



London Road, Wellingborough
Northamptonshire, NN8 2DQ



The Old Dairy, Grange Road, Islip,
Northamptonshire NN14 4JB
Telephone: 01832 770512
www.educationfellowship.net
Company No: 07848783

Please email your completed application form to Miss A Pomroy (Principal's PA and HR Officer): apomroy@wrenn-academy.net

APPLICATION FOR EMPLOYMENT

Please read the guidance notes that accompany this form before completing

Post applied for:	
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1. Personal Details

Surname and title:		Forename(s):	
Address:			
Postcode:			
Mobile telephone number:		Daytime telephone number(s):	
Email Address:			
National Insurance Number:			

Are you eligible to work in the UK? YES NO

If yes, please give details in the box below of the documentation you can provide to demonstrate this, e.g., British Passport / European Economic Area Identity Card, full birth certificate or travel documentation showing an authorisation to reside and work in the UK.

Details:

Please note you will be required to produce evidence of your eligibility if selected for interview.

Do you need a work permit to work in the UK? If Yes, please give the date that your current work permit expires: Day /Month/ Year	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>A copy of the permit will be required if selected for</i>
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interview.

Do you hold a full driving license valid in the UK?

YES NO

If appointed when could you start? (Give period of notice if applicable)

2. Education

School (11+)	Dates (from and to)	Qualifications gained and Grade(s)	Date Obtained
College/University	Dates (from and to)	Qualifications gained and Grade(s)	Date Obtained

Any other relevant training and qualifications, including qualifications you are studying for now? Include dates, qualifications, and expected grades

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3. Teaching Qualifications (To be completed by teachers only)	
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Have you successfully completed a period of induction as a qualified teacher in this country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If yes, please give details of completion	
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Are you registered with the DfE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If Yes, please provide your DFE Number	
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Are you subject to any conditions or prohibitions placed on you by the DFE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If yes, please give detail	
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Do you have Qualified Teacher Status?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If Yes, please provide date of award	
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QTS Certificate Number	
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Age range you are qualified to teach	
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Preferred age range you like to teach	
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Subjects you are qualified to teach	
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Main:	
Subsidiary:	

Additional subjects you would be willing to teach	
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4. Professional Training and Development

Please include details of any relevant training or continuing professional development

Institutions attended	Course	Date

5. Employment History

Please provide **ALL** employment history and include/explain any previous experience (paid or unpaid), starting with the most recent first. **Please explain any employment gaps.** Please use additional sheets if necessary. You will be required to prove you have obtained the qualifications you have listed.

Current or most recent employer (1)			
Name of Employer:			
Address of school or organisation:			
Position Held:			
Date Started:		Leaving Date	

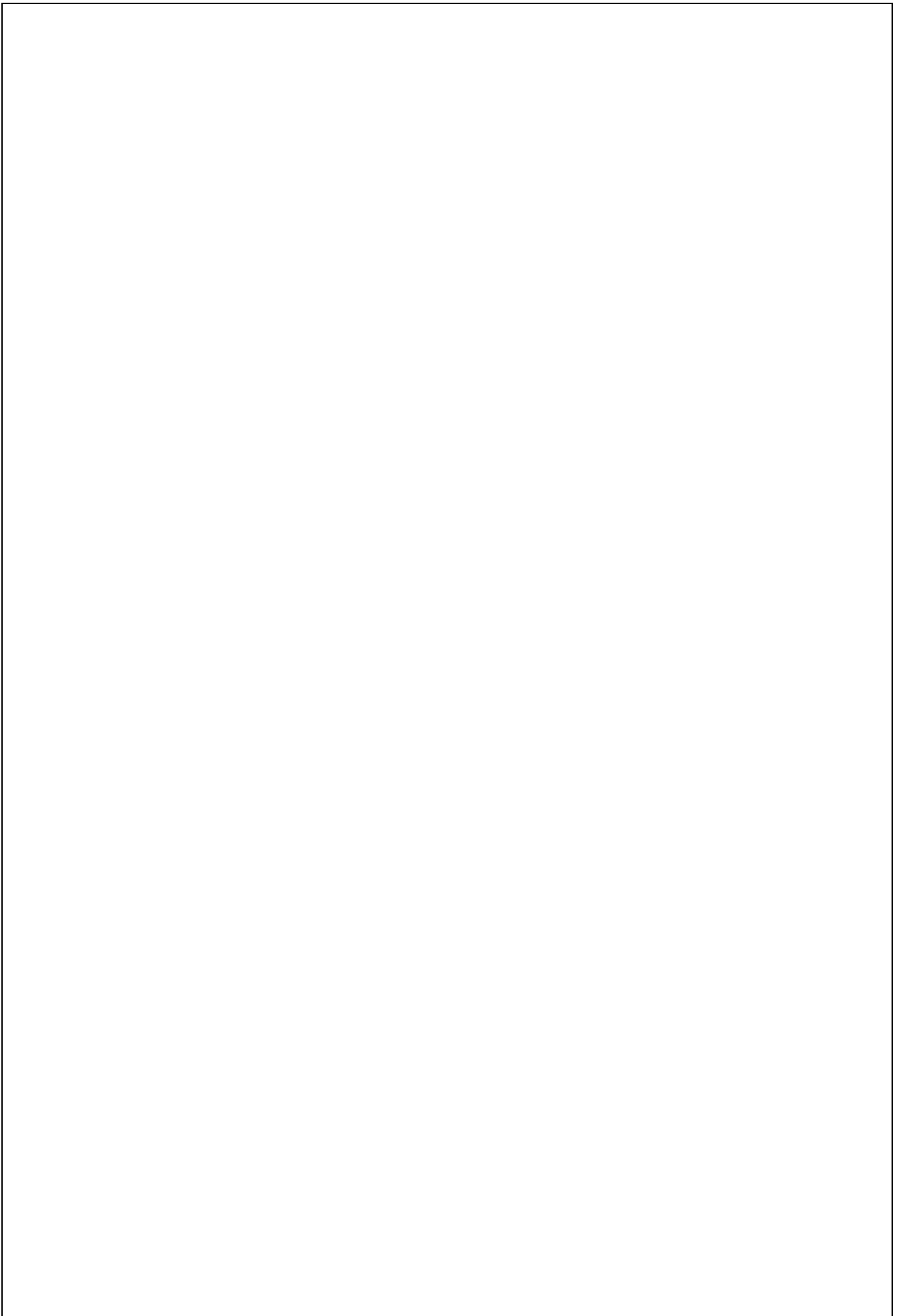
Reason for Leaving:			
Salary on leaving:			
Brief description of key duties and responsibilities:			
Previous employer (2)			
Name of Employer:			
Address of school or organisation:			
Position Held:			
Date Started:		Leaving Date	
Reason for Leaving:			
Salary on leaving:			
Brief description of key duties and responsibilities, and key achievements:			
Previous employer (3)			
Name of Employer:			
Address of school or organisation:			
Position Held:			
Date Started:		Leaving Date	

