

WELLSPRING ACADEMY TRUST

Springwell Lincoln City Academy

Application Form

Candidates Name:

Position applied for:



Guidance Notes

Please read the following carefully before completing the application form:

All of the information in this application form will be treated in the strictest confidence. If you have not received an invitation to interview from us within two weeks of the closing date, you may assume that your application has not been successful.

Please complete all the sections of the application form and send the completed application to:

Clare Stevens
Strategic Business Manager
Springwell Lincoln City Academy
Smith Street
Lincoln LN5 8HY

Or email to clare.stevens@springwell-lincs.co.uk

Introduction

Thank you for your interest in working for The Wellspring Academy Trust.

More now than ever, our children need an outstanding education. At the Wellspring Academy Trust we believe that access to the best education is a right for all our children and young people. Our aim is to support schools and academies through collaboration and sharing. We will ensure that our members are able to provide an excellent education to the children, families and communities that they serve.

As an employer our expectations are high. We expect drive, flexibility, energy and commitment from our staff.

If you believe that you can match our expectations and are willing to put us to the test to ensure that we match yours, then we would be delighted to receive your completed application pack.

Once again, thank you for your interest in job opportunities at The Wellspring Academy Trust, and we look forward to receiving your application.

Application Form

1. Post Details

Post Title:	
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Where did you see this post advertised?	
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2. Personal Details

Full Name:					
Title:	Mrs / Ms/ Miss/ Mr				
Address Line 1:					
Address Line 2:					
Town/City:					
Post Code:					
Telephone Number:		Mobile Number:			
Email Address:		NI Number:			
Do you hold a current DBS Check?	Yes/No	If Yes, when was this carried out:		If yes Disclosure Number:	
Do you hold Qualified Teacher Status?	Yes/No	If yes please give award date:		If yes confirm teacher number:	
If yes what is the disclosure number?					

3. Professional Bodies

If you are a member of any Professional bodies/associations please list them below.

Institution Name	Grade of Membership	Date Gained

4. Education

Please list in date order beginning with your most recent achievement. **Please note that if appointed, your original qualifications will be required for verification.**

Name and Address of school, college, university etc.	Qualifications obtained (level of membership) / Grade	Period of Study	Year Taken	Awarding Body and date

5. Formal Training Undertaken

Subject/Title	Organising Body	Date	Duration

6. Current or Last Employer

Please note any gaps in your employment history must be documented.

Position Held / Post Title:	
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Name and Address of Employer / Employing Authority: If Academy / School what type and NOR:			
Salary / Scale and Weekly Hours:		Other benefits (e.g Car):	
Date Employment started:		Date finished (if applicable):	
Notice required:		Reason for leaving:	
<p>Please detail the main duties, responsibilities, experience gained and key achievements. Please relate this to the criteria in the job description/person specification/core competencies.</p>			

7. Previous Employment

Please list your previous employment in order starting with the most recent.
Please note any gaps in your employment history must be documented.

Position Held / Post Title:	
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Name and Address of Employer / Employing Authority: If Academy / School what type and NOR:		
Salary / Scale and Weekly Hours:		Date Employment started:
Date finished:		Reason for leaving:
Please detail the main duties:		

Position Held / Post Title:		
Name and Address of Employer / Employing Authority: If Academy / School what type and NOR:		
Salary / Scale and Weekly Hours:		Date Employment started:
Date finished:		Reason for leaving:
Please detail the main duties:		

Position Held / Post Title:		
Name and Address of Employer / Employing Authority: If Academy / School what type and NOR:		

Salary / Scale and Weekly Hours:		Date Employment started:
Date finished:		Reason for leaving:
Please detail the main duties:		

Position Held / Post Title:		
Name and Address of Employer / Employing Authority: If Academy / School what type and NOR:		
Salary / Scale and Weekly Hours:		Date Employment started:
Date finished:		Reason for leaving:
Please detail the main duties:		

If you need extra space you may continue on additional sheets.

8. Supporting Statement/ Further Details

Please detail any further information in support of your application including any skills, experience, and/or special interests which you consider relevant and how they satisfy the criterion on the Person Specification. *If you need extra space you may continue on an additional sheet.*

9. General Information

Are you related to or a personal friend of any employee or Governor of the Trust and its associated Academies?

