application for employment

Please read the explanatory notes and guidance for completing the application for employment and the process which the School will undertake when validating your application.

Please complete all sections of the application form, write clearly or type by clicking on the grey box and typing in the required information.

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| School you are applying to (please highlight): Stowe School/Swanbourne School/Winchester House School |
| Application for the post of:       |
| Section 1. Personal Details |
| Title: (Dr/Mr/Mrs/Miss/Ms)       | Former Name: (e.g. maiden or previous name(s) used)      |
| Surname:       |
| First Name:       | Middle Name(s):       |
| Current Home Address:      | Previous Home Address:(if resident at current address for less than five years)      |
| Email Address:       | National Insurance Number:       |
| Telephone No: (home)       | Telephone No: (work)       |
| Preferred Daytime Contact No:       | Mobile No:       |
| To be completed by Teaching Staff Only:  |
| PGCE: YES [ ]  NO [ ]  | PGCE with QTS: YES [ ]  NO [ ]  |
| If you do not have a PGCE are you working towards it and when will you be qualified? Date: | D.F.E.S No:       |
| To be completed by all Staff: |
| Have you worked or lived overseas in the past five years?  |  YES [ ]  NO [ ]  |
| Are you legally entitled to work in the UK?If applicable, work permit number and date of expiry |  YES [ ]  NO [ ]  |
| Do you have a current driving licence? |  YES [ ]  NO [ ]  |
| Where did you see this vacancy advertised or how did you hear about it? (If this post was referred by a friend who currently works at The Stowe Group please give the full name of the individual who referred you).      |
| What is your current notice period?  |       |
| If offered this position do you intend to continue working in any other capacity? |  YES [ ]  NO [ ]  |
| What is your current salary? |       |
| Relationship to Governors or Employees of the School |
| Do you know any current employees or Governors at The Stowe Group? **Please give their name and relationship to you.** |
| Section 2. Education and Qualifications |
| *Please supply a full history in chronological order (with start and end dates, month and year) of all education and qualifications from secondary education to present. You may be asked to provide proof of any qualifications gained.* |
| Schools | From | To | Examinations and Results |
|       | Month/Year      | Month/Year      |       |
| Colleges/Universities | From | To | Courses and Results |
|       | Month/Year      | Month/Year      |       |
| Other Education/Formal Training | From | To | Courses and Results |
|       | Month/Year      | Month/Year      |       |

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| Section 3. Other Relevant Training and Professional Memberships |
| Professional Memberships, Qualifications and Courses Attended:      |

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| Section 4. Other Relevant Experience |
| Please outline below the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application for this job, also indicating your reasons for the application. (If necessary, please continue on a separate sheet.)      |

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| Section 5. Personal Interests |
| Interests and Hobbies:      |

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| Section 6. Employment History |
| *Please supply a full history in chronological order* ***starting with your current or most recent employer*** *(with start and end dates, month and year) of all employment, and self-employment since leaving secondary education.*  |
| Name and address of employer:      | FromMonth/Year      | ToMonth/Year      | Job title:      Describe the work you did: |
| Telephone:      Type of business:       |  |  | Reason for leaving:      Salary:       |
| Name and address of employer:      | FromMonth/Year      | ToMonth/Year      | Job title:      Describe the work you did:      |
| Telephone:      Type of business:       |  |  | Reason for leaving:      Salary:       |
| Name and address of employer:      | FromMonth/Year      | ToMonth/Year      | Job title:      Describe the work you did:      |
| Telephone:      Type of business:       |  |  | Reason for leaving:      Salary:       |
| Name and address of employer:      | FromMonth/Year      | ToMonth/Year      | Job title:      Describe the work you did:      |
| Telephone:      Type of business:       |  |  | Reason for leaving:      Salary:       |
| Name and address of employer:      | FromMonth/Year      | ToMonth/Year      | Job title:      Describe the work you did:      |
| Telephone:      Type of business:       |  |  | Reason for leaving:      Salary:       |
| Name and address of employer:      | FromMonth/Year      | ToMonth/Year      | Job title:      Describe the work you did:      |
| Telephone:      Type of business:       |  |  | Reason for leaving:      Salary:       |

