

Thank you for your interest in the vacancy we have advertised. We hope that these notes and the accompanying details will help you with the application process. It is our aim to make the process of recruitment and selection as open, fair and effective as possible. Please do not hesitate to ask for further information if anything is unclear.

### **Completing the application form**

Please fill in **ALL** sections of the form preferably in black ink for ease of photocopying. You may submit a curriculum vitae in addition to the form if you wish, but your application will be considered on the basis of a fully completed form. If you prefer to complete an electronic version, copies are available on our website [www.furnessacademy.co.uk](http://www.furnessacademy.co.uk)

Your application must include a full history, in employment and education in chronological order, with start and end dates.

Any periods not in employment, education or training must be included and explained.

### **Some important reminders**

- The declaration at the end of the form is taken seriously. An application will either be disqualified or, if the applicant has been appointed, disciplinary action taken if the information given is knowingly incorrect.
- You must complete your name and date of birth section on the Equal Opportunities form for security purposes.
- Since all staff appointed to the Academy may be in contact with people under the age of 18, applicants are requested to disclose any criminal conviction, including spent convictions, and may be asked questions about it.
- The successful candidate will be required to complete a medical questionnaire and must be prepared to undergo a medical examination as part of any formal offer of employment being made.
- If you have a disability you may wish to complete your application in a different format, for example, using an application form in large print, or via alternative media. Do not hesitate to get in touch if we can be of assistance in any way.
- All information will be processed and where necessary held in accordance with the Data Protection Act 1998.

### **What happens next?**

The written application you make will be shortlisted to make up a list of people who will be invited to the Academy for a formal interview.

Interviews are usually held within a month of the closing date for applications. We will contact your referees prior to the interview so that their written opinion can be available to the appointment panel. This will include a reference from your current employer.

If you have not received a letter/phonecall inviting you for interview within a week of applying for the post please presume you have not been successful.

If your application is successful, your appointment will be subject to an Enhanced CRB Disclosure application.

If you have any further queries relating to your application, please contact Miss S. Caine on 01229 894605, or email [info@furnessacademy.co.uk](mailto:info@furnessacademy.co.uk).

**Douglas Blackledge**

**Principal**



University/Post Graduate	Full or Part Time	Qualifications Gained	Date of Award	Grades

Details of any other training.....	
Course/Training Title	Dates

## PART C – REFEREES

**Notes:**

References will not be accepted from relatives or friends. If you have worked with children previously, we will ask your referee about your suitability to work with children. Please give the names of two referees, one of whom must be your current employer.

<b>Name:</b>	<b>Address:</b>
<b>Position:</b>	
	<b>Tel:</b>
	<b>Email:</b>
<b>Name:</b>	<b>Address:</b>
<b>Position:</b>	
	<b>Tel:</b>
	<b>Email:</b>

References will be taken up for applicants invited for interview, including a reference from your current employer. If you are not currently working with children, but have done so in the past, you must include as a referee the person or organisation who most recently employed you in this capacity.

## PART D - EMPLOYMENT

Present or most recent Job details:

Employer:	Type of Business:	Date Started:
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason for leaving:	Date Started:
Job Title (including grade):	Salary:	Notice Required:

Previous employment (or other relevant experience):

From	To	Employer	Job Title	Salary	Reason for Leaving

## PART E - EMPLOYMENT

Please use this space to outline your suitability for the post eg. your current duties and responsibilities, and your personal qualities and experience, and how you meet the person specification.  
Further sheets may be attached if necessary.

*Continue on a separate sheet if necessary.*

## PART F – TEACHING INFORMATION

Do you have qualified Teacher status?

Yes  No

## PART G - CANVASSING

Are you related to any member of the Academy or Academy Governing Body?  Yes  No

If Yes, please give details

## PART H – DATA PROTECTION

All parts of the information you provide on this form may be stored in manual and/or computer files, and used for the purposes of personnel / employee administration, including analysis for management purposes and statutory returns. All information will be processed and where necessary held in accordance with the Data Protection Act 1998.

## PART I – REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1995

Because of the nature of the work for which you are applying this post is 'exempt' from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders (Exceptions) Order 1975 as amended by the ROA 1974 (Exceptions) (Amendment) Order 1986. Applicants are therefore required to disclose any convictions, bind-overs or cautions including those which for other purposes are 'spent' under the provisions of the Act. In the event of employment any failure to disclose such convictions will result in dismissal. Any information given will be completely confidential.

