

# HEAD OF SCHOOL APPLICATION FORM

## Completing Your Application Form

- a) The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.
- b) Ensure that you have completed the top section of the application form stating the job you are applying for, closing date and reference number if applicable.
- c) You may find enclosed with the application form the Job Description and the Person Specification. Please make reference to these in your application.
- d) You must complete ALL sections of the application form as clearly as possible in black ink or type. The application can be hand-written or typed. Please do not submit a CV.
- e) Please restrict your supporting statement, in the Relevant Experience and Skills section, to no more than the equivalent of two sides of A4.
- f) Applicants must complete the reference section of the form and unless otherwise indicated references will be taken up before the interview. Your completed form must be returned before the closing date - applications received after the closing date will not usually be considered
- g) If you have any queries about completing your application form, please contact the person identified in the advert
- h) The Declaration must be signed. If you submit this form electronically you will be required to provide a signed copy of your completed application before any employment decision can be confirmed.

## NOTES FOR GUIDANCE

### References

- a) All referees should be professional rather than personal ones. The School may contact other previous employers for a reference with your consent.
- b) Your most recent employer should be given as a referee.
- c) If you have not previously held a teaching post, the name and address of the principal of your institution should be given as the first referee. Heads of department and other persons may be given as a second referee.
- d) If you do not wish confidential references to be sought, it is essential that you state this and the reasons why, when returning this form.

### General

- a) The canvassing of any governor or member of the School, directly or indirectly, for any post in the School's service will disqualify the applicant from the appointment.
- b) Please return this form to the address and person specified in the vacancy advertisement.
- c) In the interest of the economy, it is not the School's policy to notify candidates who have been unsuccessful. Nevertheless, the School is appreciative of your interest in this appointment.

**Head of School Application  
CONFIDENTIAL**



**Position applied for:**

**School:**

**Closing date:**

**Interview date:**

**Personal Details**

<b>Preferred Title (e.g. Mr, Mrs, Miss, Ms)</b>	<b>First Name(s)</b>	<b>Surname</b>
<b>Address (including post code)</b>		
<b>Daytime telephone number (including code)</b>	<b>Evening/weekend/mobile telephone number (including code)</b>	<b>NI Number</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>DfE no.</b>
		<b>Date of qualification:</b>
<b>Date Statutory Induction Period (if qualified since August 1999)</b>		
Started _____ Completed _____		
<b>Are you legally entitled to work in the UK?      Are you required to hold a work permit?</b>		
<i>The Asylum and Immigration Act 1996 requires us to seek proof of your right to work in the UK. If you are invited for an interview and are successful you will need to provide the relevant documentation.</i>		

**Present/Most Recent Employer**

<b>Name of school/type/name of Local Authority &amp; Address:</b>		<b>Date of appointment at present school:</b>
		<b>Date of appointment in present post:</b>
<b>No. on roll:</b>	<b>Boys, girls or mixed:</b>	<b>School age range:</b>
<b>Please detail any allowance held (e.g. TLR/ SEN/ Recruitment or Retention)</b>		<b>Pay spine and point (e.g. MPS 4)</b>
<b>Position Held:</b>		
<b>Reason for leaving:</b>		



**Higher education (including teacher training)**

Name of institution	Dates: from to	F/T or P/T	Main subjects:	Subsidiary subjects:	Qualification gained (including class):

**Secondary & Further Education**

Name of school/FE college:	Dates: From To	Level:	Subjects and grades:

**Non-teaching employment**

Name of employer:	Exact details and nature of work:	From	To	Reason for leaving

Please give details of any gaps in employment and reasons why.

**Relevant Experience and Skills**

Please read 'Completing your Application Form' before completing this section. Please restrict your supporting statement to no more than the equivalent of two sides of A4.

### Referees (please refer to the guidance notes)

Please provide the name, position, address, telephone number and e-mail address of your **two most recent employers** (if applicable). If you are unable to do this, please clearly outline who your referees are.