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| Section 7. Gaps in Employment History |
| *If there are any gaps in your employment history since leaving full-time education (e.g. raising children, gap year, unemployment, voluntary/unpaid work, study), please provide details including dates.* |
| Start DateMonth/Year | Finish DateMonth Year | Reason |
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| Section 8. Referees ***(Reference details must be provided to cover your last 5 year work period)*** |
| **For Teaching Staff:**Please give details of a minimum of **TWO** referees, one of whom must be the Head Teacher of your current or most recent School. If you are not currently working with children but have done so in the past, an additional reference must be provided from the employer for whom you worked most recently with children. **References will be taken up prior to interview. Please provide work email addresses for your referees.****For Non Teaching Staff**: Please give details of a minimum of **TWO** referees, one of whom should be your current or most recent employer. If you are not currently working with children but have done so in the past, an additional reference must be provided from the employer for whom you worked most recently with children. **References will be taken up if you are successful at interview. Please provide work email addresses for your referees.**Please note that any employer being contacted for a reference, will be asked to declare if you have been subject to any substantiated allegations or concerns, as defined by the DfE, that have been raised (whether formally or informally) about you relating to the safety and welfare of children and young people, and if so, the outcome.References will not be accepted from relatives or those writing solely in the capacity of friends.If you do not wish us to contact your referees prior to interview please tick the box       |
| **Referee 1**. Name:       | Occupation:     Period of employment reference covers to and from date:       |
| Address:       |
| Telephone:       | Email:       |
| **Referee 2**. Name:       | Occupation:      Period of employment reference covers to and from date:       |
| Address:       |
| Telephone:       | Email:      |
| **Referee 3**. Name:       | Occupation:     Period of employment reference covers to and from date:       |
| Address:       |
| Telephone:       | Email:       |

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| Section 9. Background Information |  |
| The School is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions, reprimands and final warnings (including those which would normally be considered ‘spent’ under the Act) must be declared. If you have a criminal record this will not automatically debar you from employment; each case will be fairly and objectively assessed by the School in relation to the nature of the employment applied for, and the nature of the offence concerned.  |
| Do you have any ***spent*** or ***unspent*** convictions, cautions, reprimands or warnings? | YES [ ]  NO [ ]  |
| Is there any relevant court action pending against you? |  YES [ ]  NO [ ]  |
| Do you have any endorsements on your driving licence? |  YES [ ]  NO [ ]  |
| If **YES** to any of the above, please give details below (and continue on an additional sheet if necessary): |
| To be completed by Teaching Staff Only  |
| Have you ever been referred to, or are you the subject of a sanction, restriction or prohibition issued by the National College for Teaching and Leadership (NCTL), any equivalent body in the UK or a regulator of the teaching profession in any other country? | YES [ ]  NO [ ]  |
| Have you ever been the subject of a direction under Section 142 of the Education Act 2002? |  YES [ ]  NO [ ]  |
| Have you ever been referred to the Department for Education, or are you the subject of a direction under Section 128 of the Education and Skills Act 2008 which prohibits, disqualifies or restricts you from being involved in the management of an independent school? |  YES [ ]  NO [ ]  |
| **If answering “Yes” to any of the questions please provide details on a separate sheet and send this in a sealed envelope marked ‘confidential” with your application form.** |

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| Section 10. Declaration |
| * I declare that the information given in this Application Form is true and correct, to the best of my knowledge.
* I understand that providing false information is an offence, which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal, and may amount to a criminal offence.
* I understand that if I am shortlisted for the role, the School will carry out an online search as part of the School’s wider safeguarding due diligence which aims to prevent and/or deter individuals who may be unsuitable to work with children from working in a school environment
* I confirm that I am not on the Children’s Barred List, disqualified from working with children or subject to sanctions imposed by a regulatory body.
* I confirm that I am not subject to a direction under Section 142 of the Education Act 2002 or Section 128 of the Education and Skills Act 2008.
* I confirm that, to the best of my knowledge, I am not disqualified for working in early years provision or later years provision with children under the age of eight.
* I consent to the School processing the information given on this form, including any ‘sensitive’ information, as may be necessary during the recruitment and selection process.
* I understand that if my application is successful the information provided in this form (together with any attachments) will be retained on my personal file; if my application is unsuccessful, all documentation relating to my application will be confidentially destroyed after 6 months.
 |

Signature of applicant:

Date:       Signed:

Any further particulars which the applicant wishes to give in support of this application should be submitted on a separate sheet(s).

Any job offer will be conditional upon satisfactory references; a Criminal Record check (DBS) and a satisfactory medical.

Please return this application form to: **recruitment@stowe.co.uk**

**The People Team, Stowe School, Stowe, Buckingham, MK18 5EH**

**Application and Recruitment Process**

**Explanatory Notes and Guidance**

The Stowe Group is committed to safeguarding and promoting the welfare of children and expects all staff to share in this commitment.

