For Office Use: Checked by (initials) -

Date -



CONFIDENTIAL APPLICATION FORM

Town Close aims to provide an engaging and creative learning environment that enhances children's moral, social, physical and academic development in preparation for their future lives.

Post title: GAP YEAR STUDENT		Closing Date: Sunday 2 nd February 2025	
Personal Details	5:		
Name:			
Address:			
Post code:		Natio	nal Ins. No:
Email address: (if accessed daily)			
Telephone:	Home:		
(please tick	Business:		
preferred)	D Mobile:		
Current Salary:		Current notic	e period:

Educational, Vocational and Professional Qualifications:

Name of body	Date/s	Qualification	Level/Grade

Membership of professional bodies and institutes:

Body		Type of m	embership	Date joined	Registration No.
Do you have QTS?	Yes	No		Teachers' Registration Number	

Employment History

Please give details of <u>all</u> posts held, including part-time and unpaid work, starting with your current or most recent employer.

Employer (name and address)	Dates of service	Post Title, Responsibilities and Key Achievements	Reason for leaving

Supporting Statement

Using the job and person specification, please use this section to explain how you meet the requirements of the job. You may draw on skills, knowledge, experience gained from paid/unpaid work, domestic responsibilities, education, relevant training courses, leisure interests, and voluntary activities. You may wish to use continuation sheets if completing this form manually, please ensure that these are clearly marked and securely attached to the application form.

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General				
Do you hold a current driving	Yes / No	Endorsements? Yes/No		
licence? (If relevant to post				
requirements)				
Is it a full / provisional / LGV / PCV lic	ence? (delete as	s appropriate)		
Are there any adjustments that may be required should you be invited for interview?				
If so, please state here:				

Right to work in UK:

Are there any restrictions to your residence in the UK up employment in the UK?		🗆 No			
If Yes, please provide details:					
If your application is successful, would you require a	work permit prior to taking up post?	□ Yes	🛛 No		
Existing contacts within the School:					
Please indicate if you are related to or know any exis how you know them.	ting employees or governors of the So	hool and	if so		
Have you made any previous applications to the Sch applied for.	ool? If so please give approximate dat	e and title	e of post		
REFEREES: We are not able to accept references from friends or relatives. Please see guidance notes for further information.					
Name:	Name:				
Address:	Address:				
Tel No:	Tel No:				
Email:	Email:				
Occupation:	Occupation:				
How long has this person known you and in what capacity:	How long has this person known yo capacity:	u and in v	vhat		
I give/do not give permission to take up this reference prior to an offer of employment being made (delete clearly as appropriate).	I give/do not give permission to take reference prior to an offer of employ made (delete clearly as appropriate)	ment beir	ng		

Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data (as described above) in accordance with our registration with the Data Protection Commissioner.

Declaration

I am aware that Town Close House Educational Trust applies for an enhanced disclosure from the Disclosure and Barring Service on those carrying out Regulated Activities within the School. Signing below indicates that I have given permission for the School to carry out this procedure. It is an offence to apply for a role if you are barred from engaging in regulated activity relevant to children.

I am aware that, because I would be carrying out a Regulated Activity, it is exempt from the Rehabilitation of Offenders Act 1974 and, therefore, all convictions, cautions and bind-overs, including those regarded as 'spent', must be declared_unless it is either a "protected caution" or a "protected conviction" under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. I have not been disqualified from working with children, am not named on the Children's Barred List, am not subject to any sanctions imposed by a regulatory body (eg, the General Teaching Council) and either

please tick one of the following options:

I have no convictions, cautions or bind-overs; **OR**

I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked confidential.

I declare that the information I have given in this application is accurate and true. I understand that providing misleading information will disqualify me from appointment OR, if appointed, may result in my dismissal.

Signature:

Date:

EQUAL OPPORTUNITIES MONITORING

This section of the application form will be detached and will be used solely for monitoring purposes. Town Close House Educational Trust recognises the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Name						
Post applied for		Date	Date			
White:						
British	🖵 Irish		Any other white	e background *		
Mixed:						
White and Black	White an	d Black	White and	Any other mixed		
Caribbean	African		Asian	background *		
Black or Black British:			1			
Caribbean	African		Any other Black	< background *		
Asian or Asian British:	T		ſ			
Indian	Pakistan	i	Bangladeshi	Any other Asian background *		
Chinese or Other Ethnic Gr						
Chinese	Other Ether	nnic Group *				
* Please specify						
Gender – please specify:						
□ Male	Female					
Date of birth (dd/mm/yy):						
Do you consider yourself to	o have a disa	ability?	Yes	🖵 No		
If Yes, please state nature of			•	-		
The Disability Discrimination						
substantial and long-term effect on the person's ability to carry out normal day-to-day activities"						
If you wish, you may disclose	information a	about yourself	in this section about	your:		
Religion:						
Sexual orientation:						
How did you become aware of this vacancy?						
Local press – please state						
National journal please state						
TCH website						
Other (please state)						