**SPRINGWELL LEEDS ACADEMY**

**Application Form**

**Candidates Name:**

**Position applied for:**

**Guidance Notes**

Please read the following carefully before completing the application form:

All of the information in this application form will be treated in the strictest confidence. If you have not received an invitation to interview from us within two weeks of the closing date, you may assume that your application has not been successful.

Please complete all the sections of the application form and send the completed application to:

**Sharon Perkins**

**s.perkins@springwellacademyleeds.org**

**Introduction**

Thank you for your interest in working for Springwell Leeds Academy.

More now than ever, our children need an outstanding education. At Springwell Leeds Academy we believe that access to the best education is a right for all our children and young people. Our aim is to provide an excellent education to the children, families and communities that they serve.

As an employer our expectations are high. We expect drive, flexibility, energy and commitment from our staff.

If you believe that you can match our expectations and are willing to put us to the test to ensure that we match yours, then we would be delighted to receive your completed application pack.

Once again, thank you for your interest in job opportunities at Springwell Leeds Academy, and we look forward to receiving your application.

**Application Form**

1. **Post Details**

|  |  |
| --- | --- |
| Post Title: |  |
|  |  |
| Where did you see  this post advertised? |  |

1. **Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | |
| Title: | Mrs / Ms/ Miss/ Mr | | | | |
| Address Line 1: |  | | | | |
| Address Line 2: |  | | | | |
| Town/City: |  | | | | |
| Post Code: |  | | | | |
| Telephone Number: |  | | Mobile Number: |  | |
| Email Address: |  | | | | |
| Do you hold Qualified Teacher Status? | Yes/No | If yes please give award date: |  | If yes confirm teacher number: |  |

1. **Professional Bodies**

If you are a member of any Professional bodies/associations please list them below.

|  |  |  |
| --- | --- | --- |
| Institution Name | Grade of Membership | Date Gained |
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1. **Education**

Please list in date order beginning with your most recent achievement. **Please note that if appointed, your original qualifications will be required for verification.**

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| --- | --- | --- | --- | --- |
| Name and Address of school, college, university etc. | Qualifications obtained (level of membership) / Grade | Period of Study | Year Taken | Awarding Body and date |
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1. **Formal Training Undertaken**

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| Subject/Title | Organising Body | Date | Duration |
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1. **Current or Last Employer**

Please note any gaps in your employment history must be documented.

**Please indicate if you have lived or worked abroad in the last 5 years.**

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| --- | --- | --- | --- |
| Position Held / Post Title: |  | | |
| Name and Address of Employer / Employing Authority:  If Academy / School what type and NOR: |  | | |
| Salary / Scale and Weekly Hours: |  | Other benefits (e.g Car): |  |
| Date Employment started: |  | Date finished (if applicable): |  |
| Notice required: |  | Reason for leaving: |  |
| Please detail the main duties, responsibilities, experience gained and key achievements. Please relate this to the criteria in the job description/person specification/core competencies. | | | |

1. **Previous Employment**

Please list your complete previous employment in order, starting with the most recent. **Please specify if any of these positions were an agency assignment.**

|  |  |  |
| --- | --- | --- |
| Position Held / Post Title: |  | |
| Name and Address of Employer / Employing Authority:  If Academy / School what type and NOR: |  | |
| Salary / Scale and Weekly Hours: |  | Date Employment started: |
| Date finished: |  | Reason for leaving: |
| Please detail the main duties: | | |

|  |  |  |
| --- | --- | --- |
| Position Held / Post Title: |  | |
| Name and Address of Employer / Employing Authority:  If Academy / School what type and NOR: |  | |
| Salary / Scale and Weekly Hours: |  | Date Employment started: |
| Date finished: |  | Reason for leaving: |
| Please detail the main duties: | | |

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| --- | --- | --- |
| Position Held / Post Title: |  | |
| Name and Address of Employer / Employing Authority:  If Academy / School what type and NOR: |  | |
| Salary / Scale and Weekly Hours: |  | Date Employment started: |
| Date finished: |  | Reason for leaving: |
| Please detail the main duties: | | |

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| --- | --- | --- |
| Position Held / Post Title: |  | |
| Name and Address of Employer / Employing Authority:  If Academy / School what type and NOR: |  | |
| Salary / Scale and Weekly Hours: |  | Date Employment started: |
| Date finished: |  | Reason for leaving: |
| Please detail the main duties: | | |

