



# The Calder Learning Trust Application for Employment

"Everybody, Everyday"

PART 1 - PERSONAL INFORMATION					CONFIDENTIAL		
FOR OFFICE USE ONLY							
Applicant No	Date Received	Refs rece	eived	Certificates checked	DBS chec	k Safeguarding documents	
		1 <sup>st</sup>	2 <sup>nd</sup>				
Please comple	ete this form	fully using b	olack ink o	r type			
Post Applied fo	r:						
Section 1.1	Persona	l Details					
Title:		Date of Birt	h				
Last Name:			First Na	mes:			
Previous Name (if applicable)	s:						
Address:							
Town/City:							
Postcode:						= Fmail is our	
Daytime Teleph	none Nº:					preferred method of	
Evening Teleph	one Nº:					communication and candidates will receive all communication via	
Mobile Telepho	ne Nº:					the email address provided. We would advise you to check your	
E-mail address:	:					emails on a regular basis.	
National Insura	nnce Nº:						
Are you entitle	d to work in t	ha IIK2					

For posts which any previous er	n have substan	tial access to chi	ldren, the school re	serves the rigl	nt to approa	ich
First Reference (Employer) For teaching posts this must be your Headteacher		Second Reference				
Name:			Name:			
Position (job title):			Position (job title):			
Address:			Address:			
	Postcode:			Postcode:		
Telephone Nº:			Telephone №:			
E-mail address:			E-mail address:			
Reference Type (tick as appropria	nte)		Reference Type (tick as appropriat	,		
Section 1.3	Criminal (	Convictions				
			to a criminal offence, subject of any criminal			
	,	Yes	No			
		ns, charges, caud Intence or order l	tions, reprimands, fi imposed.	inal warnings	or convictio	ons,

Section 1.2 References

Any information disclosed will be treated sensitively and in confidence and will only be used in deciding a candidate's suitability for the post

# **Section 1.4 Positive about Disabled People**

disability who meets the essential criteria for a job vacancy will be guaranteed an interview and considered on their abilities. Do you consider yourself to have a disability? If you have answered yes to the above question, please give details of any assistance you may need at interview (e.g. sign language interpreter, wheelchair access) Section 1.5 **Additional Information** Are you related to a Governor, Senior Manager of the school at which you are applying for employment? Yes No If YES please give name, position and relationship: I understand that canvassing, directly or indirectly in connection with this appointment or knowingly failing to disclose a relationship will disqualify me. **DCSF Teacher Reference Number** Do you hold Qualified Teacher Status? Yes No Are you registered with the General Teaching Yes No Council? Do you currently work for Calder High School Yes (Internal No (External Applicant) Applicant) **Advertising Media** Please state where you saw this post advertised Calder High School Council Job Sheet Website Local Press (Halifax Job Centre Courier) LG Jobs **National Press** Professional Journal Other - please state

Calder High School is committed to the Two Ticks disability standard. This means that any applicant with a

### Section 1.6 Declaration

In submitting this application (whether signed or not) I declare that I am the person referred to on the form, I can confirm that the information I have provided in Part 1, 2 and 3 of this application is true, complete and correct.

I understand that if I provide incorrect information or a false statement this will lead to the withdrawal of any job offer, or if I am given the job this will result in disciplinary action which is likely to result in my dismissal from employment.

I authorise Calder High School to contact any current or former employers at the appropriate stage to confirm the details provided.

I understand canvassing (seeking support from) any Governor or Senior Manager of Calder High School in connection with this appointment or knowingly not disclosing such a relationship will disqualify me.

In accordance with the Immigration, Asylum and Nationality Act 2006 I am entitled to work in the United Kingdom. I shall produce such original documentation as may be requested to evidence my right to work.

I agree to the information contained in this application being processed under the Data Protection Act 1998, for the purposes of recruitment monitoring and in relation to forming any contract of employment.

Signed:			Date:		
Section 1.7	DBS				
If you have sig check this on-li	_	3S Update Servic	e, please sign be	low to give autho	rity for us to
Signed:			Date:		

# PART 2 APPLICATION FOR EMPLOYMENT FOR OFFICE USE ONLY **Applicant No Date Received Application for the post Section 2.1 Current or Most Recent Employment** If you are not currently employed, please give details of your most recent employment. If you have just left education or have not been employed before then please leave this section blank. **Job Title: Grade:** Salary: Other allowances/benefits: **Date of Appointment: Date employment ended:** (if applicable) Notice period (if applicable): **Employer: Address:** Postcode: Tel no: Status: e.g. Part Time/ Full Time/ Casual/ Temp: Responsible to: **Nature of business: Brief description of duties:**

