**TPAT Job Vacancy Application Form**

Please fill in **all** **sections** of the form using **black ink**/type. The information you provide will help us make a fair decision in the selection process.

**Please call 01872 267090 if you have any questions on how to complete this form or if you require it in a different format or language.**

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| **About the role** | | | |
| Role applied for: |  | Ref no: |  |
| School/Location: |  | | |

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| **About you** | | | |
| Title: |  | Surname: |  |
| First name(s): |  | | |
| Home address: |  | Home phone: |  |
| Work phone: |  |
| Mobile: |  |
| Postcode: |  | Email: |  |
| NI Number: |  | (You can get this from the Department of Work & Pensions) | |

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| **Qualifications achieved from secondary, higher and further education** | | | |
| **Age 11 -16:** | | | |
| School/college attended (with dates) and location | Level and number of qualifications (e.g. 10 O Levels) | Grade awarded | Year achieved |
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| **Post 16 education below degree level:** | | | |
| School/college attended (with dates) and location | Qualifications achieved with subjects | Grade awarded | Year achieved |
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| **Education at degree level and beyond:** | | | |
| Type of qualification (BA, BSc, Bed, Hons, MA PH.D etc) | University/college & subject title of qualification | Class or Grade | Year achieved |
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| **Teaching qualification (if not detailed above):** | | | |
| Name of qualification, age range, subjects qualified to teach | Name of training provider | Grade | Year achieved |
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| **Specific qualifications related to teaching and education:** | | | |
| Name of qualification (NPQH, SEN, PG Dip) | Provider | Grade | Date achieved (dd/mm/yy) |
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| **Teacher Training (for teaching posts only)** | | |
| Do you have Qualified Teacher Status? | | Yes/No |
| Date achieved: | | |
| DFES GTC/Teacher reference number: | | |
| Statutory induction period (if qualified after 7th May 1999):- | | |
| Started: | Completed: | |
| Are you subject to any conditions or prohibitions placed on you by the GTC  (or other) in the UK? | | Yes/No |
| If yes, please enclose details with dates in a sealed envelope and attach to this form | | |

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| **Non award bearing professional development undertaken in last five years** | | |
| Name of provider | Title of course/training (e.g. first aid at work, child protection, risk assessments, etc) | Qualification/level of training |
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| **Your current or most recent employment** | | | | |
| **Note:** If you are applying for your first job, please provide any voluntary work/work experience in the “Previous employment or experience” section. | | | | |
| Employer name: |  | Job title: | |  |
| Employer address: |  | Salary: | |  |
| Start date: | |  |
| Leave date: (if applicable) | |  |
| Reason for leaving: |  | | | |
| If this is/was a teaching post, please provide: -  Type of school (delete as appropriate): nursery/infant/junior/primary/middle/special/PRU/secondary/other (please state): | | | | |
| Status of school (delete as appropriate): community/foundation/trust/formal federation/independent/academy/VC/VA/other (please state): | | | | |
| Gender taught (delete as appropriate): boys/girls/mixed Number on roll: | | | | |
| Key stage(s) or year group(s) (if primary) taught: | | | | |
| Salary & salary point: | | | Additional allowances (TLR,SEN, R&R): | |
| Main duties and responsibilities (include any additional roles undertaken organising school trips, events, leading activities, etc): | | | | |

