

Application Form

Please complete in black pen. Do not enclose a C.V or additional documents as these will not be considered. All sections of the form must be completed. You may attach continuation sheets if necessary. This form is available, on request, in large print, Braille, on tape or in electronic format.

POST APPLIED FOR

REF NUMBER

Please ensure you read Hope Learning Trust's statement on the Recruitment of Ex-Offenders, included in the 'How to apply' guidance, before submitting your application:

I confirm I have read the Recruitment of Ex Offenders statement

PERSONAL DETAILS

TITLE

SURNAME

FORENAME

FORENAME 2

PREFERRED

PREVIOUS SURNAME

NATIONAL INSURANCE NUMBER

CONTACT DETAILS

HOUSE NAME

HOUSE NUMBER

STREET

AREA

TOWN/CITY

COUNTY

POSTCODE

COUNTRY

TEL

MOBILE

EMAILADDRESS

EMPLOYMENT HISTORY 1

- Please provide your full employment history starting with your present or most recent position.
- All periods of unemployment/gaps must be accounted for in the 'Gaps in Employment' section.
- If you do not have any previous employment history, please enter n/a.
- Use additional sheets to add further entries.

CURRENT/LAST JOB TITLE

EMPLOYMENT START DATE

EMPLOYMENT END DATE

EMPLOYER NAME

EMPLOYER BUSINESS TYPE

NUMBER

STREET

AREA

TOWN/CITY

COUNTY

POSTCODE

JOB DETAILS (PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ROLE)

REASON FOR LEAVING

SALARY ON LEAVING

EMPLOYMENT HISTORY 2

JOB TITLE 2

EMPLOYMENT START DATE

EMPLOYMENT END DATE

EMPLOYER NAME

EMPLOYER BUSINESS TYPE

NUMBER

STREET

AREA

TOWN/CITY

COUNTY

POSTCODE

JOB DETAILS *(PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ROLE)*

REASON FOR LEAVING

SALARY ON LEAVING

EMPLOYMENT HISTORY 3

JOB TITLE 3	
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	
EMPLOYER BUSINESS TYPE	
NUMBER	STREET
AREA	TOWN/CITY
COUNTY	POSTCODE
JOB DETAILS <i>(PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ROLE)</i>	
REASON FOR LEAVING	
SALARY ON LEAVING	

Please use continuation sheet(s) for additional jobs if necessary.

EMPLOYMENT HISTORY GAPS

Please account for any gaps, of three months or more, in your employment history including any travel abroad with dates. Please use continuation sheet(s) for additional gaps is necessary.

Gap 1

GAP START DATE

GAP END DATE

PLEASE GIVE DETAILS

Gap 2

GAP START DATE

GAP END DATE

PLEASE GIVE DETAILS

PROFESSIONAL MEMBERSHIPS

Please give details of any professional memberships that are relevant to the post applied for, stating your level of membership, the date obtained and expiry or renewal date. If applicable, please include your membership or registration number.

MEMBERSHIP NAME	
MEMBERSHIP LEVEL	
MEMBERSHIP NUMBER	
START DATE	EXPIRY DATE

TRAINING

PLEASE ENTER DETAILS OF ANY TRAINING UNDERTAKEN THAT YOU FEEL IS RELEVANT TO YOUR APPLICATION

COURSE	TRAINING PROVIDER	MM/YYYY

SUPPORTING INFORMATION

- Please use the following section to address each point on the skills and knowledge section of the Person Specification. You should provide information, examples and evidence to illustrate how you feel and that you meet the criteria for the job.
- If you require additional space, you may supply your supporting information as a separate Word document but the length of this statement should be **no longer** than two A4 pages of text in 10pt Arial.

SUPPORTING INFORMATION (continued)



REFERENCES

- Please enter details of two referees who can provide a reference. Both referees must be your present employer (unless this is not possible), or if you are unemployed, your most recent employer.
- As this position involves working with vulnerable adults or children any number of previous employers may be contacted, without seeking further permission from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

Reference 1

TITLE		SURNAME	
FORENAME		REFERENCE TYPE	
EMAIL			
TELEPHONE			
COMPANY/INSTITUTION NAME			
POSITION IN COMPANY			
ADDRESS	BUILDING NUMBER	STREET	
STREET		AREA	
TOWN/CITY		COUNTY	
POSTCODE		COUNTRY	

REFERENCES

Reference 2

TITLE	SURNAME	
FORENAME	REFERENCE TYPE	
EMAIL		
TELEPHONE		
COMPANY NAME		
POSITION IN COMPANY		
ADDRESS	BUILDING NUMBER	STREET
STREET	AREA	
TOWN/CITY	COUNTY	
POSTCODE	COUNTRY	

DECLARATIONS OF CRIMINAL RECORDS

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA). This means that you must disclose information about spent or unspent convictions or cautions when applying for this post, except where they are protected convictions and cautions as described in article 2A of the ROA Act 1974 (Exceptions) Order 1975.

