**Madeley Academy**

Castlefields Way

Madeley

TELFORD TF7 5FB

**Confidential**

**Application Form**

Please complete in **BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
| **Post Title:** |  |  |
|  |
| **Closing Date:** |  |  |  |  |  |  |  |  |  |  |

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| **1. Personal Details** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |

|  |  |
| --- | --- |
| First Name(s): |  |

|  |  |
| --- | --- |
| Surname/Last Name: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |
| Post Code: |  |  |  |  |  |  |  |  | National Insurance N°: |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Tel N° (Home): |  |  |  |  |  |  |  |  |  |  |  |  |  | Tel N° (Work): |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Tel N° (Mobile): |  |  |  |  |  |  |  |  |  |  |  |  |  | Email: |  |
|  |
| DCSF N°: |  |  |  |  |  |  |  |  | Date of Birth: |  |  | - |  |  | - |  |  |  |  |
|  |
| Are you in receipt of an Occupational Pension? |  | Yes |  | No |

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| --- |
| **2. Educational/Technical/Professional Qualifications** |

Please name any institute or professional body in full, rather than using initials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subjects/Qualifications | **Where attained** | **Year From** | **Year to** | Grade |
|  |  |  |  |  |
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| **3. Details of Relevant Training Courses** |

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| --- | --- | --- |
| Course Subject and Provider | **Length of Course** | Year |
|  |  |  |
|  |  |  |
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| **4. Employment History** |

Please give details of ALL jobs held including part-time and unpaid work, starting with your present/last employer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer(Name & Full Address) | **Job Held** | **From** | **To** | Salary/Grade | Reason for Leaving |
|  |  |  |  |  |  |
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| **5. Relevant Knowledge, Experience & Skills** |

Please tell us how your knowledge, experience and skills meet the job requirements

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| **6. Medical and Absence Information** |

How many days absence from work have you had as a result of ill health in total over the last three years? (Please tick)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0-3 days |  |  4-10 days |  | 11-20 days |  | 21-29 days |  | 30+ days |

###### Please give details:

|  |
| --- |
|  |

###### Please give details of any prolonged period of absence in your career:

|  |
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| **7. References** |

Please give the name, address and status of two persons who can support your application and who have agreed to their names being used. Unless there are good reasons to the contrary, one of the referees should represent your present employer. Please note that if you are selected for interview, your references will automatically be taken up prior to interview. If you do not wish us to do this, please advise below stating the reason why:

|  |
| --- |
|  |

**Reference 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |
| Post Code: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone N°: |  |  |  |  |  |  |  |  |  |  |  |  |  | Email: |  |

**Reference 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |
| Post Code: |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone N°: |  |  |  |  |  |  |  |  |  |  |  |  |  | Email: |  |

**I declare that the information I have given on this form is correct**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed |  | Date |  |  |  |  |  |  |  |  |
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| Applicants can normally expect to be invited for an interview within three weeks of the closing date. Otherwise they may assume that, on this occasion, their application has been unsuccessful. However, career opportunities may emerge in the future at Madeley Academy, or in one of our other family of schools: Thomas Telford School, Sandwell Academy, and Walsall Academy. If you are unsuccessful please indicate if you wish us to hold your form on file to be considered for future similar vacancies.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you are unsuccessful please indicate if you wish us to hold your form on file to be considered for future similar vacancies at Madeley Academy  | **Yes** |  | **No** |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you are unsuccessful please indicate if you wish to be considered for future/similar vacancies at any of the other schools within our family of schools | **Yes** |  | **No** |  |
|  |  |  |  |

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| **Declaration of Criminal Offences** |

The job for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974 and under the GDPR and Data Protection Act 2018 the School has a lawful basis for which to request access relating to criminal convictions through the means of an enhanced Disclosure and Barring Service (DBS) check.

As the occupant of the post you will have substantial access to children, an enhanced disclosure request will be made to the DBS authority at the point when an offer of a position is made to ascertain whether the records reveal any criminal convictions (including spent ones) relating to you. All information given will be treated in the strictest confidence and will be used for this job application only.

The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making this decision the panel will consider the nature of the offence, how long ago and what age you were when it was committed, and any other factors which may be relevant.

Madeley Academy is committed to promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

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**I confirm I have read the above statement and understand that failure to agree to an enhanced DBS check will disqualify me from appointment (Please tick box):**

|  |
| --- |
| **Equal Opportunities Monitoring** |

To help us check that we are employing people fairly, please mark the appropriate sections below

**Please note that the information provided in this section will not be passed to the shortlisting panel, and will have no bearing on the appointment decision**

**Please complete in BLOCK CAPITALS**

|  |  |
| --- | --- |
| **Post:** |  |
|  |  |
| **Full Name (including Title):** |  |
|  |  |
| **Date of Birth:** |  |  |  |  |  |  |  |  |  |

**Age** – please tick as appropriate

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 16-18 |  |  19-35 |  | 36-49 |  | 50-59 |  | 60-65 |  | Over 65 |

**Ethnic Origin**

Do you consider your ethnic origin to be:

|  |  |  |  |
| --- | --- | --- | --- |
| **White** | **Mixed** | **Black** | **Asian** |
|  | British |  | White & Black African |  | Black British |  | Asian British |
|  |  |  |  |  |  |  |  |
|  | Irish |  | White & Asian |  | Caribbean |  | Indian |
|  |  |  |  |  |  |  |  |
|  | Any other white background |  | White & Black Caribbean |  | African |  | Pakistani |
|  |  |  |  |  |  |  |  |
|  |  |  | Any other mixed background |  | Any other black background |  | Bangladeshi |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Any other Asian background |

|  |  |  |
| --- | --- | --- |
|  | Any other ethnic group (please specify) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? |  | Yes |  | No |
|  |
| If yes, please state nature of disability: |  |
|  |
| **The Disability Discrimination Act defines disability as:**“A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities” |

|  |  |
| --- | --- |
| Where did you see or hear of this job? |  |

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**Please return completed Application and Monitoring Forms to:**

Mrs S Davies (PA to Headteacher)

Madeley Academy, Castlefields Way, Madeley

TELFORD TF7 5FB

sdavies@madeleyacademy.com