

**Dayspring Trust**

**Venerable Bede Church of England Academy**

**Ian Ramsey Church of England Academy**

Dayspring Trust is a company limited by guarantee (Company Number 8310825) and exempt charity registered in England and Wales

Registered Office: The Venerable Bede Church of England Academy, Tunstall Bank, Sunderland, SR2 0SX

|  |
| --- |
| **Application Form – Support Staff in Schools** |

|  |  |
| --- | --- |
| Post Title: | Pastoral Year Group Manager |
| Post Reference No: | PYGM/OCT2021 |
| School: | Venerable Bede CE Academy |
| Applicant’s Reference No. *Office use* |       |
| If you require this form in an alternative format (braille, large print, audio tape etc.) please contact The Venerable Bede CE Academy, Tunstall Bank, Sunderland, SR2 0SX. TEL 0191 5239745. Email; tracy.gray@venerablebede.co.uk As this application may be photocopied, please complete the form in black ink or type.Please note C.V.’s will not be considered**Equal opportunities and monitoring**The information requested in Part A of this form will be used for monitoring and administration purposes only, and is not seen by the recruitment panel. The information requested on Part C, is used for checking convictions, and will not be seen by the shortlisting panel but will be seen by the interview panel if you are invited to interview. Part B is separated when we receive your application form, and given to the recruitment panel for shortlisting. This is done to reduce the possibility of unfair and unlawful discrimination. |

**Part A**

|  |
| --- |
| **Personal Details** |
| First Name/s |       |
| Surname/Last Name |       | NI Number |       |
| All Previous Names |       |
| Address |       |
|       | Post Code |       |
| Telephone No. (Home or Mobile) |       |
| Telephone No. (Work) – if convenient |       |
| e-mail address |       |
| **Equal Opportunities Monitoring** |
| Gender: | Male | [ ]  | Female | [ ]  | Transgender | [ ]  | Do not wish to say | [ ]  |  |
| Date of birth: |       |
| **Disability**For the purpose of the Equality Act 2010 a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse affect on his/her ability to carry out normal day to day activities. |
| Do you have a disability, long standing illness or infirmity? | Yes | [ ]  | No | [x]  |  |
| **Ethnic Origin/Religious Belief/Faith/Relationship Status/Sexual Orientation**Please tick one of the boxes below to best describe your ethnic origin, religious belief/faith, relationship status and sexual orientation. Please note that United Kingdom citizens can belong to any of the categories shown. |
| **White**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | British |
|  |  |  |
|  | [ ]  | Irish |
|  |  |  |
|  | [ ]  | Any other white background |
|  |
| Please write in:      |

 |  | **Black or Black British**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Caribbean |
|  |  |  |
|  | [ ]  | African |
|  |  |  |
|  | [ ]  | Any other black background |
|  |
| Please write in:      |

 |  | **Chinese or other ethnic group**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Chinese |
|  |  |  |
|  | [ ]  | Gypsy/Roma/Traveller |
|  |  |  |
|  | [ ]  | Any other ethnic group  |
|  |
| Please write in:      |

 |
|  |  |  |
| **Asian or Asian British**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Indian |
|  |  |  |
|  | [ ]  | Pakistani |
|  |  |  |
|  | [ ]  | Bangladeshi |
|  |
|  | [ ]  | Any other Asian background |
|  |
| Please write in:      |

 | **Mixed**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | White and Black Caribbean |
|  |
|  |  |  |
|  | [ ]  | White and Black African |
|  |
|  |  |  |
|  | [ ]  | White and Asian |
|  |
|  | [ ]  | Any other mixed background |
|  |
| Please write in:      |

 | **Religious Belief/Faith**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Christianity |
|  |  |  |
|  | [ ]  | Hinduism |
|  |  |  |
|  | [ ]  | Islam |
|  |
|  | [ ]  | Judaism |
|  |  |  |
|  | [ ]  | Sikhism |
|  |
|  | [ ]  | Buddhism |
|  |  |  |
|  | [ ]  | No Religion |
|  |  |  |
|  |  |  |
|  | [ ]  | Prefer not to say |
|  |

Please write in:      |
|  |  |
| **Relationship Status**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Divorced/dissolved civil partnership |
|  |
|  |  |  |
|  | [ ]  | Married/In a civil partnership |
|  |
|  |  |  |
|  | [ ]  | Single |
|  |
|  | [ ]  | Widow/Widower |
|  |  |  |
|  | [ ]  | Prefer not to say |
|  |

 | **Sexual Orientation**

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Heterosexual |
|  |  |  |
|  | [ ]  | Gay |
|  |  |  |
|  | [ ]  | Lesbian |
|  |
|  | [ ]  | Bisexual |
|  |  |  |
|  | [ ]  | Prefer not to say |
|  |

 |
| **Are you responsible for caring for anyone?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  | I am not responsible for caring for anyone |  | Any other personplease write in: |       |
|  |  |
| [ ]  | I care for children/a child |
|  |  |
| [ ]  | I care for another relative |

