIOUS BELIEF / F Christian Denomination	to hav	le ve a disability?	Other	Bisexual Rather not sta	Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself SEXUAL ORIENTATION Heterosexual Gay Man Gay Woman RELIGIOUS BELIEF / F	to hav	le ve a disability?	Other	Bisexual Rather not sta	Rather	not state	
Black Other GENDER Male If 'other' please state: DISABILITY Do you consider yourself to the state of the	to hav	le ve a disability?	Other	Bisexual Rather not sta	Yes	not state	