Reason for Leaving:			
Salary on leaving:			
Brief description of key duties and responsibilities, and key achievements:			
Previous employer (4)			
Name of Employer:			
Address of school or organisation:			
Position Held:			
Date Started:		Leaving Date	
Reason for Leaving:			
Salary on leaving:			
Brief description of key duties and responsibilities, and key achievements:			
Previous employer (5)			
Name of Employer:			
Address of school or organisation:			
Position Held:			

Date Started:		Leaving Date	
Reason for Leaving:			
Salary on leaving:			
Brief description of key duties and responsibilities, and key achievements:			
<p><i>Please use additional sheets if required – and tell us how many additional sheets you have used</i></p>			

6. Personal Statement

Please state why you have applied for this position and how your experience and skills meet the requirements of the job description and the skills/attributes needed. Provide evidence/examples of how you meet the person specification and your ability to carry out the job description. It is recommended that you use the headings provided to structure your statement. **Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities.** Please use a separate sheet if required.



7. References

Please supply the names and addresses of two referees; one should be your current or most recent employer and the other your previous employer (someone who knows you in a professional or training/education context?). Please refer to Application Form Guidance before completing.

Please note that under the DCSF Safeguarding Children and Safer Recruitment January, 2007, references will be required prior to interview for all School based jobs for both teaching and non-teaching.

FIRST REFEREE

Name of Referee and relationship to you:			
Organisation:			
Address:			
Email:		Tel:	

SECOND REFEREE

Name of Referee and relationship to you:			
Organisation:			
Address:			
Email:		Tel:	

I hereby authorise you to take up references from my present Employer, my previous Employer (s) or the people that I have submitted above as personal referees, once an invite to interview has been confirmed to me.

I hereby authorise you to take up other reference checks as you may deem appropriate.

Signed : <input data-bbox="352 114 852 174" type="text"/>	Dated: <input data-bbox="1086 103 1410 163" type="text"/>
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8. Safeguarding Statement

The Education Fellowship is committed to safeguarding and promoting the welfare of its students and expects all employees and volunteers to share this commitment.

9. Criminal Convictions/Cautions or Disqualifications

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.

Applicants should note that providing false information to obtain employment is a criminal offence.

Failure to declare a conviction, caution, bind-over or a pending prosecution, may disqualify you from appointment or result in summary dismissal.

The Education Fellowship is committed to safeguarding the welfare of our students. Enhanced Disclosure and Barring Service Checks will be carried out on all successful applicants.

Disclosure of a criminal record will not necessarily debar you from employment with The Education Fellowship, this will depend upon the nature of the offence(s), frequency and when they occurred.

Have you previously used, or do you currently use, any other surname (s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If YES, please state the other surname(s) you use(d):

Do you have any criminal records to declare? (this includes criminal convictions or police cautions, spent or otherwise)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If YES, Please provide full details along with dates

Are there any current criminal proceedings against you? (This includes any cautions, bind-overs, police warnings, or pending prosecutions)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If you answer yes to any of the questions on the previous page you will be expected to provide details of the conviction(s) or offence(s) in a sealed envelope marked 'private and confidential'. If you are not short-listed the envelope will be securely destroyed.

Please note that it is a condition of your employment that you inform The Education Fellowship/the Academy if you are convicted of any criminal offence (including driving offences). Failure to do so may result in disciplinary action being taken including the termination of your employment.

Are you closely related or married to a staff or Board member of The Education Fellowship?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If yes, please state the name of the staff or Board member and nature of this relationship:

10. Additional Information

Do you have a disability as defined by the Equalities Act 2010?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If yes, please provide brief details to tell us if there is support which we can provide at interview or in employment if offered the job:

Have you been dismissed from employment for a reason other than redundancy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If YES, please give reasons:

11. How did you hear about this vacancy? (Please give details)

Newspaper (Please state which below)	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
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Website (Please state which below)	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
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Details:

12. Declaration

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that The Education Fellowship can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:

When completed please return this application form by the advertised closing date to the recruiting Academy and the contact person, whose address appears on the top left of this Application Form