

# Darwen Aldridge Community Academy

## A Specialist Entrepreneurship College



### Application For Employment

### Introduction

#### **Thank you for showing an interest in our Academy**

Our vision is for the Darwen Aldridge Community Academy to be a high achieving, inclusive, forward thinking, innovative and creative Academy. If you are a committed and effective professional who is determined to do the best for young people, we would welcome an application from you and wish you every success.

- Before you begin, please read all the documents enclosed, they are designed to help you.
- Please note that this form is an essential part of The Academy Trust's selection process and you **are also asked to submit a letter of application, describing in some detail your relevant previous experience and achievements and their application to this post. Please include any other information that you feel would be helpful.**
- For photocopying purposes, this form should be completed in black ink. Do not attach any other documents other than a supporting letter. Any relevant documents or publications may be referred to in your letter.

Please return your completed application form to The Principal at the Academy or email to: [kath.robinson@daca.uk.com](mailto:kath.robinson@daca.uk.com)

Note: if you do not receive a further communication from us within four weeks of the closing date, please assume that on this occasion your application has not been successful.



**APPLICATION FOR THE POST OF .....**

**1 PERSONAL**

Please complete this section in block capitals

Mr / Mrs / Miss / Ms ..... Surname ..... Forename(s) .....

Former Names (if applicable) .....

DCSF Ref. No .....

National Insurance Number

Home Address .....

.....

Post Code .....

Email: .....

Telephone No(s) :

Home .....

School/College .....

Mob .....

**2 PRESENT POSITION**

Present Post .....

Date Appointed

School/College .....  
(Name, Type and Address)

.....

Post Code .....

Single Sex or Mixed .....

Age Range .....

Number on roll (Total) .....

Number 16+ .....  
(If applicable)

Spinal Column Point/Group .....

Salary £ .....

L.E.A or other Employer (with address) .....

.....

.....

Post Code ..... Tel No. ....

L.E.A/District/Area Office Address (where applicable) .....

.....

.....

Post Code ..... Tel. No.....











## 9 REFEREES

**Please give the names of two persons who are able to comment on your suitability for this post. One must be your present or last Headteacher or employer.**

**The Academy reserves the right to seek any further references they deem appropriate.**

**N.B. We will not accept references forwarded with your application form.**

Name .....

Name .....

Position .....

Position .....

Address .....

Address .....

.....

.....

Post Code .....

Post Code .....

Tel. No. ....

Tel. No. ....

Email: .....

Email: .....

*Note: 'The Academy has an Equal Opportunity in Employment policy as a result no details are requested on this form regarding marital status or previous surnames. Applicants/Candidates are therefore reminded that they may need to contact their referees if their marital status or surname has changed.'*

## 10 DISCLOSURE OF CRIMINAL BACKGROUND

Before Completing this section please read the enclosed advisory notes.

- (a) Have you ever been convicted of a criminal offence or been given an official caution? Yes/No (*delete as appropriate*)
- (b) If **yes**, please provide full details as requested in the advisory notes. Including date of conviction/ caution, court, nature of offence and sentence imposed.
- (c) If appointed, do you give your consent to the information supplied in 10 (a) and (b) above being verified by the police? Failure to consent may prevent your application from being considered further. Yes/No (*delete as appropriate*)

## 11 CANVASSING

Are you related to any Academy Governors or staff members?

Yes/No

If yes, give their name and position: .....

**Canvassing directly or indirectly will disqualify candidates.**

## 12 DECLARATION

- In submitting this form to the Academy Trust:
- I certify that the information given by me on this application form is to the best of my knowledge correct and complete.
- I certify that I am not on List 99, disqualified from work with children or subject to sanctions imposed by a regulatory body (eg. the General Teaching Council).
- I understand that appointment to the advertised post is subject to satisfactory enhanced Criminal Records Bureau (CRB) disclosure.
- I understand that, if I am shortlisted, references will be sought, and that the Academy may approach previous employers and/ or educational institutions to verify particular experience or qualifications.
- I understand that if I give any information which is false, or I withhold any relevant information, this may lead to my application being rejected, or if already appointed, to termination of employment.

Signature .....

Date .....

### 13 Equal opportunities monitoring

INFORMATION WILL NOT BE USED FOR ASSESSMENT PURPOSES

In accordance with equal opportunities policy, the Academy Trust will provide equal opportunities to all candidates. In order to enable us to ensure our compliance with this policy, we would be grateful if you would complete the following tables for monitoring purposes:

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	

Ethnic Origin: (please use appropriate box)				
White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other <input type="checkbox"/>
Asian/Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>
Black/Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>	
Chinese/Other:	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>		
Prefer not to say:	<input type="checkbox"/>			

Age band: (please use appropriate box)			
Under 18:	<input type="checkbox"/>	46 - 55:	<input type="checkbox"/>
18 - 25:	<input type="checkbox"/>	56 - 65:	<input type="checkbox"/>
26 - 35:	<input type="checkbox"/>	Over 65:	<input type="checkbox"/>
36 - 45:	<input type="checkbox"/>	Prefer not to say:	<input type="checkbox"/>

Disabilities	
Do you consider that you have a disability under the terms of the Disability Discrimination Act 1995?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Are you registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If Yes, please describe:	
If you have any disabilities, please let us know if we need to make special arrangements for you if you are invited for interview.	