*If you need extra space you may continue on additional sheets.*

Please note any gaps in your employment history must be documented below, including time spent living/working abroad:

1. **Supporting Statement/ Further Details**

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| Please detail any further information in support of your application including any skills, experience, and/or special interests which you consider relevant and how they satisfy the criterion on the Person Specification. *If you need extra space you may continue on an additional sheet.* |

1. **General Information**

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| --- | --- |
| Are you related to or a personal friend of any employee or Governor of the Trust and its associated Academies? | Yes/No |
| If yes, please state their name and position: |  |
| Do you possess a full clean driving licence? | Yes/No |

1. **Referees**

Please nominate two referees who will be approached by the Trust should you be invited to interview.

If you are in employment, one referee must be your current or most recent employer. If you have worked with children previously (paid or voluntary) at least one referee must be obtained from this provision even if it is not your most recent or current employer. If you are in, or have just completed full time education, one referee should be from your school/college. Personal references will not be accepted.

|  |  |  |
| --- | --- | --- |
|  | First Reference | Second Reference |
| Name: |  |  |
| Address: |  |  |
| Telephone Number: |  |  |
| Email Address: |  |  |
| In what capacity do you know the referee? |  |  |

Please note, we will approach your referees should you be invited to interview. If you do not wish us to approach the referees at this stage please tick here

1. **Availability for Interview**

Please list any dates during the next eight weeks when you would not be available for interview. We will try to accommodate this wherever possible.

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**12. Disclosure of Criminal Background of those with Access to Vulnerable Groups / Rehabilitation of Offenders Act 1974**

*Failure to disclose information concerning previous convictions may lead to dismissal or disciplinary action by The Wellspring Academy Trust.*

All posts at The Wellspring Academy Trust are exempt from the provisions of the above Act. This means that applicants are not entitled to withhold information about any convictions which for other purposes are ‘spent’ under the provisions of the Act. You must therefore disclose any criminal convictions that you may have including any pending prosecutions, any convictions, cautions or bind-overs which you have had at any time. The information provided will be treated as confidential and will only apply to this particular vacancy.

The successful applicant will also be required to submit a disclosure via the Disclosure and Barring Service (DBS) which will detail any previous criminal convictions together with other information as appropriate, which the police deem relevant in connection with the position applied for. Having a criminal record will not necessarily bar you from employment, each case will be judged on its own merits.

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| Date | Details of Convictions, Cautions or Bind-overs | Penalty |
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| Are there any matters pending? |  | Yes |  | No |  |
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| Are you barred from working with children or vulnerable adults? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| Are you disqualified from working with children or vulnerable adults? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| Are you subject to sanctions from a regulatory body? |  | Yes |  | No |  |

If you answered yes to any of the above, please give details below:

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**13. Declaration**

I declare that the particulars given are correct and that I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in my application being rejected, disciplinary action being taken that would lead to my dismissal, or possible referral to the police.

I confirm that I am not disqualified from working with children, and that I am not subject to any sanctions by a regulatory body.

I acknowledge that if I am offered employment with Wellspring Academy Trust the offer will be subject to verification of qualifications, the appropriate disclosure and barring check, medical clearance, and receipt of satisfactory references.

I also confirm that I am able, and have the necessary documentation to prove that I am able, to work in the UK.

I accept that these details will be entered on the HR computer system and will also be held within a manual filing system. I agree to the processing and storage of these details and if appointed, give my consent that these and further details may be stored and processed as appropriate by the Trust in accordance with the relevant provisions of the current Data Protection Regulations. This may include the reproduction of photographic images of me for internal and external marketing activities relating to the interests of the Trust. Please follow this link to view the Trust’s privacy notice: <http://wellspring.wellspringacademysites.co.uk/wp-content/uploads/sites/2/2018/07/Privacy-Notice-Workforce-Final-9-1.pdf>

Should any of my personal details change (including information such as my address, information pertaining to criminal convictions or information relevant to childcare disqualification), I will update the Trust accordingly and in a timely manner.

Signed: Date:

*As a minimum, would you fill in your name, date of birth and the post applied for; the remainder of this section is optional. The shortlisting/interviewing panel will not see this information. Any data provided on this form will be held securely under the terms of the Data Protection Act.*

**Equal Opportunities Monitoring**

We are committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. Please help us by completing this form.