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| **Previous employment or experience** | | | | |
| Start with the most recent first and work backwards. You must explain any gaps in your work history since you left education (e.g. unemployment; career breaks; voluntary work; travel etc). | | | | |
| Dates  (dd/mm/yy) | | Name of school/employer and address  **or**  Reason for gap in employment | Job title, duties and responsibilities.  Please include: type/status of school; number on roll; key stage(s) or year group taught; and gender taught | Reason for leaving |
| From | To |
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| **Safeguarding children, young people & adults** |
| We are all responsible for the safety of children, young people and adults who may be at risk. We must ensure that we are doing all we can to protect the most vulnerable members in our society. This responsibility applies to all TPAT employees; it also applies to contractors, partners and volunteers who carry out work with or for children, young people and adults at risk on behalf of TPAT.  From your training and/or experience, please give examples which demonstrate your knowledge and commitment to safeguarding and how you would help protect children, young people and adults at risk from harm, abuse or neglect. |
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| **Your supporting statement** |
| This important part of your application will be used to decide if you meet the criteria and should be shortlisted for interview. Refer to the role information supplied and tell us how your skills and experience match. Use examples where possible and provide the situation or task, your action(s) and the result.  If you are applying for your first job, provide examples of other relevant experience that will help us decide your suitability, e.g. gained through education, the community etc. |
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| **Guaranteed Interview Scheme** |
| We are committed to improving employment opportunities for people with disabilities and have adopted the Jobcentre Plus’ Two Ticks symbol which demonstrates that we are “positive about disabled people”. An applicant with a disability who demonstrates that they meet the minimum requirements of an advertised position is entitled to an interview and will be considered on merit.  Do you consider yourself to be eligible for consideration under this scheme? |
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| **Selection requirements** |
| We will make reasonable adjustments to help people with disabilities through the application and selection process. If you have any specific requirements to enable your participation and/or attendance during the selection process, please let us know: |
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| **References** | | | | | |
| Please provide two references. Do not use friends or relatives. We will ask for references before your interview.  If any of your previous roles (voluntary or paid) involved working with children, young people and/or vulnerable adults, we will ask for information about past disciplinary issues relating to these vulnerable groups (including any in which the time penalty is ‘time expired’) and whether you have been subject to any child/vulnerable adult protection concerns and the outcome of any enquiry or disciplinary procedure. If you have any concerns, please contact us or the school you are applying to. | | | | | |
| **Reference 1**: This **must** be your current or most recent employer or, if you do not have any previous employment, your most recent tutor (school, college or university). | | | **Reference 2**: If you have worked with children, young people or vulnerable adults in the past, but are not currently, this **must** be the most recent employer by whom you were employed to work with these vulnerable groups. Otherwise, a reference of your choice. | | |
| Full name: |  | | Full name: |  | |
| Job title: |  | | Job title: |  | |
| Employer: |  | | Employer: |  | |
| Address: |  | | Address: |  | |
| Postcode: |  | | Postcode: |  | |
| Email: |  | | Email: |  | |
| Telephone number: |  | | Telephone number: |  | |
| Relationship to you: |  | | Relationship to you: |  | |
| Did this role involve working with children, young people and/or vulnerable adults? | | Yes/No | Did this role involve working with children, young people and/or vulnerable adults? | | Yes/No |

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| **Declaration of criminal convictions** | | | | | |
| This post is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to disclose all criminal convictions, including any which may be ‘spent’. You should also include details of any cautions, reprimands or final warnings. **Please only include details of old and minor cautions, convictions, reprimands and warnings in accordance with the DBS filtering rules relating to such offences. Details of the filtering rules can be found in the attached Applicants Guidance Notes or from www.gov.uk/dbs** | | | | | |
| Have you ever been convicted of any criminal offence, whether ‘spent’ or ‘unspent’, as defined in the Rehabilitation of Offenders Act 1974 or do you have any charges pending? | | | | Yes/No | |
| If yes, please provide details: | | | | | |
| Have you ever been cautioned, reprimanded or received a final warning which although not considered to be criminal convictions and become ‘spent’ immediately, must be considered in relation to this exempt post? | | | | Yes/No | |
| If yes, please provide details: | | | | | |
| Have you ever been barred or restricted from working with children or vulnerable adults? | | | | | Yes/No |
| If yes, please provide details: | | | | | |
| Any subsequent offer of employment will be subject to a criminal record check (disclosure request) from the Disclosure and Barring Service (DBS). This check will include details of cautions, reprimands or final warnings as well as convictions. Appointment will be subject to the information received from the DBS.  I accept that if any of the information is found to be false or misleading I will be disqualified from appointment. I understand that any subsequent offer of employment will be subject to the outcome of a criminal record check from the DBS that TPAT will request my authorisation for such a check to be made. | | | | | |
| **Signature:** |  | **Date:** |  | | |

