



## **Secondary, Further Education and Higher Education**

Institution	Dates (From/To)	Full or Part Time	Qualifications Obtained (with Subjects/Grades)

If any course you have taken has been extended beyond the normal period, state reason and period of extension. Please also **account for any gaps** in your education.

### **In Service Training And Other Qualifications Obtained**

Please supply details of In Service Training and other relevant qualifications undertaken in the last five years. Continue on a separate sheet if required.

Training Provider	Subject	Duration	Qualifications Obtained (if applicable)

### **Continued Professional Learning (CPD)**

Please give details (including dates) of subsequent qualifications, training or research. Continue on a separate sheet if required.

## **Work Experience**

### **Present (or most recent) Post**

LA (If Applicable)	Name, Type and Size of School (If Independent please give full address)	Position Held (Including main subjects taught, special posts, if any) State if full or part time	Scale of Post and Salary. Please state any allowances received	Date appointed (From/To)

### **Previous Teaching Experience – Please Arrange in Chronological order**

LA (If Applicable)	Name, Type and Size of School (If Independent please give full address)	Position Held (Including main subjects taught, special posts, if any) State if full or part time	Scale of Post and Salary. Please state any allowances received	Date appointed (From/To)

### **Other Work Experience – Continue on a separate sheet if required**

Name of Employer	Nature of Employment	Full or Part Time	From	To

Please **account for any gaps** in your employment record:

## **Supporting Statement**

In addition you are asked to provide a supporting statement of no more than 2 A4 pages, detailing:

- Why this particular post attracts you
- How your skills and experience match the job and person specification

This can be attached separately if you wish.

## References

Please nominate three referees. Your current employer should be one of your referees. Referees should have direct knowledge of your professional capabilities and performance. References will not be accepted from relatives or friends.

Please note: No appointment will be confirmed without first taking up references.

1. Name/Status	Current Employer
	Previous Employer

Address:

Telephone:

Email:

2. Name/Status	Current Employer
	Previous Employer

Address:

Telephone:

Email:

3. Name/Status	Current Employer
	Previous Employer

Address:

Telephone:

Email:

How did you learn of this vacancy?

**Your application form should be emailed to [beech.s2@we-learn.com](mailto:beech.s2@we-learn.com) or posted to Mrs Sue Beech, The Nuneaton Academy, Radnor Drive, Nuneaton, Warwickshire, CV10 7PD as soon as possible and no later than the closing date given in the advert.**

**Thank you very much for your interest in The Nuneaton Academy and for the time and effort involved in completing this application.**

**Signature:**

**Date:**

The post for which you are applying is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore, **not** entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions may result in dismissal by the Governors. Any information given will be completely confidential and will be considered only in relation to an application for positions by which the Order applies.

All information you send to us is strictly confidential and will be used for the purposes of this recruitment process only. It will be processed and held in accordance with the principles of the Data Protection Act (1998).

**FOR OFFICE USE ONLY**

<b>DATE RECEIVED</b>	<b>DATE ACKNOWLEDGED</b>	<b>SHORTLISTED</b>	<b>REASON</b>
		<b>INTERVIEWED</b>	

**COMMENTS:**

## Equalities Monitoring Form

**Completion of this section will help us** to ensure that our workforce reflects diversity. To ensure our policies and procedures are not discriminatory, we monitor job applicants and the diversity make-up of our current workforce, as part of our internal processes, such as training. The information you give is confidentially managed and does not form part of the process. It will greatly assist us if you provide as much information as possible, but you are not obligated to do so.

<b>Ethnic Origin</b>				
(please tick one box only, indicating the category that best describes your ethnic origin)				
<b>White</b>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
	Any other White background (please specify)			
<b>Mixed</b>	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>		
	Any other Mixed background (please specify)			
<b>Asian or Asian British</b>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>		
	Any other Asian background (please specify)			
<b>Black or Black British</b>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
	Any other Black background (please specify)			
<b>Chinese</b>	Chinese	<input type="checkbox"/>		
<b>Other</b>	Any other ethnic background (please specify)			

<b>Gender</b> (please tick)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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<b>Age Range</b> (please tick)	Up to 19	<input type="checkbox"/>	46 – 55	<input type="checkbox"/>
	20 – 25	<input type="checkbox"/>	56 – 65	<input type="checkbox"/>
	26 – 35	<input type="checkbox"/>	Over 65	<input type="checkbox"/>
	36 – 45	<input type="checkbox"/>		

<b>Disability</b> (please tick)				
<b>Do you consider yourself to be disabled?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The Disability Discrimination Act 2005 defines disability as ‘a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities’.				