Hope Learning Trust will check information relating to prospective employees through the Disclosure & Barring Service (DBS). Having a criminal record will not necessarily prevent your employment. Please see the 'How to apply' guidance for further information about what you need to disclose to us.

ARE YOU BARRED FROM WORKING WITH CHILDREN, YOUNG PEOPLE OR ADULTS?

Are you, or have you ever been, barred from working with, or been included on a list of people barred from working with, children, young people or vulnerable adults?

YES

IF YES PLEASE GIVE DETAILS

NO

INVESTIGATIONS

Have you ever been the subject of any proven/unproven investigation(s), complaints(s) in relation to your work with children, young people or vulnerable adults, whether in a paid or voluntary capacity of carried out privately?

YES

IF YES PLEASE GIVE DETAILS

NO

CRIMINAL BACKGROUND

Do you have any convictions, cautions, reprimands or final warnings that are not protected as defined by the ROA 1974 (Exceptions order) 1975 (as amended in 2013)?

YES

IF YES PLEASE GIVE DETAILS

NO

DECLARATIONS OF CRIMINAL RECORDS

Teacher registration details: Please provide information regarding your current teaching registration. This will be verified on appointment.

TEACHER REGISTRATION NUMBER (DfE NUMBER)

If you gained qualified teacher status (QTS) after 1999 please state the date of successfully completing the induction period or details of outstanding period if relevant. You will be asked to provide your QTS certificate on offer of appointment.

QTS COMPLETION DATE

GUARANTEED INTERVIEW SCHEME

We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria on the job description. Are you a disabled person applying on that basis?

YES

NO

JOB SHARE

The Hope Learning Trust welcomes individuals to apply on a job-share basis (unless specified otherwise in the job advert). Please indicate below if you wish to be considered for a job share. Are you applying for this post on a job share basis?

YES

NO

(Job sharing is different to part time working – see the How to Apply guidance for further information)

RELATIONSHIP WITH THE HOPE LEARNING TRUST

Are you related to any employee of the Hope Learning Trust or do you have any substantial connection with any employee of the Hope Learning Trust?

YES

NO

IF YES PLEASE GIVE DETAILS

APPLICANT STATUS

For monitoring purposes please indicate if you are already an employee of the Hope Learning Trust.

YES

NO

AVAILABILITY FOR INTERVIEW

Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.

UNAVAILABLE DATES

ELIGIBILITY TO WORK IN THE UK

Do you need permission to work in the UK?

YES

NO

IF YOUR PERMISSION IS LIMITED, PLEASE PROVIDE FULL DETAILS OF YOUR IMMIGRATION STATUS, RENEWAL DATES AND ANY OTHER RELEVANT INFORMATION.

HOW DID YOU HEAR ABOUT THIS JOB?

INTERNAL ADVERTISING	<input type="checkbox"/>	LINKEDIN	<input type="checkbox"/>
CITY OF YORK COUNCIL JOBS WEBSITE	<input type="checkbox"/>	FACEBOOK	<input type="checkbox"/>
TES	<input type="checkbox"/>	TWITTER	<input type="checkbox"/>
UNIVERSAL JOBMATCH/JOB CENTRE	<input type="checkbox"/>	NATIONAL APPRENTICE WEBSITE	<input type="checkbox"/>
WORD OF MOUTH	<input type="checkbox"/>	JOBS FAIR	<input type="checkbox"/>
COMMUNITY CARE	<input type="checkbox"/>	CHILDREN'S SOCIAL WORK MATTERS	<input type="checkbox"/>
TRUST WEBSITE	<input type="checkbox"/>	OTHER (WHERE)?	<input type="checkbox"/>

DECLARATION

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK, registrations and for the release by other people or organisations of necessary information to verify the content.

I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

SIGNED

PRINT NAME

DATE

Please indicate if you are happy for us to contact you about your application, via the details provided on your application form, for purposes of the Recruitment and Selection process.

YES

NO

On occasions we may need to contact you for feedback regarding the Recruitment and Selection process. Please indicate if you are happy for us to do this.

