



Colnbrook C. of E. Primary School

Headteacher: Mr Tom Brunson

High Street, Colnbrook, Berks, SL3 0JZ. Tel: 01753 683661

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STRICTLY PRIVATE AND CONFIDENTIAL

POST TITLE:

CLOSING DATE:

APPLICATION FORM

Please complete this form and return by e-mail to angela.ford@colnbrookprimary.com or by post to: Angela Ford, Colnbrook C. of E. Primary School, High Street, Colnbrook, Berks, SL3 0JZ. Please use blue or black ink.

Surname

Other Names

Previous Surnames

Preferred Title (eg Mr, Miss, Mrs, Ms)

Home Address

Home Telephone

Postcode

Mobile Telephone

Email Address

Work Telephone (if it is convenient for contacting you)

DfE Number (Teaching posts only)

N.I.
Number

Do you hold Qualified Teacher Status ?(Teaching posts only)
If Yes, Please give date of award/Certificate No (if available)

Yes ☐ No ☐

Do you need a certificate of sponsorship?

Yes ☐ No ☐

Do you hold a full current driving licence?

Yes ☐ No ☐

Do you have the daily use of a car?

Yes ☐ No ☐

Have you previously sought employment with Colnbrook C. of E. Primary School?

Yes ☐ No ☐

If YES, please give details

PRESENT EMPLOYMENT

(if currently unemployed please give details of last employer and date of leaving)

Name, address and telephone number

Date of commencement

Job Title

Please give a brief description of your duties

Present basic salary

Notice required

Additional payments or benefits

If last employer please state reason for leaving and leave date



EMPLOYMENT HISTORY

*Please list your work experience since leaving full time education. Start with the most recent employer
Please use separate sheet if necessary.*

Dates DD/MM/YY		Employer's Name & Address	Job Title Brief summary of duties and reason for leaving
From	To		

Voluntary/Unpaid Activities

From	To	Position	Brief details of duties

Periods when not employed

Please provide details of periods of unemployment and reasons for these

From	To	Reason

SECONDARY EDUCATION

(you may be asked to produce certificates)

From	To	Name & Address of School	Examinations Passed		
			Awarding body	Qualification	Grade

FURTHER EDUCATION*(you will be asked to produce certificates)*

Dates DD/MM/YY		Name & Address of College or University	Examinations Passed		
From	To		Awarding Body	Qualification	Grade

Other Qualifications held including vocational qualifications**Dates Awarded**

Are you a member of a professional body? Yes ☐ No ☐

If yes, please specify

Please give details of special areas of teaching interest.

Rehabilitation of Offenders Act 1974

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected.' This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the "Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)"?

☐ Yes☐ No

If yes, please provide details in a separate, sealed envelope

Disclosure of convictions will not necessarily be a bar to employment but failure to disclose this information could result in dismissal if subsequently discovered.

Do you have a personal relationship and/or related with any employees of the school or a member of the Governing Body of the School? Yes ☐ No ☐

If yes, please give details

Have you been referred to this vacancy by any employee of any of the schools within SEBMAT? Yes ☐ No ☐

If yes, please give details

What are your general interests?	
<p>People with disabilities, please note - People with disabilities are guaranteed an interview if they meet all of the essential requirements of the person specification. If you consider yourself to have a disability to be taken into account during the recruitment and selection process, please explain what assistance you would like to receive:</p> <p>Would you require any type of adjustments to working arrangements or the work environment to assist you in overcoming any disadvantage or disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details</p>	
REFERENCES	
<p>Please give the names and addresses of two referees, one of which MUST be your present or last employer (if you are a school or college leaver please include your Headteacher/tutor). If you are presently employed in a school one reference MUST be from the Headteacher. If your work does not currently involve working with children however you have worked with children in the past, please provide details of a suitable referee from the organisation where you most recently worked with children.</p>	
Current Employer Referee:	Second referee:
Telephone Number	Telephone number
Email address	Email address
Relationship to you	Relationship to you
Please be advised that if you are shortlisted references will be requested prior to interview.	Please be advised that if you are shortlisted references will be requested prior to interview
<p>I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references which are satisfactory to the school b) a satisfactory DBS certificate and check of the Barred list c) the entries on this form proving to be complete and accurate and d) a satisfactory medical report, if appropriate. I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.</p> <p>In accordance with the requirements of GDPR and Data Protection Act 2018, I agree that the school may use and process the information on this form as necessary, and for any legitimate purposes of the School.</p>	
<div style="display: flex; justify-content: space-between;"> Signed: Date: </div> <p>(I declare that a typed or scanned signature confirms that the information given is correct)</p>	

PERSONAL STATEMENT

Please give your reasons for applying for this position. Outline the skills, experience and personal qualities that are relevant to your suitability for the advertised post, and how you meet the person specification.

You also may wish to supplement your application with a covering letter.

RECRUITMENT MONITORING FORM - STRICTLY CONFIDENTIAL

This sheet will be separated from your application form upon receipt and does not form part of the selection process.

Application for the post of:

*

*This field must
be completed.

Colnbrook C. of E. Primary School aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, the Trust requests that all applicants complete this form. In accordance with GDPR and Data Protection Act 2018, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

What is your Ethnic Group? Choose ONE section from A to F, then tick the appropriate box.

A. WhiteBritish ☐Irish ☐

Any other White background, please write in:

D. Black or Black BritishCaribbean ☐African ☐

Any other Black background, please write in:

B. MixedWhite and Black Caribbean ☐White and Black African ☐White and Asian ☐

Any other Mixed background, please write in:

E. Chinese or other ethnic groupChinese ☐

Other, please write in

F. I do not wish to provide this information. ☐**C. Asian or Asian British**Indian ☐Pakistani ☐Bangladeshi ☐Sikh ☐

Any other Asian background, please state:

.....

Gender

Male

☐

Female

☐

Disability – Do you have a disability? Please tick one box.

- | | | | | | |
|------|---|--------------------------|------|---|--------------------------|
| 00 - | None. | <input type="checkbox"/> | 06 - | You have mental health difficulties. | <input type="checkbox"/> |
| 01 - | You have a specific learning difficulty (for example dyslexia). | <input type="checkbox"/> | 07 - | You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. | <input type="checkbox"/> |
| 02 - | You are blind or partially sighted. | <input type="checkbox"/> | 08 - | You have two or more of the above. | <input type="checkbox"/> |
| 03 - | You are deaf or hard of hearing. | <input type="checkbox"/> | 09 - | You have a disability, special need or medical condition that is not listed above. | <input type="checkbox"/> |
| 04 - | You use a wheelchair or have mobility difficulties. | <input type="checkbox"/> | 10 - | I do not wish to provide this information. | <input type="checkbox"/> |
| 05 - | You have Autistic Spectrum Disorder or Asperger Syndrome. | <input type="checkbox"/> | | | |

Present Status

Internal Applicant ☐ External Applicant ☐

Date of Birth

(dd/mm/yyyy) Age

Media

Please state where you saw this post advertised:

- | | | |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | TES website | |
| <input type="checkbox"/> | Colnbrook School website | |
| <input type="checkbox"/> | e-teach website | |
| <input type="checkbox"/> | Other website, please state: | <input type="text"/> |
| <input type="checkbox"/> | National newspaper, please state: | <input type="text"/> |
| <input type="checkbox"/> | Local newspaper, please state: | <input type="text"/> |
| <input type="checkbox"/> | Professional/trade journal, please state: | <input type="text"/> |
| <input type="checkbox"/> | Other, please state: | <input type="text"/> |