THE CREAT PARTNERSHIP TR	If you need		s informa	orm ation in large p sette, please a		R	3
Application for the Post of:				Job No:			
School Name:				Candidate Ref No.			
Personal Information			P	Previous Name	s): (if ann	licable)	
Last Name:					5) . (ii app	fileable)	
First Name(s):							
Home Address:							
Please specify alternative correspondence address on a separate sheet.		Post	code:				
E-mail address:		1 031					
National Insurance No (If	vou have one).	Г					
Do you have a full curren driving licence?	Yes 🗌 No 🗌	Home Tele	phone umber:				
Do you have daily use of vehicle?	a Yes 🗌 No 🗌	Work Tele N	phone umber:				
Do you have any penalty points on your licence?	Yes 🗌 No 🗌	Mobile Tele N	phone				
If so, how many?							
Do you consider yourself	to have a disability?				Yes	🗌 No	
(NB: The Equality Act def which has a substantial an The Trust operates an 'Ir criteria of the post.	d long-term adverse e	effect on their a	ability to o	carry out norma	l day to	day activitie	es")
If you have a disability, ar if you are called for interv		ents which we	can mał	ke for you	Yes	🗌 No	
If yes, please outline your	requirements:						
How did you find out about	ut this job?						
Are you applying on a Jol	Share basis?	Yes 🗌	No				
If so, please state the pro	portion of full-time you	are willing to	work:				
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Present (or Most Recent) Employment					
Employer/School Name, Address and Telephone Number:					
Date Started:	Date Started: Job Title:				
Present or Final Gr	ade/Salary:				
Specify any Additio	nal Benefits/Payments	you Receive:			
Notice Required:		Date of Leaving	(if applicable):		
Reason for leaving	(if applicable):				
Please Provide a B	rief Description of Dution	es of the Post (Cor	ntinue on a separ	ate sheet if necessary):]

Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary). ** *Please ensure* **<u>all gaps</u>** *in employment and education history are fully explained on your application form. We may wish to verify this information during the recruitment process***

Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Lab Tala	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
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Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	

Education

Please give details of all nationally recognised qualifications awarded/results awaited; from GCE Advanced Level to Further Degree Level or their equivalents in chronological order.

Atter	nded	Name of			Full or	Grade/	Date
From (mm/yy)	To (mm/yy)	School/College:	Qualification:	Subject:	Part Time	Level:	Gained:

Copies of essential qualifications will be required on appointment.

Training (Other Continuing Professional Development)

Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary).

Title of Course:	Organising Body:	Awards (if any):	Date of Attendance: (mm/yy)
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Additional Information

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you. (Please continue on a separate sheet if necessary).

References

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. If you are not currently working with children, please supply a reference from the last time you worked with children. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and employer e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references. Please note if the referee is school or college based the reference must be from the headteacher/ principal or be confirmed by the headteacher/principal as accurate.

1⁵t Referee Name:					
E-Mail Address: (Please provide wherever possible)					
Address:					
Telephone No:	Capacity:				
2nd Referee Name:					
E-Mail Address: (Please provide wherever possible)					
Address:					
Telephone No:	Capacity:				
	applying for forms part of the Children's Workforce, your references will be sted for interview - please see the Notes for Applicants provided with this form.				
	ionality Act 2006 e required to provide original material evidence of their Eligibility to Work in the mpanying Guidance Notes please confirm that you are able to provide the				
	Yes 🗌 No 🗌				
Self-declaration of criminal record					
1974. You will therefore be requereprimands or warnings) includ	school and is exempt from the provisions of the Rehabilitation of Offenders Act uired to declare whether you have any criminal convictions (or cautions, ing those which are 'spent'. The amendments to the Rehabilitation of Offenders 975 (2013 and 2020) provides 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. **Details of the filtering rules** can be found on www.gov.uk/dbs

As the post involves engaging in regulated activity relevant to children, it is an offence to apply for the role if you are barred from doing so.

All shortlisted candidates will be asked to complete a safeguarding/ criminal records self-disclosure form prior to interview. You will be asked to disclose details of all unspent and unfiltered spent reprimands, formal warnings, cautions and convictions.

We will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions. As posts in schools are 'Regulated Activity' the barred list for children will also be checked.

Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in withdrawal from any job offer.

Please also note that if you are shortlisted for the role, we may conduct an online search as part of our due diligence on the shortlisted candidates. This may help identify any incidents or issues that have happened, and are publicly available online, which we may want to explore with you at interview.

The Creative Learning Partnership Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

Health Requirements

Appointment is subject to a satisfactory medical report from the Trust's Occupational Health provider

Declarations

To your knowledge are you related to a member of staff, governor of the school or anyone elected to or employed by The Creative Learning Partnership Trust?

	Yes	NO	
If 'Yes', please state their name and position held:			

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Trust, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Trust or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:

Date:

Please remember to complete and return the recruitment monitoring form.

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