|  |  |  |
| --- | --- | --- |
| **APPLICATION FOR EMPLOYMENT WITH THE TARKA LEARNING PARTNERSHIP**  Please fill in the application form below (we do not accept CVs). Please remember to check it carefully, as once the form has been submitted it cannot be changed. **Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.** |  |  |

Details entered in this part of the form will be held by Tarka Learning Partnership. Access to this information will be withheld from the shortlisting panel.

|  |  |
| --- | --- |
| Job Title | **Meal Time Assistant** |
| School/Department | **Newport Community School Primary Academy** |

**Personal Details**

|  |  |
| --- | --- |
| Title |  |
| \*Surname/Family Name |  |
| \*First Name |  |
| Middle Name |  |
| \*Name in which you are registered with a professional body (if applicable) |  |
| Previous name (if applicable) |  |
| \*UK National Insurance No |  |
| DfE Registration No.  (if applicable) |  |
| \*Address |  |
| \*Postcode/ Zip code |  |
| \*Country |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Work Telephone |  |
| Preferred telephone number | 🞎 Home 🞎Mobile 🞎 Work |
| \* Email Address |  |
| \*Are you a United Kingdom (UK) National and have the right to work in the UK? | |
| 🞎 Yes 🞎 No | |
| If you have answered ‘no’ above, you must answer these questions: | |
| Please select the category that relates to your current immigration status. This status will be subject to checking before interview. | |
| * Highly Skilled Migrant Programme/Tier 1 * Indefinite Leave to remain/enter (Settled status) * Work Permit/Tier 2 * Dependant / Spouse visa * Clinical attachment visa * Tier 4 student * Visitor   🞎 Post Graduate Doctors and Dentists  🞎 Tier 5 Temporary Workers  🞎 Tier 5 Youth Mobility / Working holiday visa  🞎 Refugee  🞎 Other, please specify below  ----------------------------------------------- | |
| Please supply details of any visa currently held: | |
| Visa No:  Start Date: (DD/MM/YY)  Expiry Date: (DD/MM/YY)  Details of any Restriction: | |
| Does your visa have a condition restricting employment or occupation in the UK? | |
| 🞎 Yes 🞎 No | |

The Tarka Learning Partnership, has an absolute commitment to safeguarding and promoting the welfare of children

**APPLICATION FOR EMPLOYMENT**

Details entered in this part of the form will be held by Tarka Learning Partnership and will be made available to the short-listing panel.

**Education & Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| All relevant qualifications. Please also indicate subjects currently being studied.  All qualifications disclosed will be subject to a satisfactory check. | | | |
| Subject/Qualification | Place of Study | Grade/ result | Dates studied and date obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Training Courses Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed. | | | |
| Course Title | Training Provider | Duration | Date obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

|  |
| --- |
| \* Please indicate your UK Professional Registration status \* |
| 🞎 Not required for this post  🞎 I am a student/trainee Teacher  🞎 I am a qualified Teacher and hold Qualified Teacher Status or Qualified Teacher Learning and Skills Status (QTLS)  🞎 I have current UK professional registration relevant to this post (for example ACCA)  🞎 I am a student |

If professional registration is not required then go to **Employment History**.

|  |  |  |  |
| --- | --- | --- | --- |
| If you have answered 'I am a qualified Teacher', 'I am a student/trainee Teacher' or ‘I have current UK professional registration relevant for this post’ then please enter the relevant details below. | | | |
| Professional Body | Membership or Registration type | Membership/Registration Number | Expiry/Renewal Date |
|  |  |  |  |
|  |  |  |  |

If you are applying for a post that requires professional registration you are required to provide the following information:

|  |  |
| --- | --- |
| Are you currently the subject of a serious misconduct investigation or proceedings by a licensing or regulatory body in the UK or in any other country? (i.e. TRA) | 🞎 Yes  🞎 No |
| If applicable, please provide details of any investigations or proceedings you may be subject to. | |
|  | |
| Have you been removed from the register or have conditions been made on your registration by a professional misconduct panel/committee or the licensing or regulatory body in the UK or in any other country? | 🞎Yes  🞎 No |
| If applicable, please provide details of any conditions you may have. | |
|  | |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

|  |  |
| --- | --- |
| Start of continuous school service (if applicable) *(DD/MM/YYYY)*  *If appointed you will need to provide evidence of this before employment can be confirmed* |  |
| Months since most recent employment ended (if applicable) |  |

