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| --- | --- | --- |
| For Office Use Only | Application reference |  |
| Date received |  |





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| Post applied for: |  | Closing date: |  |

**Personal details:**

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| --- | --- |
| Title | Mr Mrs Miss Ms Other Please give details: |
| Full name: |  |
| National Insurance Number: |  |
| Address: |  |
| Main contact number: |  |
| Email address: |  |

**Qualifications and training:**

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| --- | --- | --- | --- |
| Name of school / college / university / awarding body | Qualification | Award(Credit, Pass, Hons) | Date of Award |
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**For Teaching Posts only:**

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| --- | --- |
| GTC Registration: |  |
| DfE Reference Number: |  |
| Date of Award of QTS: |  |
| Date of completion of statutory induction (NQTs) or number of terms completed: |  |

**Current Employer:**

|  |  |
| --- | --- |
| Name and address of employer: |  |
| Job title: |  |
| Current salary / scale: |  |
| Date of appointment: |  |

**Full Employment History:**

|  |  |
| --- | --- |
| Name and address of employer: |  |
| Position held: |  |
| Current salary / scale: |  |
| Date of appointment from: |  | Date of appointment to: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Name and address of employer: |  |
| Position held: |  |
| Current salary / scale: |  |
| Date of appointment from: |  | Date of appointment to: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Name and address of employer: |  |
| Position held: |  |
| Current salary / scale: |  |
| Date of appointment from: |  | Date of appointment to: |  |
| Reason for leaving: |  |

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| **Statement in Support of Application:** |

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Please use additional sheets if required.

**References:**

(i) If you have worked before or are currently working, one of your referees must be your present or most recent employer.

(ii) If you have worked with children in the past but are not currently doing so, you must provide as a third referee details of the person by whom you were most recently employed to work with children.

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| --- |
| Referee 1: |
| Name: |  |
| Position: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |
| Type of reference: | Employer Personal Academic  |

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| Referee 2: |
| Name: |  |
| Position: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |
| Type of reference: | Employer Personal Academic  |

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| Referee 3: |
| Name: |  |
| Position: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |
| Type of reference: | Employer Personal Academic  |

**Criminal convictions:**

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| This post is exempt from Rehabilitation of Offenders Act 1974, and therefore details of convictions, cautions and bindovers including detail of those regarded as spent must be declared below. |
|  |

**Eligibility to work in the UK:**

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| --- | --- |
| Do you require a work permit for this employment: | Yes No  |

**Declarations:**

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| --- |
| I confirm that I am not on List 99, disqualified from working with children or subject to sanctions imposed by a regulatory body e.g. the General Teaching Council (GTC) |
| Your signature: |  | Date: |  |
| Please note that the successful applicant will be required to provide a CRB disclosure at the appropriate level for this post. |

|  |  |
| --- | --- |
| Are you related to any Directors, senior employee of the company? | Yes No  |
| If yes, please give details below: |
| Name: |  |
| Job title: |  |
| Relationship to you: |  |

|  |  |
| --- | --- |
| Do you receive a local government pension? | Yes No  |
| Do you have a current driving licence? | Yes No  |
| Do you consider yourself to be disabled? | Yes No  |

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| --- |
| Please give any dates when you are not available for an interview within the next two months: |
|  |

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| --- |
| I agree to you storing and using the information I have given in this application form for recruitment purposes.As far as I know, the information I have given is true and correct. I understand that if I have made any false or misleading statements, or withheld any relevant information, it may result in disciplinary action including dismissal and possible referral of the Police.NovaCity reserves the right to verify any of the data supplied in your application. |
| Your signature: |  | Date: |  |