<b>Name &amp; Address:</b>  <b>Address:</b>   <b>Position:</b>  <b>Telephone:</b>  <b>Email:</b>	<b>Name &amp; Address:</b>  <b>Address:</b>   <b>Position:</b>  <b>Telephone:</b>  <b>Email:</b>
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### Close Personal Relationships

If you are the parent, grandparent, partner, child, stepchild, brother, sister, uncle, aunt, nephew or niece of any employee or Governor of the School, or the partner of such persons, please state the name(s) of the person(s) and relationship

If you are appointed and have any business, financial and/or political interests which might conflict with the duties or responsibilities of this post please give details

### Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 2018.

Signed: ..... Date: .....

### Declaration

Please confirm the following statements are true by signing below

#### Declaration

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by the School and is likely to result in dismissal.

#### Disclosure of Criminal Convictions

Short listed candidates will be asked to complete a Self Disclosure Form (SD2) and, where appropriate, a disclosure/status check will be sought from the Disclosure and Barring Service in the event of a successful application. A conviction/caution/reprimand will not necessarily be a bar to obtaining employment.

#### Safer Recruitment

I certify that I am not disqualified from working with children or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post.

#### Data Protection Act 2018

I hereby give my consent for personal information (including Recruitment Monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 2018.

**Correspondence**

Thank you for applying for this post. Your interest in working for us is very much appreciated. It is not our practice to acknowledge receipt of postal applications. However, if you would like to be informed of the outcome of your application once the selection process has been completed, then please enclose a stamped addressed envelope.

**Signed:****Date:**

# Dame Tipping Primary School

## Recruitment Monitoring Information

Please complete all mandatory fields and in addition those fields that you are able. All data will be kept in line with the Data Protection Act 2018

We are committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only and will not be seen by the shortlisting panel. This section will be detached from the application form prior to shortlisting. If you do not wish to share this information, you can select the “prefer not to say” option.

### To complete the Form:

**Check boxes** (☐): Enter a cross in the check box to mark your selected option as applicable.

Age:

- 15-19     20-24     25-29     30-34     35-39     40-44  
 45-49     50-54     55-59     60-64     65-69     70+  
 Prefer not to say

Gender

- Male     Female     Prefer not to say

### Sexual Orientation

Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Other <input type="checkbox"/>				

**Ethnicity Monitoring:** This data is needed to enable us to fulfil our duties under the Equality Act 2010

<b>Asian &amp; Asian British:</b>	<input type="checkbox"/> Bangladeshi	<b>Mixed:</b>	<input type="checkbox"/> White & Asian
	<input type="checkbox"/> Chinese		<input type="checkbox"/> White & Black African
	<input type="checkbox"/> Indian		<input type="checkbox"/> White & Black Caribbean
	<input type="checkbox"/> Pakistani		<input type="checkbox"/> Other
	<input type="checkbox"/> Other		<input type="checkbox"/> British
<b>Black &amp; Black British:</b>	<input type="checkbox"/> African	<b>White:</b>	<input type="checkbox"/> Irish
	<input type="checkbox"/> Caribbean		<input type="checkbox"/> Gypsy / Irish Traveller
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<b>Other</b>	<input type="checkbox"/> Arab	<b>Prefer Not To Say:</b>	<input type="checkbox"/>
<b>Other (Please specify)</b>			

## Disability

Before ticking the appropriate box below, please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

To be protected under the Act

- An individual must have an impairment which can be physical or mental
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) and
- It must affect their day to day activities on a regular basis (day to day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people. The effect of your impairment on everyday activities is considered as it would be without medication or aids. The only exception is eyesight which should be judged when an individual is wearing their usual lenses or spectacles.

- I do consider myself to have a disability as defined by the Equality Act 2010 (as detailed above)
- I do not consider myself to have a disability as defined by the Equality Act 2010 (as detailed above)
- I prefer not to say

## Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 2018.

Signed: ..... Date: .....