Yes/No

If yes, please state their name and position:	
Do you possess a full clean driving licence?	Yes/No

Pension/Early Retirement Details (if applicable)

If you are in receipt of a pension under the Teachers' Pension Regulations, following early retirement, please indicate the grounds on which you retired (mark as appropriate)

If you have previously retired from employment on the grounds of ill health you will be medically examined by our Occupational Health Unit.

<input type="checkbox"/> In the Interests of Efficiency	<input type="checkbox"/> Redundancy	<input type="checkbox"/> Ill Health
<input type="checkbox"/> Supported Early Retirement	<input type="checkbox"/> Actuarially Reduced	

Date of Retirement:	Name of Authority:
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10. Referees

Please nominate two referees who will be approached by the Trust should you be invited to interview.

If you are in employment, one referee must be your current or most recent employer. If you have worked with children previously (paid or voluntary) at least one referee must be obtained from this provision even if it is not your most recent or current employer. If you are in, or have just completed full time education, one referee should be from your school/college. Personal references will not be accepted.

	First Reference	Second Reference
Name:		
Address:		
Telephone Number:		
Email Address:		
In what capacity do you know the referee?		

Please note, we will approach your referees should you be invited to interview. If you do not wish us to approach the referees at this stage please tick here

11. Availability for Interview

Please list any dates during the next eight weeks when you would not be available for interview. We will try to accommodate this wherever possible.

12. Disclosure of Criminal Background of those with Access to Vulnerable Groups / Rehabilitation of Offenders Act 1974

Failure to disclose information concerning previous convictions may lead to dismissal or disciplinary action by The Wellspring Academy Trust.

All posts at The Wellspring Academy Trust are exempt from the provisions of the above Act. This means that applicants are not entitled to withhold information about any convictions which for other purposes are 'spent' under the provisions of the Act. You must therefore disclose any criminal convictions that you may have including any pending prosecutions, any convictions, cautions or bind-overs which you have had at any time. The information provided will be treated as confidential and will only apply to this particular vacancy.

The successful applicant will also be required to submit a disclosure via the Disclosure and Barring Service (DBS) which will detail any previous criminal convictions together with other information as appropriate, which the police deem relevant in connection with the position applied for. Having a criminal record will not necessarily bar you from employment, each case will be judged on its own merits.

Date	Details of Convictions, Cautions or Bind-overs	Penalty

Are there any matters pending?

Yes No

Are you barred from working with children?

Yes No

Are you disqualified from working with children or vulnerable adults?

Yes No

Are you subject to sanctions from a regulatory body?

Yes No

If you answered yes to any of the above, please give details below:

13. Disqualification by Association - Self Declaration Form

Applicable to anyone working in childcare with either under 5's or in wrap-around care where there are children under 8.

Information and requirements:

In an update to the statutory guidance "Keeping Children Safe in Education" (*relevant update issued in March 2015*) the Department for Education made it clear that the Childcare (Disqualification) 2009 Regulations apply to school/academy settings as well as to childcare settings.

This means that, in order to comply with the Childcare (Disqualification) Regulations 2009, the academy must ensure that staff are not disqualified from working with children who have not yet reached the age of 8.

All relevant staff (including new appointees and volunteers) must complete the declaration below. This will provide confirmation that staff are not disqualified under the Childcare (Disqualification) 2009 Regulations from working with children.

The academy has a statutory obligation to ask for the information, which is separate from any other information already provided (e.g. DBS check) and you must complete the form with accurate information.

If you are disqualified, there may be an impact on your ability to remain working with the relevant age group. A disqualified person is not permitted to continue to work in a setting providing care for children under age 8, unless they apply for and are granted a waiver from OFSTED.

You may be disqualified through: -

1. having certain orders or other restrictions placed upon you
2. having committed certain offences
3. living in the same household as someone who is disqualified by virtue of 1 or 2 above (this is known as disqualification by association)

Note: There is no requirement to declare offences that are not listed as relevant under the Childcare (Disqualification) Regulations or provide details about any cautions or convictions that are protected. Additionally, under the Rehabilitation of Offenders Act (ROA), you are not required to disclose **spent** cautions and convictions relating to individuals who live or are employed in the same household as you.

Please read the DfE guidance detailing the relevant offences: -

<http://bit.ly/1AcjV6>

Please then complete the form below. Once complete please return with your application form.