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| **Disclosure of interest** | |
| Have you ever received a redundancy payment or pension from a local authority? | Yes/No |
| If yes, please give details including month and year: | |
| Are there any restrictions to you living and working in the UK which might affect your right to work for us (e.g. needing a work permit/visa)? | Yes/No |
| If yes, please provide details: | |
| The role information supplied will say if this post requires travel and, if so, if you need access to transport and/or a full current UK driving licence. | |
| If needed, do you have access to transport? | Yes/No |
| If needed, do you have a full current UK driving licence? | Yes/No |
| The Working Time Regulations (1998) require us to check the hours worked by employees. Would this role be your only employment? | Yes/No |
| If no, please provide details of your other role(s) and the days and hours you work: | |
| Canvassing of our employees (asking them to help you get this role), directly or indirectly, for any appointment will disqualify your application. Also, if you fail to declare any relationship with an employee of TPAT your application may be disqualified and, if appointed, you may be dismissed without notice. | |
| Are you related to, or have you formed any relationship (personal, financial or professional) with any current employee of TPAT, or School Governor? | Yes/No |
| If yes, please give details: | |
| Do you, your partner or family have any interests (personal, financial or professional) that may conflict with you doing this role? | Yes/No |
| If yes, please give details: | |
| Have you ever been the subject of a formal disciplinary procedure?  Have you ever been dismissed from any previous employment? | Yes/No |
| If yes, please give details: | |

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| **How we protect your personal information** |
| We keep on file information from this application form, equal opportunities form and any documents you attach. This is required for recruitment and equal opportunities monitoring purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation and will not be sold to any third party. Unsuccessful application forms will be destroyed after 12 months; anonymised data will be kept for monitoring purposes |

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| **Your declaration** | | | | | | |
| I understand that any employment, if offered, will be subject to the information on this form being correct and I confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate. | | | | | | |
| **Signature** (applicant): | |  | | **Date:** | |  |
| Please sign and date if you are returning the form by post. If returning by email, you will be asked to sign a copy before any offer of employment is made. | | | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | | | |
| Name (printed): |  | | Contact number: | |  | |

**Thank you** for taking the time and effort to complete this application form. The role information supplied will say where it should be returned.

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| **CONFIDENTIAL**  **EQUAL OPPORTUNITIES MONITORING**  **This form must be completed and returned with all applications** | Tpact colour |

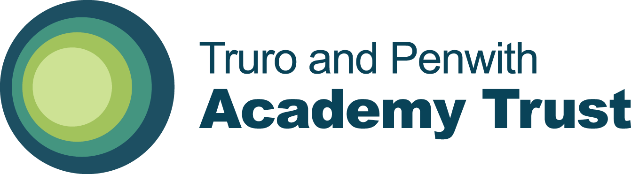
Truro and Penwith Academy Trust is committed to the principle of the development of policies to promote equal opportunities in employment regardless of workers’ gender, marital status, race, colour, nationality (including citizenship), ethnic or national origins, disabilities, age, sexual orientation, responsibility for dependants, religious or political affiliation and trade union activities. Applicants can obtain a copy of our Equality Policy on request.

The following questions are used solely for the purpose of monitoring equal opportunities and are in accordance with the criteria identified in Racial Equality guidelines. This information will not be used when deciding on a short-list or making an appointment, but your co-operation in completing the following would be very much appreciated.

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| FULL NAME: |  | | |
| MAIDEN NAME: |  | | |
| POST APPLIED FOR: |  | | |
| CLOSING DATE: |  | | |
| VACANCY TYPE: | Full Time  Part Time  Term Time Only: Yes  No | | |
| **Details:** | | | |
| MARITAL STATUS: | Single  Married  Separated  Divorced  Widowed | | |
| GENDER: | Male  Female | | |
| DATE OF BIRTH: |  | | |
| AGE GROUP: | 16-20  21-30  31-40  41-50  51-60  61-65  65+ | | |
| **Disability Status:** | | | |
| The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.  Do you consider yourself under this definition to be disabled? Yes  No  If yes, please give details:  Is there any other information which you would like us to take into account with regard to your disability? | | | |
| **Vacancy Advertisement:** | | | |
| Where I saw the Vacancy Advertised: | | | |
| West Briton  Cornishman  TES | | TPAT Website  Internally | This is Cornwall Jobsite  From a friend/Word of mouth |
| FEJobs Online  Other(Please state): | |
| **Ethnic Origin:** | | | |

Please describe your ethnic origin by placing an ‘X’ in the appropriate box:

