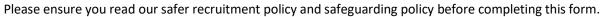
## **APPLICATION FORM**

## ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE





PLEASE TAKE CARE TO FULLY COMPLETE THIS FORM. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

YOUR APPLICATION	
Position applied for:	
How did you find out about this job?	
Name of academy/job location:	
Closing Date:	
PERSONAL DETAILS	
Title: Mr Ms Miss Miss Mrs Other	(please specify):
Forenames: Surnam	e:
Any former names: Date of	Birth:
Address	
(for correspondence):	
Postcode: Email address:	
Phone Home: Work	Mobile
National Insurance No:	
ELIGIBILITY TO WORK IN THE UK	
Before you commence working, you MUST provide evidence to demonstrate your right to work in the U	Inited Kingdom. If you are appointed to a post you will receive further guidance.
Are you eligible to work in the UK? Yes: No:	
Is this subject to a Work Permit or Visa? Yes: No:	
FOR TEACHING POSTS ONLY (please complete all applicable fields in this	s section)
Are you recognised by the DFE as a qualified teacher in this country?	Yes: No:
DfE Teacher Reference number:	Date awarded QTS:
Date of completion of statutory induction (NQTs/ECTs) or number of terr	ns towards induction completed:

## **EMPLOYMENT HISTORY**

(please complete all fields relevant to your application. If there are any gaps in your paid employment, please provide an explanation)

Current or most recent employm	ent					
Employer/School name & address:						
Job title:						
Start date:	Start date: End date (if applicable):					
Salary scale / point:	Salary scale / point: Salary:					
Additional allowances (if applicable):						
Brief description of duties/responsib	pilities:					
Other previous employment (plea	se use the continuation sh	neet provided if necessary). Please list the most recent fin	rst.			
Employer/School name & address	Dates (from/to)	Job title and brief description of duties (give type of school & number on roll if applicable)	Reason for leaving			
Please provide details of any gaps in	your paid employmen	t:				

Please list the most recent first. Include rea	levant work experience, volun	tary or unpa	id work.			
Employer/School name & address	Dates (from/to)		le and brief descrip	Reason for leaving		
EDUCATION AND QUALIFICAT	IONS					
Secondary Education (please use	the continuation sheet provid	led if necesso	ary). Please list the mo	ost relevant qualifica	tions, most r	recent first.
Name of School	Education level and subject (e.g. GCSE or A level)	ects	Grade		Date a	chieved (MM/YY)
Higher and Further Education	(please use the continuation s	sheet provid	ed if necessary). Pleas	se list the most releva	ınt qualificat	tions, most recent first.
Name of University/college/ institute/awarding body	Examinations passed ar education level (e.g. De		Grade		Date achie	ved (MM/YY)

Voluntary work or experience (please use the continuation sheet provided if necessary).

Course title	College/organisation	Qualification (if appropriate)	Date and length of course		
INFORMATION IN SUPPOR	RT OF YOUR APPLICATION				
		nd how you meet the requirements of the job tyourself that you feel is relevant. Please use th			
and the same of the same of the same		.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

REFERENCES									
Please give the names and contact det we may obtain references. If you have *If you have worked with children in the were most recently employed to work	worked before on the past but are	or are curre	ently working, o	ne of your referees	must be your pre	esent or last o	employer.		
Referee 1	Ref	Referee 2 Referee 3 (*if applicab					)		
Name:	Nan	Name: Name:							
Job title:	Job	Job title:			Job title:				
Address:	Add	Address:			Address:				
Postcode:	Pos	tcode:			Postcode:				
Telephone:	Tele	ephone:			Telephone:				
Email:	Ema	ail:			Email:				
Type of reference (please indicate):	Тур	Type of reference (please indicate):			Type of reference (please indicate):				
Employer Personal Academ	nic 🗆 Emp	ployer 🗌	Personal	Academic 🗌	Employer 🗌	Personal	Acade	emic 🗌	
DISCLOSURE AND BARRING AND R	ECRUITMENT	CHECKS							
It is an offence to seek employment. This post is exempt from the Rehable convictions, cautions or bind-over that is "protected" under the Rehable does not need to be declared. Guid rehabilitation-of-offenders-act-197.  Successful candidates will be subjeed declaration related to their criminal checks in relation to the Childcare of the subjeed or worked outsides.	oilitation of Officers which probabilitation of Colorate in this colorate in the colorate in t	fenders Action any other of the four of th	et 1974. Applice ther purposes of Act 1974 (Excend at https://www.example.com//www.com/rights.com//www.com/rights.com/rig	ants are thereformare "spent" under eptions) Order 19 vww.gov.uk/govelevel. Shortlisted uld make them u	e not entitled to r the provisions 175 will not app ernment/publice candidates will nsuitable to wo ressful candidat	of the Act. bear on a Di ations/new- be asked to ork with chi es to junior	Any info BS certifion guidance o comple fildren. A academi	ormation cate and e-on-the- te a self- dditional ies.	
FURTHER INFORMATION									
Do you receive a local government pe	nsion?						Yes 🗌	No 🗌	
Do you have a current driving licence?	Do you have a current driving licence?						No 🗆		
Do you consider yourself to be disable	ed?*						Yes 🗌	No 🗆	
Are you related to any senior employee, Governor or Principal from the academy or trust?  Yes No No									
If 'Yes', please give details:									

(\*we ask this information as all disabled applicants who meet the essential shortlisting criteria are guaranteed an interview)

Please give any dates when you are not available for an interview within the next two months:

ACET is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.
If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an
interview, please state the arrangements you require:
<b>DECLARATION</b> (all applicants must sign this section)
I agree to the information I have given in this application form being used and stored for recruitment purposes and in line with ACET's GDPR policy. I
have read and understood the information contained in this application form. I declare that all information provided is true and accurate to the best
of my knowledge. I understand that if I have made any false or misleading statements, or withheld any relevant information, it may result in disciplinary action including dismissal and possible referral to the Police/DBS.
I understand that ACET reserves the right to verify any of the data supplied in this application.
Signed: Date:
Print name:

DISABILITY AND ACCESSIBILITY