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| Post Ref Number: | | | | | |  | Post Title: | |
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| Name: | | | | | | | | Date of Birth: |
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| For ethnicity, choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. If you tick (√) an “Other” box, please specify as shown. |
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| **Ethnicity** | | | | | | |  | | Prefer not to say | | | | | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | |
| **A** White | | | | | | |  | | **B** Mixed | | | | | | | | | | | |  | | |  | | | **C** Asian or Asian British | | | | | | | | | | | | | | | | |
| British | | | | | | |  | | |  | | White and Black Caribbean | | | | | | | | |  | | |  | | | Indian | | | | | | | | | |  | | |  | | | |
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| English | | | | | | |  | | |  | | White and Black African | | | | | | | | |  | | |  | | | Pakistani | | | | | | | | | |  | | |  | | | |
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| Scottish | | | | | | |  | | |  | | White and Asian | | | | | | | | |  | | |  | | | Bangladeshi | | | | | | | | | |  | | |  | | | |
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| Welsh | | | | | | |  | | |  | | Other Mixed\* - please state: | | | | | | | | |  | | |  | | | Other Asian\* - please state: | | | | | | | | | |  | | |  | | | |
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| Other White\* - please state: | | | | | | |  | | |  | |  | | | | | | | | |  | | |  | | |  | | | | | | | | | |  | | |  | | | |
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| **D** Black or Black British | | | | | | |  | | |  | | **E** Chinese, Chinese British or Other Ethnic Group | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |
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| Caribbean | | | | | | |  | | |  | | Chinese | | | | | | | | | | |  | |  | |  | | | | | | | | | |  | | |  | | | |
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| African | | | | | | |  | | |  | | Any Other Background\* - please state: | | | | | | | | | | |  | |  | |  | | | | | | | | | |  | | |  | | | |
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| Other Black\* - please state: | | | | | | |  | | |  | |  | | | | | | | | | | |  | |  | |  | | | | | | | | | |  | | |  | | | |
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| \*If ‘Other’; please specify | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Religion** | | | | | | |  | | |  | |  | | | | | | | | |  | | |  | | |  | | | | | | | | | | | |  | |
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| Christian (including all Christian denominations) | | | | | | | | | | | | | |  | | Buddhist | | | | |  | | |  | | | Hindu | |  | Rastafarian | | | | | | | | |  | | | |
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| Muslim | | |  | | Sikh | | |  | | | Jewish | | |  | | None | | | | |  | | | Other\* | | | | |  | Prefer not to say | | | | | | | | |  | | | |
|  | | | | | | |  | | |  | |  | | | | | | | | |  | | |  | | |  | | | | | | | | | | | |
| \*If ‘Other’ please specify | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender** Male | | | | | | |  | | |  | | Female | | | | | | | | |  | | |  | | |  | | | | | |  | | |  | | | | | | | |
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| **Disabled** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to be disabled | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | No | | | | | |  | | |  | | | | | | | |
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|  | | | | | | |  | | |  | | Prefer not to say | | | | | | | | | | | |  | | |  | | | | | |  | | |  | | | | | | | |
| **Age Group** | | | | | | |  | | |  | |  | | | | | | | | |  | | |  | | |  | | | | | |  | | |  | | | | | | | |
| 0-16 |  | | | 16-20 | |  | | | | 21-30 | | |  | | 31-40 | | |  | | 41-50 | | | | | |  | | | 51-60 | |  | | |  | | | | | | | | | |
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| 61-70 |  | | | 71-80 | |  | | | | 80+ | | |  | |  | | |  | |  | | | | | |  | | |  | |  | | |  | | | | | | | | | |
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| **Sexual Orientation** | | | | | | | | | | |  | | | | | |  | |  | | |  | | | | | | | | | | | | |  | | |
| Bisexual | |  | | Gay man | | |  | | | | Heterosexual/straight | | | | | |  | | Lesbian | | | | | | |  | | Prefer not to say | | | | | | | |  | | | | | |
|  | | | | | | |  | | |  | |  | | | | | | | | |  | | |  | | |  | | | | | |  | | |  | | | | | | | |
| Are you open about your sexual orientation at work? | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | No | | | | | |  | | |  | | | | | | | |

**Thank you for your help**

|  |
| --- |
| **For Office Use Only** *(tick as appropriate)*  Candidate Shortlisted: Yes ❒ No ❒  Candidate Appointed: Yes ❒ No ❒ |