

Application Form

Your guide to completing the form

Before you begin:

Read the advertisement and any additional supporting information provided, including:

- The job description, which lists the tasks you will be expected to carry out and describes how the job fits in with other employees.
- The person specification, which details the experience, skills and abilities needed for the role. It is vital that your application demonstrates how you met these requirements.

In order to improve your chances of being selected, use specific examples from your experience and relate them to the person specification, job description and any other information provided. It is in your interest to complete the form in such a way as to maximise your chances of being selected.

Supporting statement:

Please complete this in the section 'Reasons for applying' on page 3. Remember to relate your skills, knowledge and experience to the job description and person specification when completing this section.

Important notes:

- If you want to **complete the form electronically** and email it to us:
 1. You can type into the form, and can return the completed version to us via email.
 2. You will not be able to sign the form on page 4. By e-mailing the form to us, you declare that the information on this form, and your answers to the section on the Rehabilitation of Offenders Act 1974, are true and accurate. Email is taken as substitute for your signature.
- If you want to **print the form** and send it via post:
 1. Complete the form in black ink and ensure that it is legible.
 2. Do not write outside the lines.
 3. Ensure you mark each sheet with your full name.
 4. Ensure that you have read and understood the declaration on page 4, and that you have signed and dated your completed application form before returning it.
- You may use the continuation sheet on page 5, and attach more sheets if necessary, ensuring you mark each additional sheet with your full name and the vacancy reference number. If you are completing the form electronically and run out of space, create another document with the additional information and attach it to the email you send.
- If you are applying for a position as job share, please state on your application form why you wish to job share and how you think the job share will work. If you are applying for a job share post with a partner, please ensure you state that person's name.
- You may find it useful to take a copy of your completed application form for your own personal records.

Application Form

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please ensure you read the guidance notes on the cover page before filling in this form. If you are completing it online, do **not** complete it in upper case. If you are completing the form by hand, please initial each page.

Personal details

Title:	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Other (please specify):
Forenames:					Surname:
Address:					
Postcode:	Email address:				
Phone numbers:	Home:	Work:	Mobile:		
Preferred means of contact:				May we contact you at work? Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Asylum and Immigration Act (all fields in this section MUST be completed)

Before you commence working, you MUST provide evidence to demonstrate your right work in the United Kingdom. If you are appointed to a post you will receive further guidance.		
Are you eligible to work in the UK?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is this subject to a Work Permit or Visa?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you lived or worked outside of the UK in the last 5 years?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Current/most recent employment

Employer:	Job title:
Employed from (mm/yy)	to
Address:	
Brief description of duties/responsibilities:	

Previous employment (continue on the separate sheet provided on page 5, if necessary)

1. Employer:	Job title:	
Address:		
Employed from (mm/yy)	to	Reason for leaving:
2. Employer:	Job title:	
Address:		
Employed from (mm/yy)	to	Reason for leaving:

Name or initials:	
-------------------	--

Previous employment (continued)

3. Employer:		Job title:
Address:		
Employed from (mm/yy)	to	Reason for leaving:

Education and qualifications (continue on the separate sheet provided on page 5, if necessary)

CURRENT STUDIES

University/college/institute (state country if non-UK)	Education level and subjects	Start and expected end date (mm/yy)
		to
		to

SECONDARY/FURTHER EDUCATION

School/college/university (state country if non-UK)	Education level, subjects and grades (e.g. GCSEs: Maths (A), English (A), etc)	Date (mm/yy)

TRAINING AND DEVELOPMENT (Details of training relevant to the job for which you are applying. Include on-the-job training and formal training)

Title/description of training	Length	Date (mm/yy)

MEMBERSHIP OF PROFESSIONAL BODIES (EG QTS)

Registration body	Registration number	Membership status	Start (mm/yy)	Expiry (mm/yy)

Name or initials:

--

References (All fields in this section MUST be completed)

Please give the names and addresses of two individuals, not related to you, who have direct knowledge of your work and from whom we may obtain references. If you are working then one of these must be your current employer. However, if you are a student or have been out of work for a period of time then teachers or a previous employer will be sufficient. Please remember that the referees you give should be able to comment on your ability to perform the job for which you are applying. **If details of two full references are not provided, this may affect the proceeding of your application.**

1. Name:	2. Name:
Title (Mr, Ms, Miss, Mrs, etc):	Title (Mr, Ms, Miss, Mrs, etc):
Job title:	Job title:
Company:	Company:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
May we contact this referee prior to interview? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	May we contact this referee prior to interview? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Rehabilitation of Offenders Act 1974 (All applicants MUST answer all questions in this section)

Because of the nature of the work for which you are applying this post is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 in accordance with the Rehabilitation of Offenders Act 1974 (Exceptional) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are therefore not entitled to withhold information about convictions, cautions or bind-over orders which for any other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by The Trust. Any information given will be completely confidential. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offence.

Please answer the following questions:

Have you been convicted of a criminal offence in the past? Yes: <input type="checkbox"/> No: <input type="checkbox"/> (if yes, please attach details, including dates and reference numbers)
Signed (see Note below): _____ Date: _____
Have you previously used or do you currently use any other forename(s), surname(s) or aliases (including maiden names)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please state name(s) and dates used:

Declaration (To be signed by all applicants)

I have read and understood the information contained in this application form. I declare that all information provided in this application form is true and accurate to the best of my knowledge. I understand that omissions or incorrect statements will disqualify me, or if appointed, I will be liable to be dismissed. This declaration constitutes part of the terms of contract if I am appointed.

