**Headteacher/Head of School Application Form**

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| Position applied for (title and name of school) |  |
| Where did you see this vacancy advertised? |  |

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| **Personal Details** | |
| Surname |  |
| First Names |  |
| Previous name(s) |  |
| Title: Mr/Mrs/Ms/Miss, etc. |  |
| Home Address |  |
| Post code |  |
| Daytime contact number |  |
| Email address |  |
| Preferred method of contact |  |

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| **Qualified Teacher Status** | | |
| Teacher reference number  (DfE number) | National Insurance Number | |
| Date of award of Qualified Teacher Status (QTS): | | |
| Have you successfully completed a period of induction as a qualified teacher in this country where the DfE required this? YES NO | | |
| If Yes, please give date of completion, and LA/organisation where induction was completed: | | |
| Have you completed or are you currently completing the National Professional Qualification for Headship (NPQH)? YES NO  If yes, please state your candidate number: | | |
| Date commenced: | | Date completed/to be completed: |
| Are you exempt from the requirement to hold NPQH? Please give reasons for exemption. | |  |
| Are you subject to any conditions or prohibitions placed on you by the DfE Teaching Agency (or any other body in the UK)? If Yes, give full details (continuing on additional sheet as required) | |  |

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| **Education and Qualifications** | | | | |
| Please give details of secondary schools/colleges/university attended. Please add qualifications that are relevant to this role and listed on the person specification. If you are currently studying, please provide details of the qualification(s). If study was on a part time basis, please specify. | | | | |
| Name of school/ college/university | Dates | | Subject and Qualification | Grade and date awarded |
| From | To |
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| **Further Training and Membership of Professional Bodies** | | |
| Please provide details of training courses, certificates, diplomas, including membership of professional bodies, particularly any which are relevant to this post. | | |
| Course title | Training provider/accrediting body | Dates attended |
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| **Employment History** | |
| Please give details of all your previous teaching posts, full-time and part-time. Please start with your most recent post and work backwards. **Any gaps in your history of employment should be accounted for.** If you require more space, please continue on a separate sheet and attach to your application form. | |
| **Current or most recent employment** | |
| Post Held: |  |
| Main duties and responsibilities: |  |
| Name of employer: |  |
| School/employer details:  NOR/Group size/Age range/etc. |  |
| Address: |  |
| Post code: |  |
| Phone number: |  |
| Dates appointed from and to:  (MM/YYYY) |  |
| Current salary and grade: |  |
| Notice required and/or date available if appointed: |  |
| Reason for seeking new role: |  |

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| **Previous Employment History** | | | | | |
| List in chronological order, with most recent employment first. A continuous employment history is required from when you left full-time education. Please explain any breaks in employment. | | | | | |
| Dates (month and year) | | Name of Employer | Post (including key responsibilities and grade) | Type of School (including no. on roll and age range) | Reason for Leaving |
| From | To |
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| **Personal Statement** |
| Please provide a written statement below (maximum 2 sides of A4) detailing why you believe your personal qualities and experience are relevant to your suitability for the post advertised. You should pay particular attention to the national standards for the position for which you are applying and also the Person Specification criteria. You should use specific – and where possible, different - examples of your **experience** and describe the **impact** of your actions.  Alternatively, you may attach a separate document to your application. |
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| **Eligibility** | |
| Do you require a permit for working in the UK? YES (please provide details below) NO  Please note you will be required to produce evidence of eligibility to work in the UK. | |
| Details: |  |

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| **References** | | | |
| In line with the Keeping Children Safe in Education statutory guidance it is standard practice to take up references on shortlisted candidates prior to interview.  References will be sought on shortlisted candidates and previous employers will be contacted to verify authenticity, experience, qualifications etc. Please give details of two referees who can comment on your suitability for the position, one of whom must be your present or most recent employer. References from **friends and relatives** **are not acceptable.**    This Trust is committed to safeguarding and promoting the welfare of our children and young people. In relation to this appointment process you should be aware that your referees will be asked the following question:-  “Are you aware of any Child Protection allegations or issues of a similar nature in relation to this person? If so please provide details.”  Referees will also be asked for information about all disciplinary offences (including those where the penalty is “time expired” if related to children); and whether the referee has any reservations as to the candidate’s suitability to work with children.  At interview all candidates will be asked if there have been any allegations, or issues, raised against them by children or young people and if so, the outcome of them.  **Please note – We carry out online checks of shortlisted candidates as part of our due diligence and in line with statutory safeguarding guidance.** | | | |
| **Reference 1** | | **Reference 2** | |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Telephone Number: |  | Telephone Number: |  |
| Email: |  | Email: |  |
| Position/Occupation: |  | Position/Occupation: |  |
| Relationship to you: |  | Relationship to you: |  |
| Can this person be contacted before interview? | YES NO | Can this person be contacted before interview? | YES NO |

