

## Application for Teacher

Seaton Academy values diversity and is striving to be an Equal Opportunities Employer.

We are committed to safeguarding and promoting the welfare of children, young people, and vulnerable adults and expect all staff and volunteers to share this commitment.

**Please complete in black ink or type**

<b>PERSONAL INFORMATION:</b>	
Please complete all sections	
SURNAME:	FORENAME(S):
Previous names (if applicable):	
ADDRESS:	DATE OF BIRTH:
	EMAIL:
POSTCODE:	DAYTIME TELEPHONE:
NI NUMBER:	EVENING TELEPHONE:

<b>EMPLOYMENT:</b>	
Please provide details of your most recent/current post	
CURRENT/MOST RECENT POST HELD:	SALARY GRADE:
PLACE OF WORK:	ANNUAL SALARY:
MAIN DUTIES/RESPONSIBILITIES:	
DATE APPOINTED TO POST:	DATE LEFT (IF APPLICABLE):
NAME & ADDRESS OF EMPLOYER:	
DATE EMPLOYED FROM:	TELEPHONE:
DATE EMPLOYED TO:	EMAIL:

**PREVIOUS EMPLOYMENT:**

In line with Safer Recruitment, all employment undertaken since leaving full-time education must be detailed in this application

POST HELD:	SALARY GRADE:
PLACE OF WORK:	ANNUAL SALARY:
MAIN DUTIES/RESPONSIBILITIES:	
DATE APPOINTED TO POST:	DATE LEFT:

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PLACE OF WORK:	ANNUAL SALARY:
MAIN DUTIES/RESPONSIBILITIES:	
DATE APPOINTED TO POST:	DATE LEFT:

**EMPLOYMENT BACKGROUND:**

Please detail all other work/work experience, unpaid, paid and voluntary

FROM: (Month/Year)	TO: (Month/Year)	PLACE OF WORK/EMPLOYER (If applicable)	SALARY (where applicable)	TITLE/ RESPONSIBILITY:	REASON FOR LEAVING:
Have you ever been dismissed by any of the above employers?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If Yes, can further details be requested from you?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**EDUCATION:**

Please detail all further, higher and professional education – proof of qualifications will be required

EDUCATIONAL ESTABLISHMENT (If applicable)	FROM: (Month/Year)	TO: (Month/Year)	QUALIFICATIONS OBTAINED (Please provide subject, grade and levels, where relevant)

**PROFESSIONAL DEVELOPMENT/TRAINING:**

Please state all development and training in the last five years as relevant to your application

COURSE DATES: (Month/Year)	COURSE LENGTH:	COURSE DETAILS:	COURSE PROVIDER:

**MEMBERSHIP OF PROFESSIONAL BODIES:**

PROFESSIONAL BODY:	REGISTRATION NO:	TYPE OF MEMBERSHIP: (FULL/PROVISIONAL)	RENEWAL DATE: (Month/Year)

**Explanation for any gaps in Employment or Education:**

Please provide an explanation here for any gaps in employment history, education or training since leaving full-time education:

**Letter of Application:**Please write a letter, of no more than 2 sides of A4, clearly stating your suitability to be appointed as a Teacher at Seaton Academy and submit this with your completed application form to [admin@seatonacademy.co.uk](mailto:admin@seatonacademy.co.uk)

## REHABILITATION OF OFFENDERS ACT 1974:

All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are 'protected'. These 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 Ministry of Justice website.

Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of the interview. You may be asked for further information about your criminal history during the recruitment process. If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.

## DATA PROTECTION:

In accordance with the Act, you should be aware that personal detail submitted with this application form will be used only for selection and interview procedures and for employment records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties.

## REFERENCES:

It is our policy to take up references for shortlisted candidates. Please give names and addresses of two referees, one of which should be your present or most recent employer. If you are known to your referee by a former name, please supply the name by which you were known. Your referee should have direct knowledge of your professional capacity and performance. **We reserve the right to take up references with any previous employers.**

Your employers will be asked to provide a reference, in which the following details will be asked:

- i. Whether any disciplinary action has been taken relating to any offence against children or disadvantaged adults, including any in which the penalty has expired.
- ii. Whether you have been the subject of any child protection concerns and the outcomes from this.