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| --- | --- | --- | --- | --- | --- | --- |
| **‘X’** | **Nationality** | **Culture** |  | **‘X’** | **Nationality** | **Culture** |
|  | Asian or Asian British | Indian |  |  | Mixed | White and Black Caribbean |
|  | Asian or Asian British | Pakistani |  |  | Mixed | White and Black African |
|  | Asian or Asian British | Bangladeshi |  |  | Mixed | White and Asian |
|  | Asian or Asian British | Other |  |  | Mixed | Other |
|  | Black or Black British | Caribbean |  |  | White | British |
|  | Black or Black British | African |  |  | White | Irish |
|  | Black or Black British | Other |  |  | White | European |
|  | Chinese | Chinese |  |  | White | Other |
|  | Chinese | Other |  |  |  |  |

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**CONFIDENTIAL -Safeguarding Form**

For more information, advice and guidance on safer recruitment, criminal record checks and the Disclosure and Barring Service, please contact the HR Manager Harriet Andrew on 01872 308172 or email [tpat@truro-penwith.ac.uk](mailto:tpat@truro-penwith.ac.uk)

**Please call 01872 03172 if you require this form in a different format or language.**

Please fill in **all** **sections** of the form using **black ink**/type. The information you provide will help us make a fair decision in the selection process.

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| **Safeguarding children, young people and vulnerable adults** |
| It is the responsibility of all employees to maintain awareness of policies and practices regarding the safeguarding of children, young people and/or adults who may be at risk. You should report concerns/allegations in accordance with corporate guidance procedures. This responsibility applies to all Council employees; it also applies to contractors, partners and volunteers who carry out work with or for children, young people and adults at risk on behalf of the Council.  From your training and/or experience, please give examples which demonstrate your knowledge and commitment to safeguarding and how you would help protect children, young people and adults at risk from harm, abuse or neglect. |
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**Criminal Convictions and Disqualification Declaration**

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| **SECTION A**  **Declaration of criminal convictions** | |
| This post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.  You are therefore required to declare whether you have any criminal convictions (or cautions, reprimands or warnings) including those which are ‘spent’.  The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account.  Guidance and criteria on the filtering of these cautions and convictions can be found on the [Disclosure and Barring Service website](https://www.gov.uk/government/collections/dbs-filtering-guidance). | |
| Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) or do you have any charges pending? | Yes/No |
| Have you ever been barred or restricted from working with children and/or vulnerable adults? | Yes/No |

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| **SECTION B**  **Childcare disqualification declaration** | |
| **If the following does not apply to you, please move onto section C** | |
| [Disqualification under the Childcare Act 2006](https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006) applies to all schools and settings who provide childcare and/or are directly concerned with the management of early years childcare or later years childcare (children above reception age but have not attained the age of 8). If you are in a role that falls within the categories below then you are required to provide information relating to your suitability:   * staff who work in early years provision (including teachers and support staff working in a school nursery and reception classes); * staff working in later years provision for children who have not attained the age of 8 including before school settings, such as breakfast clubs, and after school provision; * staff who are directly concerned in the management of such early or later years provision.   You are also required to provide relevant information about any person who lives or works in the same household as you which may disqualify you ‘by association’. | |
| Have you or any member of your household ever been disqualified from caring for a child, including your own child?  (which are referred to in [regulation 4](http://www.legislation.gov.uk/uksi/2009/1547/regulation/4/made) and listed at [schedule 1](http://www.legislation.gov.uk/uksi/2009/1547/schedule/1/made) of 2009 Regulations) | Yes/No |
| Have you or any member of your household ever had your registration refused or cancelled relating to childcare, or children’s homes, or been prohibited from private fostering?  (as specified in [Schedule 1](http://www.legislation.gov.uk/uksi/2009/1547/schedule/1/made) of the 2009 Regulations) | Yes/No |
| Does any member of your household have any unspent convictions for certain violent and sexual criminal offences against children and/or adults?  [(See Table A – Relevant Offences)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407788/disqual_stat-guidance_Feb_15.pdf) | Yes/No |
| Has any member of your household ever been barred from working with children? | Yes/No |
| Have you or any member of your household committed an offence overseas which would constitute an offence regarding disqualification under the 2009 Regulations if it had been done in any part of the United Kingdom? | Yes/No |

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| **SECTION C**  **Further information and declaration** | | | | | | |
| If you have answered yes to any of the above questions, please provide further information below: | | | | | | |
| **Declaration:**  I confirm that the information I have declared above is correct and I accept that if any of the information I provide is found to be false or misleading I may be disqualified from appointment.  I understand that I have a duty to inform my employer should any of this information change at any time during my employment. I understand that any subsequent offer of employment will be subject to the satisfactory outcome of all required safeguarding, vetting and barring checks. | | | | | | |
| **Signature (applicant):** | |  | | **Date:** |  | |
| Print Full Name: | |  | | | | |
| Please sign and date if you are returning the form by post. If returning by email, you will be asked to sign a copy before any offer of employment is made. | | | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | | | |
| Name (printed): |  | | Contact number: | | |  |

**Thank you** for taking the time and effort to complete this form. The role information supplied will say where it should be returned.

