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| **Job Application**  Job Reference Number:  Job Title: **Class Teacher KS2** – **Edgewick Community Primary School**  Closing Date: **05/05/2021**  Please say if you wish to be considered for this position on a job share basis. All applications for job share will be considered on their merit and if operationally possible.  Yes  No | | | | | | **P:\School Logo\White Bookerfly.png** |
| **Personal Details – Please complete this section in capital letters**  Title:  Mr  Mrs  Miss  Ms  Last name:       First Name(s):  Address:    Post Code:  Daytime Telephone Number:       Evening Telephone Number:  Mobile Telephone Number:  E-mail Address:  Please indicate if you are happy to receive correspondence via your email address, e.g. invite to interview letter?  Yes  No  National Insurance Number:  Are you eligible to work in the UK? Yes  No Do you require a work permit?  Yes  No | | | | | | |
| Are you currently, or have you previously been, employed by Coventry City Council?  Yes  No  If yes, please provide dates from and to and reasons for leaving (if applicable):  Date from:       Date to:  Reason for leaving: | | | | | | |
| Please provide two referees, one of whom must be your current or most recent employer. Family members may not be used as referees. Any offer of appointment will be subject to references which are satisfactory for our purposes. | | | | | | |
| First Reference (Current or most recent employer)  Name:  Job title:  Organisation:  Address:    Postcode:  Telephone No:  E-mail Address:  Relationship to you: | | | | Second Reference  Name:  Job title:  Organisation:  Address:    Postcode:  Telephone No:  E-mail Address:  Relationship to you: | | |
| Do you wish to be consulted before this referee is approached?  Yes  No | | | | Do you wish to be consulted before this referee is approached?  Yes  No | | |
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| Do you hold a current, valid, full diving licence?  Yes  No  If yes, please state type (e.g. PSV, HGV1): | | | | | | |
| Please state any dates you are unavailable for interview: | | | | | | |
| **Present or most recent employment**  Name:  Job Title:  Address:    Postcode:  Telephone number: | | | | Date from:  Date to (if applicable):  Salary and benefits:  Notice Required:  Reason for leaving (if applicable): | | |
| Please provide brief details of duties and responsibilities: | | | | | | |
| **Employment history**  **References may be sought from your previous employers. Please indicate if you wish to be consulted before they are approached:**  Yes  No | | | | | | |
| Date from: | Date to: | Name and address of employer: | Job Title: | | Reason for Leaving: | |
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| **Relevant education and qualifications** | | | | | |
| **Relevant qualification:** | | **Result/grade:** | | **Date obtained:** | |
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| **Relevant training** | | | | | |
| **Date:** | | **Course title:** | | **Organising body:** | |
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| **Membership of relevant professional bodies:** | | | | | |
| **Name of professional body:** | **Type of membership:** | | **Date of membership:** | | **Membership number:** |
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| **Relevant skills and experience**  Please demonstrate below how you meet the criteria on the person specification. You can include experience or knowledge you have gained through paid or unpaid work. Please ensure that your personal statement has been fully aligned to the requirements of the job, otherwise we will be unable to consider you for the post. This statement will be used to assess whether you will be invited to interview/assessment. | | |
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| **Working Time Directive** **-** Are you intending to hold additional jobs?  Yes  No  If yes, please state the number of hours you will be working in other jobs in this box  This information is required to ensure we comply with Working Time Regulations. |
| Are you related to a Councillor, School Governor or employee of this organisation?  Yes  No  If yes, please provide details. Name:  Relationship to you:  If you fail to disclose such information, you may be disqualified from consideration or, if appointed, liable to dismissal without notice. Canvassing of Councillors, Governors or employees in relation to this application will disqualify any applicant. |
| **Convictions/Disqualifications**  If you have a conviction, which is **not spent** under the terms of the Rehabilitation of Offenders Act 1974, you must indicate below. However, if you are applying for a post which requires a DBS check all convictions **remain unspent** and you must declare them.  I have convictions or disqualifications which are **unspent**:  Yes  No  If yes, please give details and dates of **any unspent\*** criminal convictions, disqualifications, cautions or driving offences:    **\*Please note unspent convictions will only be taken in to account if thought relevant to the job and would preclude you from being considered.**  **Disclosure and Barring Service checks (DBS)**  If you are applying for a post where a **DBS** check is requested you will be required to declare all convictions whether they are **spent** or **unspent**. **DBS checks are required where a post is in contact with children and vulnerable adults.** |
| **Disability**  Do you consider yourself to have a disability within the terms of the Equality Act 2010?  Yes  No  This organisation has made a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements of the job as contained in the person specification.  Please specify any arrangements we can make to assist you if you are invited to attend for interview/assessment (e.g. wheelchair access, BSL interpreter or information in alternative format): |
| **Declaration**  I confirm that the information contained in this application is, to the best of my knowledge, correct and understand that my application may be rejected or that I may be dismissed without notice for withholding, or giving false information. I also give my consent to the processing of data contained or referred to in this application in accordance with the Data Protection Act 1998 and subsequent legislation.  Signature:       Date:  Please note: If you return this form by e-mail, your signature confirming the above will be requested if you are invited to attend an interview. If you are printing this form out and returning it by post, please sign in black ink before returning it. |