

# Darwen Aldridge Community Academy

## A Specialist Entrepreneurship Academy



## Application for Employment

### Introduction

#### **Thank you for showing an interest in this 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.
- 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:

Kath Robinson  
PA to Brendan Loughran, Principal  
Darwen Aldridge Community Academy  
Holden Fold  
Darwen  
BB3 3AU

*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.*

# Darwen Aldridge Community Academy

Application form – please use continuation sheets if necessary

Application for the post of:

## 1. Personal details:

Title		Forename		Surname	
Former Names (if applicable):					
			N.I. Number:		
Home address	Street address				
	Town/city				
	County				
	Post code				
Telephone numbers (please only list numbers we should call to contact you)	Work:		E-mail address		
	Home:				
	Mobile:		Your Date of Birth (dd/mm/yyyy)		

## 2. Current employment

Present post:	Employer:
If a school, status and number on roll:	Address:
Main responsibilities:	
Date appointed: How much notice do you have to give?	

## 3. Previous Employment: *(please ensure that you provide full explanations for any gaps in your employment history).*

Start date:	End date:	Employer and Nature of Business	Position held and responsibilities	Reason for Leaving

**4. Professional and personal development, as a participant and if relevant, a provider.**

Courses attended (during last 3 years)

Name of course and provider	Award/qualification gained	Duration	From	To

**5. Education history, starting from Secondary, including Further, Higher and Professional education**  
*(please ensure that you provide full explanations for any gaps in your education history)*

Institution	From	To	Qualifications Gained

**6. Assessment Questions.**

The Academy Trust has high expectations for its students and is committed to improving the life chances of all the students attending the Academy.

Please provide brief answers (**no more than 150 words each**) to the questions below, you may write in simplified bullet points if you wish.

(i) Please explain why you are attracted to this role

(ii) Please outline why you think you will be suitable for the role

(iii) Please describe the most effective organisation that you have worked in and explain what you think made it so successful.

**7. Personal data (include pay scale/spinal point with salary details)**

Basic Salary:	Additional Salary (please indicate management points or London allowance etc):
Total Salary:	

How many days sick leave have you taken in the past two years?

If more than 10, please give details.

## 8. Referees

Please provide the contact details of two referees. **One** of these must be your present or most recent employer. If you have worked with children or young people in the past, **at least one** of your referees should relate to this. Please note that we will not accept references from relatives, or from people writing solely in the capacity as friends.

Name		Name	
Job title		Job title	
Organisation		Organisation	
Address		Address	
Tel:		Tel:	
Mobile:		Mobile:	
Email:		Email:	
Can we contact prior to interview?		Can we contact prior to interview?	

## 9. Confidential Information

**As this post is classified as having substantial access to children, appointment will be subject to a police check of previous criminal convictions. You are required, before appointment, to disclose any conviction, caution or binding over including 'spent convictions' under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Non-disclosure may lead to termination of Employment. However, disclosure of a criminal background will not necessarily debar you from employment – this will depend upon the nature of the offence(s) and when they occurred.**

Have you ever been convicted of a criminal offence or been given an official caution?

Yes/No

If yes, please provide full details, including date of conviction/caution, court, nature of offence and sentence imposed.

**DRIVING LICENCE**

Complete this section ONLY if the Person Specification provided requires that you are able to drive a vehicle  
Do you hold a current driving licence? Yes / No

**10. Where did you hear about this post?**

Publication  (name) \_\_\_\_\_ Website  (name) \_\_\_\_\_

Word of mouth  Other

**11. 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 (e.g. 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

Please tick the box and sign below to agree to confirm that you have read, understood and agree with the above declaration:	Yes <input type="checkbox"/>	Date:	
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Signature: \_\_\_\_\_

When you have completed all sections and an accompanying letter supporting the application, please submit the form to:

Kath Robinson  
Darwen Aldridge Community Academy  
Holden Fold  
Darwen  
BB3 3AU  
Or via e-mail to [kath.robinson@daca.uk.com](mailto:kath.robinson@daca.uk.com)

12 Equal opportunities monitoring

THIS 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"/>	<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"/>
18 – 25:	<input type="checkbox"/>
26 - 35:	<input type="checkbox"/>
36 - 45:	<input type="checkbox"/>
46 - 55:	<input type="checkbox"/>
56 – 65:	<input type="checkbox"/>
Over 65:	<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.