**Please make sure that you complete the application and equal opportunities monitoring forms and return the paperwork together.**

For official use: Approved/Refer to Occupational Health Medical Advisor – by Harriet Andrew (TPAT HR Manager) Truro Penwith College, Allen Building A212, College Road, Truro, TR1 3XX

Signed ................................................................................ Date Received .......................................



**Health Assessment Questionnaire (Form HAQ1)**

**SECTION 1 – To be completed by the employer:**

* Please complete the post details (below).
* Send/give this form to the successful applicant only (not to short-listed applicants). Any offer of employment should be made subject to satisfactory health assessment.
* If the applicant has ticked **‘2 - NO’** to the declaration on page 2, they are deemed to be fit for the proposed employment. This form will be retained on school employee files. TPAT HR does **not** require a copy.
* If the applicant has ticked **‘1 – YES’** to the declaration on page 2, advice from Occupational Health will be required. This can be arranged through TPAT HR (by telephoning 01872 308185 or emailing jessking@truro-penwith.ac.uk). This advice must be obtained before employment commences.

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| Post applied for: | |
| School, Academy: |  |

**Please complete and return this form to: the School or Academy which the application of employment applies to as soon as possible**

**SECTION 2 – To be completed by the Prospective Employee:**

|  |  |
| --- | --- |
| Name: | |
| Address: | Date of Birth: |
| Home Tel No: |
| Mobile/Contact No: |
| Postcode: | Email Address: |

**Information for the Prospective Employee:**

Your appointment is subject to an assessment of your fitness for work. The purpose of this is to:

* Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others;
* Enable the school to assess what adjustments to the job may be needed to enable you to work, if you have a health problem or a disability.

**PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY, AND THEN TICK WHICHEVER OF THE TWO STATEMENTS IS APPROPRIATE FOR YOU AND SIGN THE DECLARATION OVERLEAF**

**NOTE - To preserve medical confidentiality, please DO NOT identify any condition/illness you may or may not have, as this form is processed by the School. A further form will be**

**sent to you, if you tick the YES box overleaf, which will require you to provide more information and be assessed in confidence by the Occupational Health Adviser**

1. Do you have any condition that could affect your ability to undertake any of the activities of the proposed post, including shift patterns, without adjustments?
2. Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?
3. Has your work (hours or duties) ever been modified or have you had to leave a job because of a health problem?
4. Have you ever been affected by one of the following health problems:

* Insulin dependent diabetes?
* Epilepsy?
* Musculoskeletal problems or back pain leading to more than two weeks absence or requiring treatment other than simple over-the-counter painkillers?
* Skin disorders, eg. hand eczema?
* Chest problems, eg. asthma?
* Heart, circulation or blood pressure problems?
* Impairments of vision (other than to wear glasses)?
* Impairment of hearing?
* Depression, psychiatric or nervous/stress problems; substance or alcohol misuse?
* Any other problem that you may wish to bring to the attention of Occupational Health?

**DECLARATION (please tick as appropriate)**

1. 🞏 I would answer YES to one or more of the above questions.

2. 🞏 None of the above applies to me.

NOTE: If you have ticked YES, a detailed health questionnaire will be sent to you for completion and return to the Occupational Health Adviser in accordance with medical confidentiality.

**IMPORTANT –** in signing this questionnaire you confirm that all the information provided is true to the best of your knowledge. If it is subsequently shown that medical information has not been disclosed by you, or has been misleading or false, the offer of employment may be withdrawn, or you may be subject to disciplinary proceedings, which could result in dismissal.

I certify that, to the best of my knowledge and belief, the information given here is true and correct.

I undertake to submit, if required, to a further assessment including a medical examination and/or investigation by the Occupational Health Adviser.

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| **SIGNED:** | **DATE:** |

**PLEASE NOTE THAT ANY DELAY IN RETURNING THIS FORM MAY DELAY YOUR START DATE WITH THE ORGANISATION**

last updated: 25th May 2018