Name:	
Post:	
Please circle one option for every question	
Section 1 – Orders or other restrictions	
Have any orders or other determinations related to childcare been made in respect of you?	YES / NO
Have any orders or other determinations related to childcare been made in respect of a child in your care?	YES / NO
Have any orders or other determinations been made which prevents you from being registered in relation to childcare, children’s homes or fostering?	YES / NO
Are there any other relevant orders, restrictions or prohibitions in respect of you as set out in the Schedule 1 of the Regulations? A full list is available in Schedule 1 of The Childcare (Disqualification) Regulations 2009. http://www.legislation.gov.uk/uksi/2009/1547/schedule/1/made	YES / NO
Are you barred from working with Children (Disclosure and Barring (DBS))?	YES / NO
Are you prohibited from teaching by the National College for Teaching and Leadership (NCTL)?	YES / NO
Section 2 – Specified and Statutory Offences (including overseas offences)	
Have you received a Police caution (including a reprimand or warning) – NB only declare a caution if it has been given since 6 April 2007	YES/NO
Have you ever been convicted of:	
<ul style="list-style-type: none"> Any offence against or involving a child? (A child is a person under the age of 18)? 	YES / NO
<ul style="list-style-type: none"> Any violent* or sexual offence against an adult? *a violent offence in this context is murder, manslaughter, kidnapping, false imprisonment, ABH, GBH 	YES / NO
<ul style="list-style-type: none"> Any offence under the Sexual Offences Act? 	YES / NO
Any other relevant offence as listed in Schedules 2 and 3 of The Childcare (Disqualification) Regulations 2009. http://www.legislation.gov.uk/uksi/2009/1547/schedule/2/made http://www.legislation.gov.uk/uksi/2009/1547/schedule/3/made	YES / NO
Have you ever been cautioned, reprimanded, given a warning for or convicted of any similar offence in another country?	YES / NO
Section 3 – Disqualification by association	
To the best of your knowledge, does anyone in your household (including family, lodgers, house- sharers, household employees) have an Order or Restriction against them as set out in Section 1 or have they been cautioned, reprimanded, given a warning for or convicted of any offence in Section 2?	YES / NO
Section 4 – Provision of Information	
If you have answered YES to any of the questions above you should provide details the below in respect of yourself, or where relevant the member of your household. You may supply this information separately if you so wish, but you must do so without delay.	

Details of the order, restriction, conviction, caution etc.			
The date(s) of these			
The relevant court(s) or body(ies)			
You should also provide a copy of the relevant order, caution, conviction etc. In relation to cautions/convictions a DBS Certificate may be provided.			
Section 5 – Declaration			
Please be aware that it is a criminal offence to provide a false or misleading statement			
In signing this form, I confirm that the information provided is true to the best of my knowledge and that:			
<ul style="list-style-type: none"> I understand my responsibilities to safeguard children. I understand that I must notify my Principal or Chair of Governors immediately of anything that affects my suitability including any pending court appearances, cautions, warnings, convictions, orders or other determinations made in respect of me or a member of my household that may render me disqualified from working with children I confirm that I have read the schedules referred to in this form 			
Signed			
Print Name		Date	

Principal confirmation			
Please sign against only one of the statements below:			
I have reviewed the answers provided above and no further action is required. If any circumstances change I will update the Trust accordingly and timely.			
Signed			
Print Name		Date	

Or

I have reviewed the answers provided and the following action has been taken: (<i>continue on a separate sheet if necessary</i>) If any circumstances change I will update the Trust accordingly and timely.			
Signed			
Print Name		Date	

13. Declaration

I declare that the particulars given are correct and that I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in my application being rejected, disciplinary action being taken that would lead to my dismissal, or possible referral to the police.

I confirm that I am not disqualified from working with children, and that I am not subject to any sanctions by a regulatory body.

I acknowledge that if I am offered employment with Wellspring Academy Trust the offer will be subject to verification of qualifications, the appropriate disclosure and barring check, medical clearance, and receipt of satisfactory references.

I also confirm that I am able, and have the necessary documentation to prove that I am able, to work in the UK.

I accept that these details will be entered on the HR computer system and will also be held within a manual filing system. I agree to the processing and storage of these details and if appointed, give my consent that these and further details may be stored and processed as appropriate by the Trust in accordance with the relevant provisions of the Data Protection Act. This may include the reproduction of photographic images of me for internal and external marketing activities relating to the interests of the Trust.

Should any of my personal details change (including information such as my address, information pertaining to criminal convictions or information relevant to disqualification by association), I will update the Trust accordingly and in a timely manner.

Signed: _____

Date: _____