 |
| Where did you see this job advertised? |       |

|  |  |  |
| --- | --- | --- |
| **PART B** | **APPLICANTS REFERENCE NO:** |  |

|  |  |
| --- | --- |
| Post Title (same as first page) | Pastoral Year Group Manager |
|  |
| **Present Job** |
|  |
| Employer’s Name and Address: |       |
|       |
| Job Title: |       |
| Salary/Wage: |       |
| Date Commenced: |       |
| To whom do you report:(Job Title) |       |
| What staff (if any) report to you? |       |
| Period of notice required: |       |
| Brief outline of duties: |  |
|       |
|  |
| Previous Employers (most recent first), **please account for any gaps in your education or employment history** |
| **Employer and Job Title**with full address | **Date of Employment**From To (month/year) | **Reason for leaving** |
|  | **-** |  |
|  | **-** |  |
|  | **-** |  |
|       | **-** |  |
|  | **-** |  |
|  | **-** |  |
|  | **-** |  |

|  |  |  |
| --- | --- | --- |
|  | **APPLICANTS REFERENCE NO:** |  |

|  |
| --- |
| **Relevant Educational, Vocational, Professional Qualifications or Training Courses** (most recent first) |
|  |
| **Educational Establishment or Course Organiser** | **Qualifications**(where applicable) | **Grade** | **Date Achieved** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|       |       |       |       |
|       |       |       |       |
|  |
| **References**Please supply the names and contact details of the two referees who can comment on your suitability for this position. One should be your current or most recent employer. If you are not currently working with children but have done so in the past the second referee **should** be the employer by whom you were most recently employed in work with children. References will not be accepted from relatives, or persons who only know you as a friend. |
|  |
|  |
|  | 1.Name:      Job Title:      Address:       |  | 1.Name:      Job Title:      Address:       |  |
| e-mail:      Tel No:       | e-mail:      Tel No:       |
| Please note that we will contact the above referees if you are short listed for this post and seek references before interview. Also, in relation to work with children we will seek information about any past disciplinary issues relating to children and/or child protection concerns you may have been subject to. |

|  |  |  |
| --- | --- | --- |
|  | **APPLICANTS REFERENCE NO:** |  |

|  |
| --- |
| **How you meet the essential requirements** |
| **Please state clearly how you meet all of the essential requirements listed on the Person Specification.**  |
|       |
| Please continue on a separate sheet if necessary |

|  |  |
| --- | --- |
| **APPLICANTS REFERENCE NO:** |  |

|  |
| --- |
| **Disability – Reasonable Adjustments** |
| Do you require us to make any reasonable adjustments that will help you to demonstrate your full potential in the recruitment process? If yes, please give details. |
|       |
|  |
| **Declaration of Relationship** |
| If you have any relationship with any other person employed by the Academy or its Trust, please state the name(s) and nature of relationship(s). Please also include if you are a parent/carer of a current/past pupil. |
|       |
|  |
| **Declaration** |
|  |
| I confirm that all of the information given on this application form is correct and complete. |
| Signed: |       | Date: |       |

**Note: If you provide false information on any part of this form, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.**

**Note: If you return this form via email you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview or appointed to the post.**

**Note: Please ensure you return Part A, Part B and Part C for your application. Failure to do so will prevent us from considering your application for the position.**

|  |  |  |
| --- | --- | --- |
| **PART C** | **APPLICANTS REFERENCE NO:** |  |

|  |  |
| --- | --- |
| Post Title | Pastoral Year Group Manager |

The post you have applied for is exempt from the Rehabilitation of Offenders Act 1974, because it involves access to children, older or vulnerable people. Therefore you are required to provide details of all convictions in the box below, **even if they are classified as ‘spent’.** If you are successful in this recruitment process, the Academy will then obtain a disclosure from the Disclosure and Barring Service about you, irrespective of whether you tick Yes or No. This will be discussed with you at the time. The information gained will be used by the Academy to check your suitability for the post. This form will not be used for shortlisting, however it will be made available to the interview panel if you are shortlisted.

|  |
| --- |
|  |
| **Do you have a prosecution pending, or have you ever been convicted at a court or been cautioned by the police, for any offences, including those classified as ‘spent’ under the Rehabilitation of Offenders Act 1974?** |
| Yes | **[ ]**  | No | **[ ]**  | (please tick) |
| If yes, please use the space below to provide details of pending prosecutions, convictions, cautions and bind-over orders, including approximate date, the offence, and the court or police force which dealt with the offence.(Please continue on the reverse and/or another sheet if necessary). |
|  |  |  |
| I confirm that the information that I have given in this box is true, correct, complete and up to date. |
| **Signed:** |       |  |
|  |
| **Date:** |       |  |
|  |

**Note:** Should you fail to disclose any conviction above, and the Disclosure and Barring Service information confirms that you have any prosecution pending, or that you have been convicted at a Court, or cautioned by the Police for any criminal offence, or that there are any other matters causing the Academy to reasonably conclude that you may be unsuitable for the post, then you will be disqualified from appointment. If already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.

**Note:** If you return this form via email you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview.

Email to return form is tracy.gray@venerablebede.co.uk or vacancies@venerablebede.co.uk