**IMPORTANT: The section below must be completed.**

Please indicate whether or not you have any previous convictions/formal Police cautions or bind-overs.

Yes  No

If Yes, please provide details with your application, including your name, in a sealed envelope marked confidential.

## PART J – DECLARATION

To the best of my knowledge and belief the information I have given in my application is correct. I declare that I am not on list 99, disqualified from working with children, or subject to sanctions imposed by a regulatory body. I have no convictions, cautions or bind-overs, or have attached details of this in a sealed envelope.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please return your completed application by post to** Furness Academy, Thorncliffe Road, Barrow-in-Furness, Cumbria, LA14 5QP.

If you have any further queries relating to your application, please contact Miss S. Caine on 01229 894605, or email [info@furnessacademy.co.uk](mailto:info@furnessacademy.co.uk).

## PRE EMPLOYMENT MEDICAL QUESTIONNAIRE

Please complete the form below. The information contained within it will be used to establish whether or not you will be required to complete a full medical questionnaire if you receive an offer of employment from Furness Academy.

The information will be used for this purpose only and will be treated as confidential.

<b>Firstname(s)</b>	
<b>Surname</b>	
<b>Previous Surname(s)</b>	
<b>Date of Birth</b>	
<b>Post Applied for</b>	

Do you need any special aids/adaptations to assist you at work, whether or not you have a disability?

Yes  No

Are you having or waiting for treatment or investigations of any kind at present?

Yes  No

Have you ever had any health problems which may have been caused or made worse by work?

Yes  No

## EQUAL OPPORTUNITIES IN EMPLOYMENT

Furness Academy is committed to Equal Opportunities. Our aim is to make sure that you and other applicants for jobs are not discriminated against on any of the following grounds: sex, colour, nationality, ethnic origins, religion, sexual orientation or disability. The Equal Opportunities policy aims to make sure that you are not disadvantaged by job conditions or requirements which are not relevant to the vacancy.

Please complete the form below. The information contained within it will be used to monitor the Equal Opportunities Policy, make sure that it is working in practice and to see if any reasonable adjustments need to be made. The information will be used only for monitoring purposes or to make adjustments and will be treated as confidential. It will only be seen by staff assessing the effectiveness of the Equal Opportunities Policy.

If you consider that your application for a job with Furness Academy has not been fairly treated, you should write to the Principal with details of your complaint within three months of hearing the result of your application.

Firstname(s)	
Surname	
Previous Surname(s)	
Date of Birth	
Post Applied for	

Are you male or female?	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Please specify which age category you are within:					
Under 25 <input type="checkbox"/>	25-30 <input type="checkbox"/>	31-40 <input type="checkbox"/>	41-50 <input type="checkbox"/>	51-60 <input type="checkbox"/>	61+ <input type="checkbox"/>

Please tick the box to indicate your ethnicity:		
<input type="checkbox"/> Asian or Asian British: Bangladeshi	<input type="checkbox"/> Black or Black British: African	<input type="checkbox"/> Mixed—White & Asian
<input type="checkbox"/> Asian or Asian British: Indian	<input type="checkbox"/> Black or Black British: Caribbean	<input type="checkbox"/> Mixed—White & Black African
<input type="checkbox"/> Asian or Asian British: Pakistani	<input type="checkbox"/> Black or Black British: Other	<input type="checkbox"/> Mixed—White & Black Caribbean
<input type="checkbox"/> Asian or Asian British: Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed—Any other Background
<input type="checkbox"/> White—British	<input type="checkbox"/> White—Irish	<input type="checkbox"/> White—Any other White Background
<input type="checkbox"/> Any Other		

Please indicate your religious beliefs:							
<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> None	<input type="checkbox"/> Other
What is your sexual orientation?							
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Hetrosexual/Straight	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say		

Do you regard yourself as disabled as defined by the Disability Discrimination Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to the above, please tell us what type of disability affects you:		
<input type="checkbox"/> Blind/Partially sighted	<input type="checkbox"/> Emotional/Behavioural	<input type="checkbox"/> Deaf/Hearing Impaired
<input type="checkbox"/> Mental Health Problems	<input type="checkbox"/> Wheelchair User	<input type="checkbox"/> Mobility Difficulties

Where did you see this post advertised?	
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Signed \_\_\_\_\_ Date \_\_\_\_\_

The provision of much of the information in this questionnaire constitutes sensitive and personal data as defined within the Data Protection Act 1998 and as such requires your specific permission. Your signature to this document will be deemed to be such specific permission.