Signed (see Note below): _____ Date: _____
Print name: _____

Note: If you email this form to us (i.e. you can't sign it), you will need to type your name in the 'Signed' fields to declare that the information on this form, and your answers to the section on the Rehabilitation of Offenders Act 1974, are true and accurate. This will be taken as substitute for your signature.

Name or initials: _____

Monitoring Equal Opportunities

MONITORING EQUAL OPPORTUNITIES

Lubavitch Multi Academy Trust is committed to being an equal opportunities employer. We do not discriminate on the basis of race, religion or belief, colour, sex or sexual orientation, age, physical or mental disability, marital status, nationality, ethnic or national origin. All matters related to employment are decided on the basis of qualifications, merit and business need.

The Monitoring information section will be removed prior to shortlisting and will not be used for selection purposes. It will only be used for statistical monitoring purposes to ensure all applicants receive the same consideration and are treated fairly when applying for jobs.

Please complete the Equal Opportunities Monitoring form to enable us to monitor the effectiveness of our equal opportunities policy in regards to our applicants. **Information will be treated in strict confidence and used only for monitoring purposes and will not form any part of the assessment process.** Data is collected in accordance with the requirements of the Data Protection Act and the Code of Practice issued by the Chartered Institute of Personnel and Development.

Disabilities Disclosure Statement

Lubavitch Multi Academy Trust is committed to providing a service that is inclusive of diversity and equality. In order for us to provide such a service, we require you to complete the following declaration relating to disabilities. If you do not consider yourself to have a disability, please tick the box at the end of the next section.

Lubavitch Multi Academy Trust has a duty under Part 3 of the Disability Discrimination Act 1995 to make 'reasonable adjustments' for people with disabilities who want to access our services. To do this, it is important that you let us know if you have a disability so that we can make reasonable adjustments to meet your needs and ensure you can use our services.

In order to make these adjustments, some information regarding your disability may have to be disclosed to various members of staff or our partners. Detailed information about the nature of your impairment or medical information will not be passed on unless it is relevant to making reasonable adjustments.

You can request that no information about your disability is passed on to others, or you can request that information is restricted to certain people. However, you should be aware that if you do this it could limit the types of adjustments our partners or we are able to make.

You should also be aware that even if you have asked for information about your disability not to be passed on to any other members of staff or partners, there could be certain instances where this may still have to be done for reasons of health and safety, emergencies or public policy.

I do consider myself to have a disability:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require:		

Monitoring Equal Opportunities

Please complete the Equal Opportunities Monitoring form to enable us to monitor the effectiveness of our equal opportunities policy in regards to our applicants. **Information will be treated in strict confidence and used only for monitoring purposes and will not form any part of the assessment process.** Data is collected in accordance with the requirements of the Data Protection Act and the Code of Practice issued by the Chartered Institute of Personnel and Development.

Personal and post details

Name: _____ Date of birth: _____ Sex: Male: Female:

Post applied for: _____

Marital status (please tick)

Single: Civil Partnership: Widow/Widower: Separated:
Married: Living with Partner: Divorced: Do not wish to disclose:

Disability (please tick)

Under the Disability Discrimination Act 2005 the definition includes anyone with a *“physical or mental impairment which has a substantial, long term, adverse effect on their ability to carry out normal day to day activities”*. This can include cancer or other such long term illnesses.

Under this new definition do you consider yourself to have a disability? Yes: No: Do not wish to disclose:

If yes, which of the following best describes your disability:

Speech: Visual (not including wearing glasses or contact lenses):
Hearing: Co-ordination, dexterity or mobility:
Mental health: Other physical or mental conditions:
Learning difficulties: Please specify: _____

Religion of belief (please tick)

Catholic: Hindu: Jain:
Church of England: Buddhist: No religion:
Jewish: Muslim: Other:
Orthodox Jewish/Charedi: Sikh: Please specify: _____
Do not wish to disclose:

Caring responsibilities (please tick)

Do you have a carer responsibility for anyone? Yes: No: Do not wish to disclose:

If yes, are they: Adults: Sick: Disabled: Elderly:
Children under 16: Sick: Disabled:

Sexual orientation (please tick)

Are you? Heterosexual: Lesbian: Gay: Bisexual: Do not wish to disclose:

Transgendered (please tick)

Are you Transgendered/Transsexual? Yes: No: Do not wish to disclose:

Ethnic group (please tick)

WHITE

British:

Irish:

Other:¹

Please specify:

MIXED

White and Black Caribbean:

White and Black African:

White and Asian:

Any other Mixed background:

Please specify:

BLACK OR BLACK BRITISH

Caribbean:

African:²

Please specify:

Any other Black background:

Please specify:

ASIAN OR ASIAN BRITISH

Indian:

Pakistani:

Bangladeshi:

Any other Asian background:

Please specify:

CHINESE AND OTHER

Chinese:

Any other background:³

Please specify:

Do not wish to disclose:

NOTES:

1. Turkish, Turkish Cypriot, Traveller of Irish Heritage, Albanian, Greek/Greek Cypriot, Gypsy/Roma, White Western European, White Eastern European, any other White.
 2. Angolan, Congolese, Ghanaian, Nigerian Sierra Leonean, Somali, Sudanese, any other Black African.
 3. Afghan, Kurdish, Latin/South/Central American, Vietnamese, any other ethnic group.
-