

## Employment Application Form

Completed Forms can be emailed to [jobs@utccambridge.co.uk](mailto:jobs@utccambridge.co.uk)  
**Or posted to The Human Resources Department, UTC Cambridge, Robinson way, CB2 0SZ**

*The UTCC and the Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. A DBS check will be carried out following offer of employment.*

Please ensure that you complete all sections of Part 1 and Part 2 of the application. Please note that providing false information will result in the application being rejected, or withdrawal of any offer of employment, or summary dismissal if you are in post, and possible referral to the police. Please note that checks may be carried out to verify the contents of your application form. Please complete the form in black ink. CV's are not accepted.

Vacancy Job Title	
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### PART 1

INFORMATION FOR SHORTLISTING AND INTERVIEWING

**Initials** \_\_\_\_\_ **Surname or Family name** \_\_\_\_\_

2. **LETTER OF APPLICATION:** Please enclose a cover letter with application form.  
*Please refer to the applicant information pack which may include instructions on completion of the cover letter.*

3. **PRESENT / LAST APPOINTMENT:**

Name, address and telephone number of Current employer (school, Business)	
Job title	
Date appointed to current post	
Permanent/Temporary	
Full Time/Part Time	
Current salary	
Notice period	

**4. FULL CHRONOLOGICAL HISTORY** Please provide a full history in reverse chronological order since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment, with start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

Job Title or Position	Name and address of school, other employer, or description of activity	Dates				Reason for Leaving
		From		To		
		Mth	Yr	Mth	Yr	
1						
2						
3						
4						
5						
6						
7						
8						

Please enclose a continuation sheet if necessary

**5. SECONDARY EDUCATION & QUALIFICATIONS**

Name of School/College	From	To	Qualifications Gained with Date

**6. HIGHER EDUCATION**

Names & Addresses of University or College and/or University Education Department	Dates From To	Full or Part-time	Courses/subjects taken and Grade	Date of Examination & Qualifications Obtained



7. **PROFESSIONAL COURSES ATTENDED** Please list relevant courses attended in the past 3 years.

Subject	Organising Body	Date(s)	Duration

8. **OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS**

## 9. REFEREES

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent Employer, either the Head Teacher or for non-teaching staff your Line Manager. If you are not currently working with children, but have worked with children in the past, please provide a referee from your most recent employment involving children. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is “time expired” and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. References will not be accepted from relatives or from people writing solely in the capacity of friends.

### First referee

Title and Name	
Address and postcode	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

### Second referee

Title and Name	
Address and postcode	
Telephone number	
Email address	
Job Title	
Relationship to applicant	

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## PART 2

This section will be separated from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.

### 10. PERSONAL INFORMATION

1. Surname or family name	
2. All previous surnames	
3. All forenames	
4. Title	
5. Current Address	
6. Postcode	
7. Resident at this Address since	
8. Home Telephone Number	
9. Mobile Telephone Number	
10. Date of Birth	
11. Email Address	
12. Teachers Reference Number	
13. National Insurance Number	
14. Previous CRB/DBS Number	
15. Did you qualify as a teacher after May 1999?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, in which school was induction completed?
16. Have you ever been subject to a child protection investigation by your employer or the General Teaching Council or Independent Safeguarding Authority?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.
17. Are you subject to any legal restrictions in respect of your employment in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please provide details separately
18. Do you require a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please provide details separately
19. Are you related to or have a close personal relationship with any pupil, employee, or governor of UTC Cambridge?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES give details separately under confidential cover
20. NQTs ONLY: Have you provided evidence of passing the Skills Tests? <i>Please tick or cross</i>	<input type="checkbox"/> Numeracy <input type="checkbox"/> Literacy <input type="checkbox"/> ICT
21. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc).

## 11. COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND-OVERS

Jobs in schools are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. **You must** therefore declare, whether spent or not, any convictions, cautions or reprimands, warnings or bind-overs which you have ever had and give details of the offences. The fact that you have a criminal record will not necessarily debar you for consideration for this appointment.

Do you have **ANY** convictions, cautions or reprimands, warnings or bind-overs?  
Please tick the relevant box

Yes

No

If the answer is "yes", you must record full details in a separate, sealed envelope marked with your name and 'Confidential: Criminal Record Declaration' and enclose it with your application. In accordance with statutory requirements, an offer of employment will be subject to satisfactory CRB/DBS clearance. A copy of this notice will be sent to your referees.

## 12. DATA PROTECTION ACT

The information collected on this form will be used in compliance with the Data Protection Act 1998. The information is collected for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, to the governors, to Occupational Health, to the General Teaching Council, to the Teachers Pensions Agency, to the Department for Education, to pension, payroll and personnel providers and relevant statutory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud.

## 13. NOTES

- a) When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant's information pack.
- b) Canvassing, directly or indirectly, an employee or governor will disqualify the application.
- c) Candidates recommended for appointment will be required to complete a pre-employment DBS check, Right to work check, Qualifications check and medical questionnaire and may be required to undergo a medical examination.

## 14. DECLARATION

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 13 above, and in particular that checks may be carried out to verify the contents of my application form.

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**Signature of Applicant**

**Date**

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**Print Name**



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## PART 3 EQUALITY & DIVERSITY MONITORING

This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

<b>Ethnic Group</b>	<i>Workforce Census Code</i>		<i>Please tick</i>
White	WBRI	British English Welsh Northern Irish Scottish	
	WIRI	Irish	
	OOTH	Irish Traveller	
	OOTH	Gypsy	
	WOTH	Other White background	
Mixed	MWBC	White and Black Caribbean	
	MWBA	White and Black African	
	MWAS	White and Asian	
	MOTH	Other Mixed background	
Asian or Asian British	AIND	Indian	
	APKN	Pakistani	
	ABAN	Bangladeshi	
	CHNE	Chinese	
	AOTH	Other Asian background	
Black or Black British	BCRB	Caribbean	
	BAFR	African	
	BOTH	Other Black background	
Other ethnic group	OOTH	Arab	
		<i>Write in:</i>	
Prefer not to say	REFU		

### Religion

*Please tick*

No religion	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Another religion, <i>please write in</i>	
Prefer not to say	

### Sexual Orientation

*Please tick*

Bi-sexual	
Gay	
Lesbian	
Heterosexual	
Other	
Prefer not to say	

### Gender

*Please tick*

Female	
Male	
Transgender	
Prefer not to say	

### Disability

Do you consider that you have a disability? *Please tick*

Yes <i>Please complete the grid below</i>	
No	
Prefer not to say	
<i>My disability is: Please tick</i>	
Physical Impairment	
Sensory Impairment	
Mental Health Condition	
Learning Disability/ Difficulty	
Long standing illness	
Other	
Prefer not to say	

### Personal relationship

*Please tick*

Single	
Living together	
Married	
Civil Partnership	
Prefer not to say	