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| **Relationships** | |
| Are you related to, or partner of, any School or Trust Employee, or a Trustee or Governor YES (please provide details below) NO | |
| Name of employee/trustee/governor |  |
| Position within the Trust |  |
| Relationship: |  |

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| Do you consider yourself to have a disability? YES NO | |
| If yes, would the provision of any aids or modification assist you in carrying out the duties of the post? |  |
| Is there anything we need to know about your disability to offer you a fair selection interview? |  |

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| **Declaration** | | | |
| I certify that all information given by me on this form and in supporting documents is correct to the best of my knowledge, and that all questions have been fully and accurately answered, and that I possess all qualifications which I claim to hold. I understand that any job offer will be conditional on references that are satisfactory to the Bath & Wells Multi-Academy Trust.  I understand that my name will be withdrawn from the list of candidates if, prior to the appointment, I am found knowingly to have omitted or concealed any relevant fact about my eligibility for the post, and I acknowledge that such discovery subsequent to appointment is likely to lead to my dismissal without notice.  I understand that appointment to this post is subject to a satisfactory Enhanced Disclosure and Barring Service check. I also understand that, under the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, and subsequent amendments, should I be shortlisted for interview, I am required to disclose any record I may have of criminal convictions, and to attach details of such convictions.  I hereby consent to the processing of sensitive personal data, as defined in the **General Data Protection Regulation (GDPR)** and Data Protection Act 2018, involved in the consideration of this application.  **For online / electronically completed applications, by ticking the following box and submitting your application, you agree to the terms of the declaration above** | | | |
| Signature: |  | Date: |  |

**Please return this form by no later than the advertised closing date via email to –** [**HR@bwmat.org**](mailto:HR@bwmat.org)**.**

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| **Equal Opportunities Monitoring Form** | |
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| The Bath & Wells Multi-Academy Trust supports equal opportunities in employment and opposes all forms of unlawful and unfair discrimination. Our aim is to ensure that job applicants and employees are treated equally and fairly and are recruited, selected, trained and promoted on the basis of job requirements, skills, abilities and other objective and job-related criteria. We will also ensure that individuals are not disadvantaged by conditions or requirements, which cannot be shown to be justified as being necessary for the safe and effective performance of the job.  To assist us with this aim and to comply with legislation, we would ask that you please complete and return this form. This information will be used solely for monitoring purposes and will not be available to those involved in the selection process. | |
| Date of birth: |  |

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| **Gender and Marital Status** | | | | |
| Female | Male | Transgender | Gender Neutral | Prefer not to disclose |
| Single | Married/Civil Partnership | Widowed | Divorced | Prefer not to disclose |

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| **Ethnic Origin (mark one box only)** | | | | |
| White or White British | Irish | Pakistani | African | Bangladeshi |
| Black Caribbean & White | Indian | Caribbean | Chinese | Black African & White |
| Asian & White | ☐ Other ethnic group (please state) | | | Prefer not to disclose |

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| **Age** | | | | | |
| 16-25 | 26-35 | 36-45 | 46-55 | 55-64 | 65 and over |

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| **Religion or belief** | | | | | |
| Atheism | Buddhism | Judaism | Islam | Jainism | Hinduism |
| Christianity | Sikhism | Other (please state) | | Prefer not to disclose | |

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| **Do you consider yourself to have a disability?** YES NO Prefer not to disclose | | | | | | | |
| Physical impairment | Sensory impairment | | Mental Health condition | Learning disability/difficulty | Long standing illnesss | | Other |
| **Sexual Orientation** | | | | | | | |
| Bi Sexual | Gay | | Heterosexual | Other (please state) | | | Prefer not to disclose |
| **For online / electronically completed applications, by ticking the following box and submitting your application, you agree to this information being stored and used for monitoring purposes only** | | | | | | | |
| Signature: | |  | | Date: | |  | |