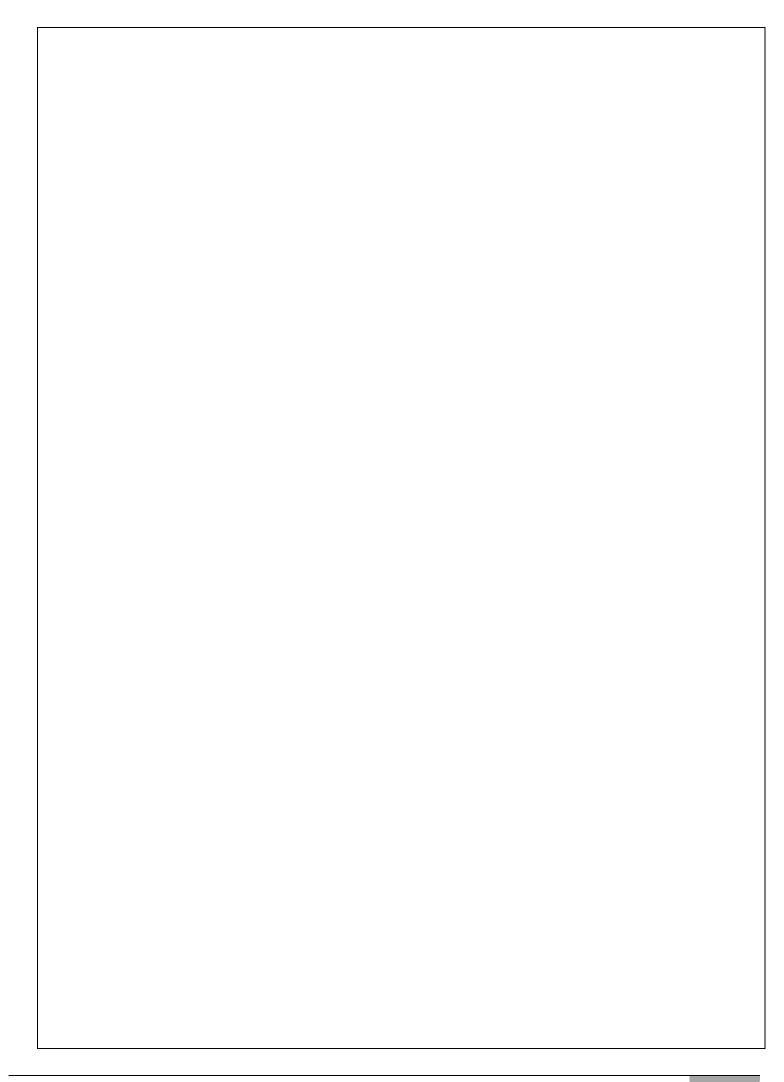
Reason for leaving (if no longer employed):								
Section 2.2 Previ	ious Employment	•						
	Section 2.2 Previous Employment  Previous Employment (Please put your most recent employer first).							
Name and Address of Employer	Job Title	Salary	Date From (dd/mm/yy)	Date To (dd/mm/yy)	Reason for Leaving			
			_					
Please give reasons for any gaps between jobs, e.g. unemployment, study, childcare etc. (specify dates and reasons):								
If you are successful will this be your only job? Yes No								
If no, please state the weekly hours and nature of the additional work?								

Section 2.3 Education and Qualifications						
Type e.g. school, college, Qualifications gained university, workplace (state level and grade)			Date			
		-				
Continuo 2.4 Dono		-11				
Section 2.4 Personal Development & Additional Learning						
Learning &	Date					
Section 2.5 Profe	essional Membership					
Relevant Institute/Body	Class of Membership e.g. Associate, Member, Student, Fellow etc.	Expiry Date !	State if Examination			
Section 2.6 Driving Licence Details						
Note: This section should only be completed if driving is an essential requirement of the post for which you are applying						
Do you hold a full current driving license valid in the						
UK?						
If YES, state class: e.g. F UK Car, HGV, PSV, LGV etc						

# Details of experience, knowledge, skills, abilities and other relevant information - please refer to the person specification/job description for completing this section.

Section 2.7

**Personal Statement** 



## **Returning your application**

By Hand or Post:

The Headteacher **Calder High School Brier Hey Lane** Mytholmroyd Hebden Bridge **HX7 5QN** 

By e-mail:

jmason@calderlearningtrust.com

Tel: 01422 883213

PLEASE COMPLETE THE EQUAL OPPORTUNITIES FORM ON PART 3

PART 3 EQUAL OPPORTUNITIES MONITORING DATA							
FOR OFFICE USE ONLY							
Applicant No Date	e Received						
Application for the post of:							
Which age category do	you fall into?						
16-19 years	20-24 years	25-29 years	3	0-34 years			
35-39 years	40-44 years	45-49 years	5	0-54 years			
55-59 years	60+ years	Rather not state					
What is your Ethnic Or	igin?						
Please choose ONE section f	rom 1 to 6, then tick the	appropriate box to ind	licate your cultur	al background.			
1. White	2. Mixed		3. Asia British	n or Asian			
(a) White British	1 1	I White & Caribbean	(a) Asian	Indian			
(b) White Irish	Black	d White &	(b) Asiar	Pakistani			
(c) White Other	(c) Mixed	d White &	(c) Asian Bangl	adeshi			
	(d) Mixe	d Other	(d) Asiar	Other			
4. Black or Black British	5. Chinese	or Other	6. Und	efined			
(a) Black Caribbean	(a) Chine	se	(a) Rather	not state			
(b) Black African	(b) Othe	r					
(c) Black Other							
Gender							
Male	Female		Rathe	er not state			
For the purpose of this quest opposite to the one that they	•	nd as an individual who	o lives, or wants	to live, in the gender			
Disability	Disability						
Do you consider yourself	to have a disability?	Yes No	o 🗍				

Sexual Orientation (Optional)		
Heterosexual	Bisexual	
Gay man	Transgender	
Gay woman or lesbian	Rather not state	
Religious Belief/Faith		
Christian Denominations	Jewish	
Buddhist	Other	
Hindu	No Religion	
Muslim	Rather not state	
Sikh		