NAME:	NAME:
POSITION HELD:	POSITION HELD:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TELEPHONE NO:	TELEPHONE NO:
E-MAIL:	E-MAIL:

**Current legislation requires that you will need to provide documentary evidence (for example National Insurance Number) showing your entitlement to work in the UK. You should be aware that you will be asked to provide this prior to appointment.**

## DECLARATION:

I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to:

- a) references which are satisfactory to the school
- b) a satisfactory enhanced DBS certificate and check of the barred list where relevant
- c) the entries on this form proving to be complete and accurate and
- d) a satisfactory medical report, if appropriate.

I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.

SIGNED:

DATED:

Please return your completed application to [admin@seatonacademy.co.uk](mailto:admin@seatonacademy.co.uk)

## EQUALITY AND DIVERSITY:

Seaton Academy is striving to be an equal opportunities employer. The information you provide here will not form part of the recruitment and selection process and as such will not be seen by the shortlisting or interview panel.

Position Applied for: Teacher

### Gender (please tick boxes as appropriate)

- Male  Female  Prefer not to say

### Identified Gender (please tick boxes as appropriate)

- Male  Female  Non binary/Third gender  
 Transgender  Transexual  Prefer not to say

### Ethnic Origin (please tick the box that you feel best describes your ethnic origin)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> African                   | <input type="checkbox"/> Arab                       | <input type="checkbox"/> Bangladeshi             |
| <input type="checkbox"/> Caribbean                 | <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Gypsy and Roma          |
| <input type="checkbox"/> Indian                    | <input type="checkbox"/> Other Asian                | <input type="checkbox"/> Other Black             |
| <input type="checkbox"/> Other Category            | <input type="checkbox"/> Other Mixed                | <input type="checkbox"/> Other White             |
| <input type="checkbox"/> Pakistani                 | <input type="checkbox"/> Traveller – Irish Heritage | <input type="checkbox"/> White – British         |
| <input type="checkbox"/> White – Irish             | <input type="checkbox"/> White and Asian            | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Prefer not to say          |  |

### Age (please tick boxes as appropriate)

- 16-24  25-34  35-44  
 45-59  60-74  75+  
 Prefer not to say

### Currently in Employment (please tick boxes as appropriate)

- Yes  No  Prefer not to say

### Religion and Belief (please tick the box that you feel best describes your Religion and Belief)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Agnostic             | <input type="checkbox"/> Atheist                | <input type="checkbox"/> Buddhism                   |
| <input type="checkbox"/> Buddhist – Hinayana  | <input type="checkbox"/> Buddhist – Mahayana    | <input type="checkbox"/> Christian                  |
| <input type="checkbox"/> Christian – Orthodox | <input type="checkbox"/> Christian – Protestant | <input type="checkbox"/> Christian - Roman Catholic |
| <input type="checkbox"/> Confucianism         | <input type="checkbox"/> Hinduism               | <input type="checkbox"/> Islam – Shiite             |
| <input type="checkbox"/> Islam – Sunni        | <input type="checkbox"/> Jewish                 | <input type="checkbox"/> Judaism – Hassidic         |
| <input type="checkbox"/> Judaism – Orthodox   | <input type="checkbox"/> Judaism – Reformed     | <input type="checkbox"/> Muslim                     |
| <input type="checkbox"/> No Religion          | <input type="checkbox"/> Pagan                  | <input type="checkbox"/> Shintoism                  |
| <input type="checkbox"/> Sikhism              | <input type="checkbox"/> Taoism                 | <input type="checkbox"/> Prefer not to say          |

### Sexual Orientation: (please tick boxes as appropriate)

- Heterosexual  Gay/Lesbian  Bisexual  
 Self – describe  Unknown  Prefer not to say

### Applicant with Disabilities

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled under the Equality Act 2010?

- Yes  No  Prefer not to say

Thank you