PRINCIPAL APPLICATION FORM (Part 1)

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| Post applied for: |  |

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| **PERSONAL DETAILS** | |
| Name |  |
| Address |  |
| Telephone |  |
| Mobile |  |
| Email address |  |

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| Do you have Qualified Teacher Status? | Yes No |
| DCSF (DfES/TRN) reference number: |  |
| Do you have the right to work in the UK? | Yes No |

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| Are you related to, or do you have a close relationship with, any existing member of staff or local governing body member within United Learning? | Yes  No |
| Have you been referred by a United Learning employee? | Yes  No |
| If yes, please specify: |

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| **PRESENT OR LAST EMPLOYER** | | | |
| Name and address of employer: |  | Name and address of establishment where employed (if different): |  |
| Post code: |  | Post code: |  |
| Nature of business: |  | Job title: |  |
| Present annual salary or weekly income  (gross): |  | | |
| Hours worked per  week: |  | Other benefits (if  applicable): |  |
| Date appointed: |  | Notice required or leaving date if already left: |  |
| Reason for leaving: |  | | |
| Brief description of duties: |  | | |

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| **PREVIOUS EMPLOYMENT** | | | | | | |
| **Start with the most recent first.** Include work/voluntary experience and also indicate any periods of unemployment/not in employment, with details (using the job title and dates section). Do not leave any unexplained gaps in your employment history. (Please continue on separate sheet if necessary). | | | | | | |
| Employer name & address | Job title | Salary / income | Full or part- time (if PT, give hours) | Dates (month/year) | | Reason for leaving |
| From | To |
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| **EDUCATION, TRAINING AND QUALIFICATIONS** | | | | | |
| *Please start with the most recent. Please continue on a separate sheet if necessary.* | | | | | |
| Secondary School/College/University | Dates | | Qualifications gained (state level) | Grade/class of degree | Date |
| From | To |
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| **OTHER RELEVANT TRAINING COURSES ATTENDED (Please continue on separate sheet)** | | |
| Organising body | Course title | Length of course |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** | | |
| Name of body | Type of membership | Date obtained |
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| **PERSONAL STATEMENT** |
| Please provide us with a supporting statement which explains your motivation for applying and your suitability for the role, including how you satisfy the requirements of the person specification. |
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| **EQUALITY AND REASONABLE ADJUSTMENTS** | |
| The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. We will consider reasonable adjustments to enable disabled applicants to have equal access to employment opportunities via the selection process. We are committed to the development of positive practices to promote equality in employment. If you would like to declare your disability so that we can make reasonable adjustments to the selection  process, please tick the appropriate box below. | |
| Do you consider yourself to be disabled? | YES NO |
| Is there any information that we need in order to offer you a fair selection interview/process? | |
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| **REFERENCES** | | | |
| Please give the names of two persons to whom reference may be made (these should not be family members). One of these referees must be your current, or most recent, employer. We will not seek further permission from you to approach your referees unless you advise us otherwise. | | | |
| **Referee 1** | | **Referee 2** | |
| Name: |  | Name: |  |
| Title: |  | Title: |  |
| Role: |  | Role: |  |
| Organisation: |  | Organisation: |  |
| Relationship to you: |  | Relationship to you: |  |
| Address: |  | Address: |  |
| Telephone number: |  | Telephone number: |  |
| Email address: |  | Email address: |  |
| How long known? |  | How long known? |  |

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| **DECLARATION** | |
| I declare that all information provided by me as part of this application is true and complete to the best of my knowledge and belief. I understand that either withholding or giving false information will disqualify my application, or, if discovered after appointment, may be regarded as grounds for dismissal. | I agree  I do not agree |
| I understand that, if offered this post, the appointment will be subject to a DBS Check, medical clearance, online checks and employment references, all of which are satisfactory to United Learning. | I agree  I do not agree |
| Signed: | |
| Print name:  Date: | |

**Please email completed applications to** [**tlaverack@academicis.co.uk**](mailto:tlaverack@academicis.co.uk)