

# CAREERS WITH US APPLICATION FORM



**CORE**  
EDUCATION  
TRUST

1. Vacancy Details	
<b>Position Applied For:</b>	

<b>Name of School/Department:</b>
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2. Personal Details	
<b>Title:</b>	Surname:
<b>First names(s):</b>	Previous names(s):
<b>Home address:</b>	Correspondence address, if different:
<b>Post code:</b>	Postcode:
<b>Daytime contact number:</b>	Mobile:
<b>Email address:</b>	
<b>National Insurance Number:</b>	

Do you have the Right to Work in the UK? Yes  No

Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act.

To the best of your knowledge, are you related to any Member/Governor and/or to any employee of CORE Education Trust/Academies?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:

### 3. Education/Qualifications (Secondary, College, University, Post Graduate – Earliest First)

Dates		Secondary School/ College/University etc.	Level of Qualification	Subject	Grades	Date Gained
From mth/yr	To mth/yr					

Add additional lines if needed

### 4. In Service Training/Professional Development

Dates		Organising Body	Course Title	Length of Course
From mth/yr	To mth/yr			

Add additional lines if needed

Membership of professional bodies	
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### Where did you find out about this job vacancy? (Please tick)

Indeed	Internally	Website (CORE or School)
DFE (Teaching vacancies)	Other (please state):	

If you are applying for a support staff role, please move directly to section 6. If you are applying for a teaching post, please complete the following section.

### 5. Qualified Teacher Section

Date of gaining QTS	
Teacher Reference Number	

Did you qualify as a teacher after May 1999? If yes, where was the induction served? :	
Between what dates did you serve your induction? :	
Did you pass the induction?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have any period left to serve on your induction? If yes, how much longer have you got to serve? :	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>For teaching roles - Main Subject</b>	
<b>Other subject interests e.g. Sport, Music, Drama, Community Language. Please give details opposite</b>	

If not complete, please attach copies of your induction reports for the period served.

**Please state your subject specialisms**

I.T.T Provider (University, School, etc.)			
Course undertaken to obtain QTS			
First Subject Specialism:			
Second Subject Specialism:			
Age group specialism (tick as appropriate)			
Nursery	<input type="checkbox"/>	Reception	<input type="checkbox"/>
Key Stage 1	<input type="checkbox"/>	Key Stage 2	<input type="checkbox"/>
Key Stage 3	<input type="checkbox"/>	Key Stage 4	<input type="checkbox"/>
Key Stage 5	<input type="checkbox"/>	Special	<input type="checkbox"/>

## 6. Employment

Start with your most recent employer and include **all** employment (Teaching and Non-Teaching) since the age of 18. Employment information may form part of your salary assessment so complete the following accurately.

Any employment with Supply Agencies must show the Agency as the employer and not the school/organisation where the work was carried out. Please also include any breaks in employment history together with the reason for the break.

For applicants applying for a teaching position and who have passed threshold you will need to supply a copy of your letter of confirmation with this form.

Date		Employer name & address	School type (if applicable)	Position held	Basic Salary	Salary Enhancements	Hours worked (F/T or P/T)	Responsibilities	Reason for leaving
From mth/yr	To mth/yr								

Add additional lines if needed

Collaboration

Opportunity

Respect

Excellence

## 7. Other information in support of your application

(Please continue on a separate sheet if necessary – not more than 2 sides of A4).

## 8. Convictions

### **Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 (2013) WORKING WITH YOUNG PERSONS UNDER AGE 18**

The Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 (2013) provides that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers and cannot be considered. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website: <https://www.gov.uk/government/news/dbs-filter-certain-old-and-minor-cautions-and-convictions-reprimands-and-warnings-from-criminal-record-certificates>

Please disclose any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 (as amended in 2013) – a failure to do so is likely to result in dismissal should it later be discovered. Any information given in this application or on interview will be treated entirely as confidential and will be considered only in relation to this application.

