



Essa Foundation Academies Trust Application for Employment

Essa Academy and Essa Foundation Academies Trust (EFAT) values diversity and is striving to be an Equal Opportunity Employer. We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff and volunteers to share this commitment.

Name:	Click or tap here to enter text.
Role applied for:	Click or tap here to enter text.
Role location:	<input type="checkbox"/> Essa Academy <input type="checkbox"/> Essa Primary <input type="checkbox"/> Essa Foundation Academies Trust

Instructions for completion:

- Please complete this electronically using Microsoft Word
- Please complete this form in it's entirety and sign the declaration before returning
- Please account for any gaps in employment and education history from the age of 16 years, explaining any gaps, for example summer holiday between school and university
- Please return this form along with a covering letter. Applications received without an accompanying cover letter cannot be considered

Personal

Surname:	Click or tap here to enter text.	Forename:	Click or tap here to enter text.
Previous names (if relevant):	Click or tap here to enter text.		
Date of birth:	Click or tap to enter a date.	Email:	Click or tap here to enter text.
Contact Number:	Click or tap here to enter text.	NI Number:	Click or tap here to enter text.
Address:	Click or tap here to enter text.		
Teacher Reference No:	Click or tap here to enter text.	QTS / QTLS (if applying for teaching role):	Choose an item.

Where did you hear about this role? (Social media, Education Jobs, Direct, Word of Mouth etc.)

Click or tap here to enter text.

Current / Most Recent Employment:

Post Held:	Click or tap here to enter text.	Scale / Allowance:	Click or tap here to enter text.
		Incremental point:	Click or tap here to enter text.
Name of Employer:	Click or tap here to enter text.	Annual salary:	Click or tap here to enter text.
		Additional allowances (e.g. TLR)	Click or tap here to enter text.
Employer's Address:	Click or tap here to enter text.		
Employer's Contact Number:	Click or tap here to enter text.	Employer's Email:	Click or tap here to enter text.

Main duties / responsibilities:

Click or tap here to enter text.

Date Appointed to Post:	Click or tap to enter a date.	Date left (if applicable):	Click or tap to enter a date.
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Employment background

Please detail chronologically all previous work experience, unpaid and paid, voluntary, non-teaching as well as teaching, since leaving secondary/further education and explanations for any gaps (if applicable).

From (Month/Year)	To: (Month/Year)	Employer	Salary/ Grade	Title	Reason for Leaving
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

If there are any gaps in your employment history, please explain below:

Click or tap here to enter text.

Education background:

Please detail all education history from secondary education onwards. Please note that proof of qualifications may be required.

Secondary Education:

Name of Institution	From (Month/Year)	To (Month/Year)	Qualifications obtained (including grade)
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.

Further / Higher Education:

Name of Institution	From (Month/Year)	To (Month/Year)	Qualifications obtained (including grade)
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.

Professional Development / Training:

Date(s) of course:	Length of course:	Course provider:	Details of course:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Personal Statement

Please include your personal statement / covering letter in the space below. Maximum of two sides of A4.

Click or tap here to enter text.

Early retirement or ill-health retirement

Have you been granted early retirement or ill-health retirement from any Local Authority or any organisation under the Modifications Order? Choose Option

If yes, which authority or organisation and what date?

Date: Click or tap to enter a date. Authority: Click or tap here to enter text.

Rehabilitation of Offenders Act 1974

Owing to the nature and location of the work, the teaching profession is exempt from the provisions of the above Act, therefore, you must declare, whether spent or not, any convictions, cautions or reprimands, warnings or bind-overs which you have ever had and give details of the offences. The Academy has the facility to check for previous convictions prior to employing staff and will undertake appropriate DBS checks.

Have you at any time been convicted of any criminal offence?
(Including cautions, bind-overs, and any pending prosecutions) Choose Option

If yes, please give details in strict confidence:

Click or tap here to enter text.

Are you on List 99, disqualified from working with children or subject to any sanctions imposed by a regulatory body i.e. GTC? Choose an item.

I understand and accept that the Academy will check information under this heading:

Signature: Click or tap here to enter text.

References:

Please give the name and address of two persons from whom references may be obtained, one of these MUST be your current Head Teacher, Principal or Line Manager. If not currently working with children, then one reference should be from a previous employer in a child related role, if applicable. References from friends or relatives will not be accepted. References will be sought prior to interview.

First Reference

Full Name: Click or tap here to enter text. Position: Click or tap here to enter text.

Full Address: Click or tap here to enter text.

Contact Number: Click or tap here to enter text. Email: Click or tap here to enter text.

Employment or Character Reference? Choose an item.

Second Reference

Full Name:	Click or tap here to enter text.	Position:	Click or tap here to enter text.
Full Address:	Click or tap here to enter text.		
Contact Number:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Employment or Character Reference?	Choose an item.		

Data Privacy and Declaration

The information which you give on your application form will be collected and processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation to enable us to process your application and create an electronic and paper record of it. Your information will be kept securely, for no longer than necessary and will not be passed onto a third party unless required by law. For further information, please contact our Data Protection Officer.

I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact or if it is discovered that any statement is false or misleading, my offer of employment may be withdrawn and I will, if engaged, be liable to the termination of my employment with such notice as may be appropriate. (Note if you have submitted your application electronically or email, you will be asked to sign a hard copy if you are invited for interview)

Signature:	Click or tap here to enter text.	Date:	Click or tap to enter a date.
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Fairness in Employment Monitoring (Strictly Confidential)

We are committed to treating all our job applicants fairly and with respect, irrespective of their actual (or assumed) race, sex, age, sexuality, religion (or belief), disability or any other protected characteristic. The information you provide us for the purposes of equal opportunities monitoring is not part of the selection criteria and will not be taken into account in selecting the successful candidate. All information supplied will be treated in the strictest confidence. It will not be linked to your application or placed on your personnel file and you will not be able to be personally identified from it.

We make reasonable adjustments to our selection processes for candidates who indicate that, owing to a disability (including non-visible disabilities e.g. Dyslexia), our recruitment arrangements might otherwise disadvantage them – please let us know if you think this applies to you.

Ethnicity:	Choose an item.	Prefer not to say: <input type="checkbox"/>
Gender:	Choose an item.	Prefer not to say: <input type="checkbox"/>
Gender Identity:	Choose an item.	Prefer not to say: <input type="checkbox"/>
Sexuality:	Choose an item.	Prefer not to say: <input type="checkbox"/>
Caring responsibilities:	Choose an item.	Prefer not to say: <input type="checkbox"/>
Religion / Belief:	Choose an item.	Prefer not to say: <input type="checkbox"/>
Age	16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
Disability:	Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give brief details of your disability and any reasonable adjustments you anticipate we would need to make to your workplace or equipment to undertake the duties outlined in the job description or that you consider necessary to attend interview: Click or tap here to enter text.	