Victor Academies	oria 5 TRUST	If you need a c	opy of t	this information in large print, e or on cassette, please ask us.		
Application for the Post of: Candidate Ref No.			Job No:	: 		
Personal Information			F	Previous Name(s): (if applicable)		
Last Name:						
First Name(s):						
Home Address:						
Please specify alternative correspondence address on a separate sheet.		Postc	ode:			
E-mail address:	·	1 0310				
National Insurance No (If	you have one):					
Date of Birth:			1			
Do you have a full current driving licence?	Yes 🗌 No 🛛	Home Teler	ohone mber:			
Do you have daily use of a vehicle?	a Yes 🗌 No [	Work Teler	ohone mber:			
Do you have any penalty points on your licence?	Yes 🗌 No [	Mobile Teler	ohone mber:			
If so, how many?						
Do you consider yourself	to have a disability	/?		Yes 🗌 No 🗌		
(NB: The Disability Discrimination Act defines a person as having a disability if he/she "has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities")						
The Academy operates an 'Interview Guarantee Scheme' for people with a disability and who meet the essential criteria of the post.						
If you have a disability, are there any arrangements which we can make for you Yes No I						
If yes, please outline your requirements:						
How did you find out abou	It this job?					
Are you applying on a Job	Share basis?	Yes 🗌	No			
If so, please state the proportion of full-time you are willing to work:						

Present (or Most Recent) Employment				
Employer's name, address and telephone number:				
Date Started:	 	Title of Post:		
Present or final grad	de/salary:			
Specify any addition	nal benefits/payments yo	ou receive:		
Notice Required:		Date of Leaving	(if applicable):	
Reason for leaving	(if applicable):			
Please provide a br	rief description of duties of	of the post (conti	nue on a separate	e sheet if necessary):
Have you ever beer	n subject to Disciplinary I	Proceedings?	Yes 🗌 No	
If yes, please indica	ate the outcome:			

## Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

Job Title	Employer's Name, Address & Telephone Number	Date From	Date To	Salary	Duties and Achievements	Reason for Leaving

Education/Training			
School/College/University /Training Provider	Dates Attended	Subject(s) or Course/Training Event Title (including exams passed/still to be taken and grades where applicable).	Office use only. Certificates checked
		grades where applicable).	

Name of Professional Association	Professional Qualifications/ Membership and Date Obtained	By Award or Examination	Office use on Certificates che
ASSOCIATION		Examination	Certificates cried

## **Additional Information**

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you. (Please continue on a separate sheet if necessary).

# References

School/University Acade employer. Please include	applicable to your present j emic Staff. Please state in v le name, address, telephone n please ensure you include a He	what capacity th umber and e-ma	e two referees ail address if kn	are acting, e.g. current own. If you have recently
1st Referee's Name and				
Address:				
Telephone No:		Capacity:		
E-Mail Address:				
2nd Referee's Name and Address:				
Telephone No:		Capacity:		
E-Mail Address:				
	you be made a conditional offe pre-employment process.	er of employmen	t with the Acade	emy Trust, references will
Asylum and Immigration	on Act 1996			
	s will be required to provide origination of the secompanying Guidance Not			
	Ye	es 🗌	No 🗌	
Rehabilitation of Offen	ders Act 1974			
	m the Rehabilitation of Offende autions and bind overs must ed in confidence.			
Do you have a prosecut any offence?	tion pending or have you ever	been convicted	at a court or ca	autioned by the Police for
	Ye	es 🗌	No 🗌	
If yes, please give date(s	s) of conviction/caution(s) and	brief details:		
				I

The Academy aims to promote equality of opportunity for all with the right mix of talent, skills, and potential and we welcome applications from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purposes only when relevant.

### For Posts working with Children or Vulnerable Adults

The Academy is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

Please refer to the accompanying Guidance Notes for further information relating to this process.

#### **Declarations**

To your knowledge are you related to any member of staff of Governor of the Academy?

Yes

No No

If 'Yes', please state their name and position held:

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information, including sickness absence, you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Academy, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Academy or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:

Date:



Please remember to complete and return the recruitment monitoring form.