**Current/most recent employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Type of Business |  | Telephone |  |
| Job Title |  | | |
| If a school, no. of pupils on roll |  | Age range of pupils |  |
| Start Date *(MM/YYYY)* |  | End Date *(MM/YYYY)* |  |
| Grade |  | Salary |  |
| Reporting to (job title) |  | Period of notice |  |
| Reason for leaving (if applicable) | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**Previous Employer 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Type of Business |  | Telephone |  |
| If a school, no. of pupils on roll |  | Age range of pupils |  |
| Job Title |  | | |
| Start Date *(MM/YYYY)* |  | End Date *(MM/YYYY)* |  |
| Grade |  | Salary |  |
| Reporting to (job title) |  | Period of notice |  |
| Reason for leaving (if applicable) | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**Previous Employer 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Type of Business |  | Telephone |  |
| If a school, no. of pupils on roll |  | Age range of pupils |  |
| Job Title |  | | |
| Start Date *(MM/YYYY)* |  | End Date *(MM/YYYY)* |  |
| Grade |  | Salary |  |
| Reporting to (job title) |  | Period of notice |  |
| Reason for leaving (if applicable) | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**Previous Employer 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Type of Business |  | Telephone |  |
| If a school, no. of pupils on roll |  | Age range of pupils |  |
| Job Title |  | | |
| Start Date *(MM/YYYY)* |  | End Date *(MM/YYYY)* |  |
| Grade |  | Salary |  |
| Reporting to (job title) |  | Period of notice |  |
| Reason for leaving (if applicable) | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**Previous Employer 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Type of Business |  | Telephone |  |
| Job Title |  | | |
| If a school, no. on roll |  | | |
| Start Date *(MM/YYYY)* |  | End Date *(MM/YYYY)* |  |
| Grade |  | Salary |  |
| Reporting to (job title) |  | Period of notice |  |
| Reason for leaving (if applicable) | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**Please add additional employers/information on a separate sheet.**

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please give full details below and state the reasons for the gaps. |
|  |

**Supporting Information**

In this section please give your reasons for applying for this post and additional information which demonstrates that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, clinical care (knowledge and skills) and clinical audit.

|  |
| --- |
| \* Supporting information (Please continue on additional sheets if necessary). |
|  |

**References**

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers (including your current/most recent employer) and, as a minimum, cover a period of three years employment and/or training history, where this is possible.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee (including being a Newly Qualified Teacher) this should include a teacher/tutor at your education institution.

If you currently work in a school, your first referee must be the school’s Head Teacher/Principal.

If you are working with children, your present employer will be asked about any disciplinary offences relating to children (whether current or expired), whether you have been the subject of any substantiated child protection concerns and, if so, the outcome of these investigations. If you are not currently with children but have done so previously, these issues will be raised with your former employer.

If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP who are not friends or any relation.

Please note that all reference requests will be followed up and verified by Tarka Learning Partnership and they must be satisfactory to us before any offer of employment is confirmed.

Referees may be approached prior to interview, unless you indicate otherwise below.

**Referee 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal | | | |
| Title |  | | | |
| \*Surname/Family name |  | \* First Name | |  |
| \*Relationship |  | | | |
| Employer Name |  | | | |
| Referee Job Title |  | | | |
| \*Address |  | | | |
| \*Postcode/ Zip Code |  | | | |
| Telephone |  | \*Country |  | |
| Email |  | | | |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No | | | |

**Referee 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal | | | |
| Title |  | | | |
| \*Surname/Family name |  | \* First Name | |  |
| \*Relationship |  | | | |
| Employer name |  | | | |
| Referee Job Title |  | | | |
| \*Address |  | | | |
| \*Post Code/ Zip Code |  | | | |
| Telephone |  | \*Country |  | |
| Email |  | | | |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No | | | |

|  |  |
| --- | --- |
| If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application? | 🞎 Yes 🞎 No |

