Application Form for

All Support Staff Posts

![G:\Staff\Admin\SLT\Stationery\Brand\Logo\PNG\Fa-MHS-104 Logo [Positive].png]()



The Bay Learning Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

|  |  |
| --- | --- |
| Applying for the post of: |  |

1. **Personal Details**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First Names |  |
| If you have ever used any other names, please state in full. |  |
| Address  |  |
| Post Code |  |
| NI Number |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |
| Is this a personal or work email address? |  |

1. **Current Post (**if applicable)

|  |  |
| --- | --- |
| Employer |  |
| Address |  |
| Post Code |  |
| Job Title |  |
| Start Date |  |
| Current FTE Annual Salary |  |

1. **Previous Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Date From (MM/YYYY) | Date To(MM/YYYY) | Position Held | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Secondary Education (11-16)**

*Certificates for all qualifications shown in Sections 4, 5 and 6 below should, where possible, be produced at interview. The successful applicant must produce original certificates before the offer of the post is confirmed.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SchoolName & Address |  Dates From (MM/YYYY) | Dates To (MM/YYYY) | Qualifications obtainedSubject | Level(eg GCSE) | Grade | Date Obtained |
|  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Further Education (16+)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School / CollegeName & Address | Dates From(MM/YYYY) | Dates To(MM/YYYY) | Qualification Subject | Level(eg GCSE) | Grade | Date Obtained |
|  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. Higher Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institute | Date From (MM/YYYY) | Date To (MM/YYYY) | Qualifications | Date Obtained |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Relevant Professional Development**

|  |  |
| --- | --- |
| **Details as a participant** | **Date Completed** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Details as a contributor** | **Date Led** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**8. References**

Please supply the names and address of two people (one of which must be your present employer), to whom application may be made for a reference. **NB References will not be accepted from relatives or from people writing solely in the capacity of friends.**

|  |
| --- |
| **Reference from current or most recent employer** **(trainee teachers may include a reference from their teacher training provider)** |
| Title |  |
| Name |  |
| Position |  |
| Relationship to applicant |  |
| Place of Work |  |
| Address (Including Post Code) |  |
| Email Address |  |
| Is this email address a personal or work email? |  |
| Do we have your permission to contact your current employer prior to interview? |  |

|  |
| --- |
| **Second reference** |
| Title |  |
| Name |  |
| Position |  |
| Relationship to applicant |  |
| Place of Work |  |
| Address (Including Post Code) |  |
| Email Address |  |
| Is this email address a personal or work email? |  |
| Do we have your permission to contact your this employer prior to interview? |  |

**Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any special facilities you would like us to provide to help you attend or participate in an interview, or to perform this job? | YES |  | NO |  |

|  |  |
| --- | --- |
| If YES, please give details |  |

**The Equality Act 2010** defines a disabled person as: ‘A person with a physical (including sensory) or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.’ Someone who has had such a disability but is now recovered. Someone with a severe disfigurement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability? | YES |  | NO |  |

**Declaration**

I understand that any offer of employment will be subject to the information on this application form being complete and correct. I authorise The Bay Learning Trust to make any appropriate checks which may be necessary in relation to the post I have applied for. False information, or a failure to supply the details required in this application form could make an offer of employment invalid or lead to termination of employment.

I agree that personal data relating to me which has been, or is obtained by The Bay Learning Trust, including personal data given by me on this form, may be held and processed either on a computer or in manual records and may be disclosed to the Governors and authorised employees of the Trust and used by the Academy for any purpose relating to my application and prospective recruitment and employment within the Academy.

|  |  |
| --- | --- |
| Signed |  |

|  |  |
| --- | --- |
| Print Name |  |

|  |  |
| --- | --- |
| Date |  |

Application Forms to: The Principal

 Morecambe Bay Academy

 Dallam Avenue

 Morecambe

 LA4 5BG

Email: cmarney@morecambebayacademy.co.uk

**Applicants sending their application via e-mail will accept the above declaration on sending this document to cmarney@morecambebayacademy.co.uk. A signature may be required at interview stage and failure to declare correct information could affect your application.**

**IMPORTANT**

* PLEASE DO NOT SEND A CV

 PLEASE ENSURE THERE IS ADEQUATE POSTAGE ON THE ITEM BEFORE SENDING

The Bay Learning Trust supports the principle of equal opportunities in employment and a copy of the Trust equal opportunities policy is available on request**. Please take time to fill out the Equal Opportunities Form accompanying this application form.**

|  |
| --- |
|  |

**Supporting Statement** for any further information you wish to provide.