

**Private and Confidential**

**Application Form**

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| **Main Location CAPA COLLEGE – WAKEFIELD** |
| **Post: insert role/job title** |

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| **Surname: (CAPITALS)** | **Title:** | **Other names in full:** |
| **Permanent address:**  **Email address:** | | **Home telephone no:**  **Office telephone no:**  **Mobile telephone no:** |

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| EDUCATION & PROFESSIONAL QUALIFICATIONS | | | |
| Include in this section all the relevant qualifications, examination results and any relevant professional registrations or memberships. For teaching posts please state the age range of children for which you were trained | | **From:** | **To:** |
| CPD IN LAST 3 YEARS | | | |
| **Course/Qualification** | **Provider** | **Duration** | |
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| **EMPLOYMENT HISTORY** | | | |
| **Present or Most Recent Employment** | | | |
| **Name & Address of Employer:** | | **Nature of Business:** | |
| **Job Title:** | | **Date Started:** | |
| **Salary/Wage :** | **Notice Required:** | | **Date Left (if relevant)** |
| **Describe your present appointment in terms of its responsibilities and relationships:** | | | |

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| Summary of Previous Employment | | | | | |
| **Dates** | | **Name and address of**  **employer** | **Position held** | **Brief description**  **of responsibilities** | **Reason for**  **leaving** |
| **From** | **To** |
|  | |  |  |  |  |
| **Please explain any break in your continuity of employment:** | | | | | |
| **Leisure interests, hobbies etc:** | | | | | |
| **Any other information which you wish to give to support your application.** Please detail here your relevant experience, skills and abilities that you can bring to this job gained either through work, education, home or voluntary activities demonstrating how you meet the criteria on the person specification.(Additional pages may be attached) | | | | | |

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| **References will usually be taken up before interview in the strictest confidence for short-listed candidates unless you indicate otherwise below.** Please give the name, full address position, relationship and email address of two referees. One of these should be your current or (if you are unemployed) most recent Manager, from whom references can be requested. | | |
| **Reference 1:**  Your connection or relationship with this person:  Name:  Address:  Email: | | **Reference 2:**  Your connection or relationship with this person:  Name:  Address:  Email: |
| If appointed, when would you be available to take up the post?  Where did you see this vacancy advertised? If you saw the advert on the internet, please specify which website. | | |
| If you consider yourself to have a disability please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process? | | |
| National Insurance No: | Do you have any relationships (personal business or financial) with any governors or senior members of the Trust that may conflict with the duties of the post for which you are applying? Failure to declare such relationship may lead to disqualification for appointment or dismissal if employed.  Yes ☐ No ☐ If yes please provide details below. | |
| Are you a British subject or a national of any EU country? Yes ☐ No ☐  If not, do you have the right to work in the UK and a current work permit? :  If so, please state the expiry date of your right to work in the UK and/or your work permit:  Do you hold a current and clean driving licence? Yes ☐ No ☐  Please provide any details of endorsements | | |
| **FOR TEACHING POSTS ONLY:**  Are you recognised by the DfE as a qualified teacher:  Yes ☐ No ☐ DfE Number: | | |

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| **DATA PROTECTION ACT**  **I hereby consent to the processing of sensitive personal data, as defined in the Data Protection Act 1998, involved in the consideration of this application.**  **Signed: Date:** | |
| **SIGNATURE**  **To the best of my knowledge and belief I declare that the information supplied by me on this form is correct. I understand that if I am appointed and it is later discovered that I withheld or falsified relevant information, that disciplinary action may be taken and I may be summarily dismissed.**  **Signed: Date:** | |
| Please return the completed application form to:    [Lynn.Watson@capacollege.co.uk](mailto:Kevin.jones@enhanceacad.org.uk)    Lynn Watson  Office Manager, CAPA College  c/o Enhance Academy Trust  Church House  1 South Parade  Wakefield  WF1 1LP |  |