**DECLARATIONS**

|  |
| --- |
| \* Have you ever lived or worked outside of the UK for more than six months in the last five years? |
| 🞎 Yes 🞎 No |
| If Yes, please provide details: |
|  |

|  |
| --- |
| \*Do you have any unspent criminal convictions, cautions, reprimands, bind-overs or final warnings, whether in the United Kingdom or in another country? These should exclude those defined as “protected” by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (and subsequent amendments).  For more guidance, please visit [www.gov.uk](https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974) |
| 🞎 Yes 🞎 No |
| If Yes, please provide details: |
|  |
| \* Do you have any spent adult cautions (simple or conditional) or spent convictions that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)?  For more guidance, please visit [www.gov.uk](https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974) |
| 🞎 Yes 🞎 No |
| If Yes, please provide details: |
|  |

|  |
| --- |
| \* Are you included in any list of people barred from working with children by the Disclosure and Barring Service (DBS), the TRA (Teaching Regulation Agency) or any other organisations? |
| 🞎 Yes 🞎 No |

|  |
| --- |
| \* Have you ever been subject to any disciplinary action in your current or previous positions, or had any allegations made against you? |
| 🞎 Yes 🞎 No |
| If Yes, please provide details: |
|  |

**Relationships**

|  |
| --- |
| If you are related to a Director, Trustee or have a personal relationship with a director or any employee of the Trust, please state the name and job title of the individuals and your relationship: |
|  |

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

|  |  |  |  |
| --- | --- | --- | --- |
| I agree to the above declaration | | | |
| Signature |  | | |
| Name |  | Date |  |

The Tarka Learning Partnership, has an absolute commitment to safeguarding and promoting the welfare of children

**MONITORING INFORMATION**

The Tarka Learning Partnership recognises the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all educational organisations are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore a series of questions need to be asked in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This form is not part of your application and the information you provide will stay confidential, and be stored securely and limited to only the relevant personnel. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

|  |  |
| --- | --- |
| \* Please state your date of birth |  |
| \* Please indicate your gender | 🞎 Male  🞎 Female  🞎 Intersex  🞎 Gender-fluid  🞎 Non-binary  🞎 Do you identify as transgender or formerly transgender  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people who are married or in a civil partnership.

|  |  |
| --- | --- |
| \* Please indicate the option which best describes your marital status | |
| 🞎 Married  🞎 Single  🞎 Civil partnership  🞎 Legally separated | 🞎 Divorced  🞎 Widowed  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

|  |
| --- |
| \* Please indicate the option which best describes your sexual orientation |
| Do you identify as LGBT+?  🞎 No  🞎 Yes – lesbian, gay or bisexual +  🞎 Yes – transgender or formerly transgender +  🞎 Unsure/questioning my sexual orientation or gender identity  🞎 Gender-fluid  🞎 Pansexual  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

|  |  |  |
| --- | --- | --- |
| \* Please indicate your ethnic origin | | |
| **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Any other Asian background  **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background | **Mixed**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background  **White**  🞎 British  🞎 Irish  🞎 Any other White background | **Other Ethnic Group**  🞎 Chinese  🞎 Gypsy/Traveller/Roma  🞎 Any other ethnic group  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

|  |  |  |
| --- | --- | --- |
| \* Please indicate your religion or belief | | |
| 🞎 Atheism  🞎 Buddhism  🞎 Christianity  🞎 Hinduism | 🞎 Islam  🞎 Jainism  🞎 Judaism  🞎 Sikhism | 🞎 Other  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

|  |  |
| --- | --- |
| \* Do you consider yourself to have a disability? | 🞎 Yes 🞎 No  🞎 I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. | |
| 🞎 Physical impairment 🞎 Learning Disability/Difficulty  🞎 Sensory impairment 🞎 Long-standing illness  🞎 Mental health condition 🞎 Other | |
| If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification? | |
| 🞎 Yes 🞎 No | |

|  |
| --- |
| Where did you see this vacancy advertised? |
|  |