YES

NO

(See the 'How to apply' guidance for further information on the above consent questions)

Equal Opportunities Monitoring

The following pages will be removed and will not be seen by those shortlisting or interviewing applicants.

EQUAL OPPORTUNITIES MONITORING (CONFIDENTIAL)

The Hope Learning Trust is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

The information you provide will be treated as confidential and used only for monitoring purposes only. It is not used as part of the selection process and the recruitment panel do not have access to the sensitive information.

Thank you for helping us to continue to improve our policies and practices.

POST APPLIED FOR

REF NUMBER

GENDER

MALE

FEMALE

PREFER NOT TO SAY

Do you identify yourself as transgender?

YES

NO

PREFER NOT TO SAY

ADDITIONAL INFORMATION

DATE OF BIRTH

AGE

NATIONALITY

ETHNIC ORIGIN

ETHNIC ORIGIN	PREFER NOT TO SAY	
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White:

BRITISH	
IRISH	
OTHER WHITE BACKGROUND	

Black or Black British:

CARIBBEAN	
AFRICAN	
OTHER MIXED BACKGROUND	

Asian or Asian British:

INDIAN	
PAKISTANI	
BANGLADESHI	
OTHER MIXED BACKGROUND	

Mixed Race:

WHITE AND BLACK CARIBBEAN	
WHITE AND BLACK AFRICAN	
WHITE AND ASIAN	
OTHER MIXED BACKGROUND	

Other Ethnic Groups:

ANY OTHER BACKGROUND	
CHINESE OR OTHER ETHNIC GROUP	

ADDITIONAL INFORMATION

The Disability Discrimination Act 2010 states that someone is disabled if they have a physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.

Do you consider yourself to be disabled?

YES		NO		PREFER NOT TO SAY	
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If you do you consider yourself to be disabled and you selected “yes” to the above question then please tick appropriate boxes below.

PHYSICAL IMPAIRMENT (SUCH AS USING A WHEELCHAIR TO GET AROUND/OR DIFFICULTY USING ARMS, LEGS ETC)	<input type="checkbox"/>
SENSORY IMPAIRMENT (SUCH AS BEING BLIND OR DEAF AND HAVING A SERIOUS VISUAL OR HEARING IMPAIRMENT)	<input type="checkbox"/>
MENTAL HEALTH CONDITION (SUCH AS DEPRESSION OR BIPOLAR)	<input type="checkbox"/>
LEARNING DISABILITY (SUCH AS DOWNS SYNDROME OR DYSLEXIA OR COGNITIVE IMPAIRMENT SUCH AS AUTISM)	<input type="checkbox"/>
LONG-STANDING ILLNESS OR HEALTH CONDITION (CANCER, HIV, DIABETES, CHRONIC HEART DISEASE OR EPILEPSY)	<input type="checkbox"/>
OTHER, PLEASE GIVE DETAILS	<input type="checkbox"/>

SEXUAL ORIENTATION

HETEROSEXUAL/STRAIGHT	<input type="checkbox"/>	BISEXUAL	<input type="checkbox"/>
LESBIAN/GAY WOMAN	<input type="checkbox"/>	NOT SPECIFIED	<input type="checkbox"/>
HOMOSEXUAL/GAY MAN	<input type="checkbox"/>	PREFER NOT TO SAY	<input type="checkbox"/>

MARITAL STATUS

MARRIED	<input type="checkbox"/>	PARTNER	<input type="checkbox"/>
CIVIL PARTNERSHIP	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>
DIVORCED	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>
WIDOWED	<input type="checkbox"/>	PREFER NOT TO SAY	<input type="checkbox"/>

RELIGION

BAHA'I	<input type="checkbox"/>	JEWISH	<input type="checkbox"/>
CHRISTIAN	<input type="checkbox"/>	SIKH	<input type="checkbox"/>
JAIN	<input type="checkbox"/>	NO RELIGION	<input type="checkbox"/>
MUSLIM	<input type="checkbox"/>	PREFER NOT TO SAY	<input type="checkbox"/>
BUDDHIST	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
HINDU	<input type="checkbox"/>		

CARER RESPONSIBILITIES

The Hope Learning Trust values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).

Are you a carer for family/friends?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PREFER NOT TO SAY	<input type="checkbox"/>
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If yes please tick the appropriate box below

ELDERLY RELATIVE	<input type="checkbox"/>	FRIEND	<input type="checkbox"/>
RELATIVE	<input type="checkbox"/>	YOUNG RELATIVE (UNDER 18 YEARS OLD)	<input type="checkbox"/>