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| ESUK Ltd Application for Employment  Teaching Staff | |
| Your data will be processed in accordance with data protection legislation. Processing of your data will take place either because:   * You consent to your data being processed * Processing is necessary to evaluate your application for the position for which you have applied * Processing is necessary for complying with legal obligations * Processing is necessary for our legitimate interests   For further information, please see our [privacy notice](https://europaschooluk.org/media/67421/ESUK_policy_-_data_protection_and_privacy_noticedoc-4-.pdf) on our website. | |
| Job applied for: |  |
| Where did you hear about this post? |  |
| You must complete the application form. Please do not submit a CV in place of this. Please note the closing date. Applications received after the closing date will not normally be considered. | |



Europa School UK

Culham, Abingdon, OX14 3DZ

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reception@europaschool.uk

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| Disclosure and Barring and childcare disqualification |
| The school is legally obligated to process a Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which are not “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.    We will use the DBS check to ensure we comply with the Childcare Disqualification Regulations    Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the school’s privacy statement.  **Do you have a DBS certificate?:**  Yes  No Date of check:  If you have lived or worked outside of the UK in the last, the school may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.  **Have you lived or worked outside of the UK in the last 5 years?:**  Yes  No |

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| Right to work in the UK |
| The school will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.  By signing this application, you agree to provide such evidence when requested. |

# Instructions

Please complete all sections of this form.

The sections of this application form that include your personal details and equal opportunities information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

Applications will only be accepted if they are completed in full:

* You must complete the application form. Please do not submit a CV in place of this. Please note the closing date. Applications received after the closing date will not normally be considered.
* Employment History: You must give your full employment history; paid or unpaid and explain any gaps in employment.
* Education Qualifications & Training: Please list these and record any membership of professional bodies. Please note, if you are appointed we will need to see your original qualification certificates.
* Personal statement: Choose those areas of your abilities, skills and experience that are relevant to the post you are applying for. Remind yourself of qualities and skills you may take for granted. Remember, as well as telling us about paid work you have done, you should also consider other experience you may have.
* Applications should be emailed [applications@europaschool.uk](mailto:applications@europaschool.uk) or delivered to the address above.

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| Personal details | | | | | | | | |
| Last name: |  | | | Previous Surname(s): | | |  | |
| Title |  | | First name(s): | | |  | | |
| If you prefer to be called by a name other than the one listed above, please specify |  | | | | | | | |
| Address: |  | | | | | | | |
| Town: | | | | | | | | |
| Post code: | | | | | National Ins No : | | |  |
| Home Tel : | |  | | | Mobile Tel : | | |  |
| E-mail : | |  | | | | | | |
| Are you able to take up employment in the UK with no current immigration restrictions? Please note, if appointed, we will need to see proof of your identity (e.g. passport) and of your right to take up employment in the UK Yes  No | | | | | | | | |
| Are you applying for Part-Time  Full-Time | | | | | | | | |
| If applying for a job share, i.e. applying to work less than the advertised hours. Please give details: | | | | | | | | |

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| Teaching Qualifications | |
| Do you hold Qualified Teacher Status?  If yes please give date of award. | Yes  No  Date: |
| QTS certificate/  DFE number |  |
| Have you successfully completed a period of induction as a qualified teacher in this country where the DfES required this?  If yes please give date of completion. | Yes  No  Date: |
| Are you qualified as a teacher through recognition in an EU state other than the UK?  If yes, please give details (e.g. country of award, ages covered, subjects, etc.) | Yes  No |
| Are you subject to any conditions or prohibitions placed on you by the DfE or any competent teaching authority?  If yes, please give details: | Yes ☐ No ☐ |

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| Current and Previous Employment or Work Experience Record | | | |
| Please provide full details of all your paid and unpaid employment since leaving full-time education - in date order (month and year), starting with your current (or most recent) first –and explaining any breaks. | | | |
| Name of employer and type of business | Position held, duties and responsibilities | Reason for leaving | Dates  from - to |
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| Please note, a successful candidate will be required to complete a medical questionnaire and may be asked to attend for a medical examination. | | | |

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| **Education Qualifications & Training obtained from schools/colleges/universities** | | | | |
| Name of Schools, Colleges, Universities etc. | Name of Course | Dates  from - to | Qualifications and Grades obtained | |
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| Other relevant qualifications or records of achievement | | | |
| Please provide details of any other relevant qualifications or records of achievement (e.g. courses attended), including membership of professional bodies. Continue on a separate sheet, if necessary. Please note, if you are appointed we will need to see your original qualification certificates. | | | |
| Professional Qualifications etc. | Qualifications and/or Grades obtained | Dates  from - to | Level of achievement |
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| Personal Statement |
| Please use this section to explain in detail how you meet the requirements of the Person Specification and why you consider yourself suitable for the post. In view of the nature of the school, it would be particularly helpful to know if you speak more than one language and to what level. If you happen also to have available your European Language Passport – see link below – you may wish to forward this also, alongside your completed application from.  <http://europass.cedefop.europa.eu/en/documents/language-passport/templates-instructions>  Please continue onto a separate sheet, if necessary. |