Please list relevant details below – give details of date, type of offence, sentence/fine imposed:

Date	Type of offence	Sentence/ Fine Imposed	Comments

Add additional lines if needed

If you have worked with children in either a paid or voluntary capacity, please note that your current/most recent employer, where you were employed to work with children, will be asked about disciplinary offences relating to children, young people and vulnerable adults, any child protection concerns and the outcomes of any enquiries or disciplinary procedures. This will include any instances for which the penalty is time expired.

## 9. Data Protection Act

The information collected in the form will be used in compliance with the provisions of the GDPR and Data Protection Act 2018. The information is being collected by the Trust for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, within School Governors, to Occupational Health, and Department for Education, as well as pension providers and relevant statutory bodies. You may also note that because we have a duty to protect public funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public funds.

## 10. References

Please provide the name of two referee's, these should be from different employers; one of which should be your current or most recent employer. If you are applying for a teacher or leadership role, you must have your current Headteacher as one of your referee's.

If you are not currently working with children, but have previously done so, one referee must be the most recent employer who employed you to work with children.

Written references will not be accepted from relatives or people writing solely in the capacity of friends.

Name	
Address	
	Postcode:
Telephone No	
Email address	
Relationship to you	

Name	
Address	
	Postcode:
Telephone No	
Email address	
Relationship to you	

If you are applying for a teaching position, please note that we will contact your referees prior to your interview.

### **Applicable to Support Staff applications only:**

May we contact your referees at this stage without further reference to you?

Yes  No

## 12. Arrangements for Interview

If you have a disability, are there any arrangements which we can make for you if you are called for an interview and/or work-based exercise? Yes  No  If yes, please specify:

Do you wish to job share the job you are applying for? Yes  No

### 13. Certification

I hereby certify that all the information given on this form is correct and that all questions related to me have been accurately and fully answered, and that I am in possession of the certificates I claim to hold. I understand that should the information given in this application be incorrect it may result in my application being rejected, or if selected for the position, summary dismissal and possible referral to the police.

If you are selected for interview, you will be asked to sign your application form at your interview.

Signature:		Date:	
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**Please return your completed application form to:**  
[recruitment@core-education.co.uk](mailto:recruitment@core-education.co.uk)



## Equal Opportunities Monitoring Form

To help us monitor our Equal Opportunities in Employment Policy please tick or complete the following boxes as appropriate.

<b>Name:</b>	<b>DOB:</b>
<b>Academy/Department:</b>	<b>Position Applying for:</b>

### Ethnic Origin

#### A White

<input type="checkbox"/> White British	<input type="checkbox"/> White European
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#### B Mixed

<input type="checkbox"/> White/Black – Caribbean	<input type="checkbox"/> White/Asian
<input type="checkbox"/> White/Black – African	<input type="checkbox"/> Black/Asian
Any other mixed background, please indicate:	

#### C Asian or Asian British

<input type="checkbox"/> Indian	<input type="checkbox"/> Kashmiri
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
Any other Asian background, please indicate:	

#### D Black or Black British

<input type="checkbox"/> Caribbean	<input type="checkbox"/> African
Any other black background, please indicate:	

#### E Other ethnic group

<input type="checkbox"/> Arabic	<input type="checkbox"/> Kurdish
Any other background, please indicate:	

### Gender

**What is your sex?**

- Male
- Female

**What gender are you?**

- Male
- Female
- Non-Binary
- Other
- Prefer not to say

**Do you identify as the gender you were assigned at birth?**

- Yes
- No
- Prefer not to say

**Which of the following best describes your sexual orientation?**

- Bisexual
- Gay
- Heterosexual/straight
- Other
- Lesbian
- Prefer not to say

**What is your religion or belief?**

- Buddhist
- Christian
- Jewish
- Muslim
- No religion
- Hindu
- Sikh
- Other (please specify)  
.....
- Prefer not to say

**Are your day-to-day activities significantly limited because of a health problem or disability (as per the definition in the Equality Act 2010) 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 (please specify) .....

**Do you have a caring responsibility? Tick all that apply**

- None
- Primary carer of child/children under 18
- Primary carer of an older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say

**Thank you for completing this form**