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| References | | | | | |
| Please give the names and addresses of two people willing to provide references relating to your work experience and suitability for the post.  **One must be your present or most current manager.** Please note that we reserve the right to approach any of your previous employers for a reference.  References will not be accepted from relatives or people writing solely in the capacity of friends. | | | | | |
| Reference 1 | | | | | |
| Name: | |  | | | |
| Job title: | |  | | | |
| Work relationship: | |  | | | |
| Organisation: | |  | | | |
| Address: | |  | | | |
|  | | | | Post code: |  |
| Telephone: |  | | | | |
| E-mail: |  | | | | |
| May we approach them at this stage? | | | Yes  No | | |
| Reference 2 | | | | | |
| Name: | |  | | | |
| Job title: | |  | | | |
| Work relationship: | |  | | | |
| Organisation: | |  | | | |
| Address: | |  | | | |
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| Telephone: |  | | | | |
| E-mail: |  | | | | |
| May we approach them at this stage? | | | Yes  No | | |

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| **Driving Licence Details** | | |
| The post details will state whether a driving licence is required for the post | | |
| Do you hold a full, clean, current driving licence which enables you to drive in the UK? | Yes  No | |
| If yes, please state the type of licence: | |  |
| If you are successful – and a licence is relevant to the post - you will be required to provide evidence of the licence prior to your appointment. | | |

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| Declarations | | | | | | |
| Are you related to or do you have a close personal  relationship with an ESUK director/governor or any senior member of staff employed by ESUK? | | | | | | Yes  No |
| If yes, please specify: | | Name: |  | | | |
| Position: |  | | | Relationship: |  | |
| NB Any candidate who directly or indirectly canvasses an ESUK director/governor or senior member of staff employed by ESUK will be disqualified. | | | | | | |
| If appointed, do you have any interests, carry out any work or hold any appointments that may conflict with employment by ESUK? | | | | | | Yes  No  If yes, please detail on a separate sheet. |

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| Statement to be signed by the applicant | |
| ESUK Ltd is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.  I acknowledge that ESUK Ltd is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes.  I have read, and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.  I confirm that to the best of my knowledge, the information given in this application form is true and correct and gives a fair representation of my skills and work experience. I understand that giving false or misleading statements or withholding information may result in disciplinary action including dismissal from employment with ESUK Ltd or withdrawal of an offer of employment.  I hereby give consent to the collection, storage and processing of my personal data. | |
| Please note: If you are returning this form by e-mail, you will be asked to sign your application upon being called for interview. Candidates selected for interview will normally be notified within three weeks of the closing date. | |
| Signed: | Date: |

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| ESUK LtdEmployment Monitoring |
| ESUK Ltd has an equality and diversity policy and is keen to ensure that the policy is working effectively. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring and is not used as part of the interview selection process.  The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. |

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| **Equalities monitoring information** | | | | | | | | | | |
| **What is your date of birth?** | | **D** | **D** | **M** | | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  | |  |  |  |  |  |
| **What is your sex?** | | Male  Female | | | | | | | | |
| **What gender are you?** | | Male  Female  Other  Prefer not to say | | | | | | | | |
| **Do you identify as the gender you were assigned at birth?** | | Yes  No  Prefer not to say | | | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | | | | |
| **White**  British  Irish  Gypsy or Irish Traveller  Any other White background  **Asian or British Asian**  Bangladeshi  Indian  Pakistani  Chinese | **Black or Black British**  African  Caribbean  Any other Black background  **Mixed**  White and Asian  White and Black African  White and Black Caribbean  Any other mixed background | | | | **Other Ethnic groups**  Arab  Any other ethnic group  Prefer not to say | | | | | |
| **Which of the following best describes your sexual orientation?** | | | | | | | | | | |
| Heterosexual/straight  Homosexual woman  Homosexual man  Bisexual  Other  Prefer not to say | | | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | |
| No religion  Buddhist  Pagan  Jain | Christian  Jewish  Muslim  Sikh | | | | Hindu  Agnostic  Atheist  Other  Prefer not to say | | | | | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | | | | | | | | |
| Yes  No  Prefer not to say | | | | | | | | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | | | | | | | | |
| Physical impairment  Sensory impairment  Learning disability/difficulty  Long-standing illness  Mental health condition  Developmental condition  Other | | | | | | | | | | |