**Application Form**

1. Candidates should complete the application form in full. A copy of your CV may also accompany the completed application form.

2. Please ensure to advise the school should you require any reasonable adjustments required for interview.

3. Please be aware as part of the shortlisting process, the School will carry out an online search on shortlisted candidates only as part of its due diligence. This may help to identify any incidents or issues that have happened, and are publicly available online, which the School may want to explore with an applicant at interview.

4. Candidates should be aware that all posts in the The Stowe Group involve responsibility for the safeguarding of children, although the extent of that responsibility will vary according to the nature of the post. Please refer to the job description for the post. Accordingly this post is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as minor or ‘spent’ must be declared.

5. The successful applicant will be required to complete an Application through CareCheck/Atlantic Data, for an enhanced level Disclosure and Barring Service check.

6. The Stowe Group use the Disclosure and Barring Service for the purposes of obtaining access to criminal record checks for employment and voluntary appointments. Disclosure of a criminal record by the Disclosure and Barring Service will not result in automatic disqualification for this position. Stowe House Preservation Trust is willing to consider persons with a criminal record on their merit, subject to its overriding obligations to protect the children in its charge.

7. If you are currently working with children, on either a paid or voluntary basis, your current employer will be asked about disciplinary offences, including disciplinary offences relating to children or young persons (whether the disciplinary sanction is current or time expired), and whether you have been the subject of any child protection allegations or concerns and if so the outcome of any enquiry or disciplinary procedure. If you are not currently working with children but have done so in the past, that previous employer will also be asked about these issues.

8. Where neither your current or previous employment has involved working with children, your current employer will still be asked about your suitability to work with children, although they may where appropriate answer ‘not applicable’ if your duties have not brought you into contact with children or young persons.

9. You should be aware that provision of false information is an offence and could result in the application being rejected or summary dismissal if the applicant has been selected and possible referral to the police and/or DfES Children’s Safeguarding Operation Unit.

**Retention of Records**

The School is legally required to undertake the above pre-employment checks. Therefore, if an applicant is successful in their application, the School will retain on his/her personnel file any relevant information provided as part of the application process. This will include copies of documents used to verify identity, right to work in the UK, medical fitness and qualifications. Medical information may be used to help the School to discharge its obligations as an employer (e.g. so that the School may consider reasonable adjustments, if an employee suffers from a disability or to assist with any other workplace issue). This document (with the exception of DBS information) will be retained by the School for the duration of the successful applicant’s employment with the School. After employment ends it will be retained in accordance with the School’s retention guidelines. If the application is unsuccessful, all documentation relating to the application will (in accordance with confidentiality) normally be destroyed after six months.

**Equal Opportunities Recruitment Monitoring Form – Strictly Confidential**

We are committed to ensuring that all applicants are treated fairly regardless of race, gender, marital status, disability, age, sexual orientation, religion or belief. We, therefore, welcome applications from all sections of the community.

This includes not discriminating under the Equality Act 2010, building an accurate picture of the diversity of the workforce, and encouraging equality and diversity.

We need your help and cooperation to enable us to do this by providing the information below. If you do not wish to answer please use the 'prefer not to say' option. The information you provide will be kept confidential and used for monitoring purposes. It will not be shown to the recruitment panel.

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| **Application for the post of:** |   |   |
| Where did you learn of this post:  |   | Comments:  |   |   |   |
| Newspaper (please name)  |   |   |   |   |   |
| Internet/Website (please name website):  |   |   |   |   |   |
| Other Source:  |   |   |   |   |   |
| Word of Mouth (friends/relatives):  |   |   |   |   |   |
| Recruitment Agency:  |   |       |   |   |   |
|   |    |   |   |   |   |
| **Personal Details**  |   |   |
| Title: *(Dr/Mr/Mrs/Miss/Ms):*      | Date of Birth:       |   |   |
| Surname:       | Nationality:       |   |   |
| First Name(s):  | Pronouns: (*She/Her, He/Him, They/Them*): |   |   |
| Marital Status: (Please indicate with a cross to the **left** of the answer) |   |   |
|   |  Single |   | Married |   |   |
|   | Civil Partnership |   | Co-habiting |   |   |
|   | Widowed |   | Divorced |   |   |
|   | Separated |   | Engaged |   |   |
|   | Undefined |   | Partner |   |   |
|   | Prefer not to say |   |   |   |   |
| **Gender and Gender Identity**  |  |  |  |  |
| Gender:  |   | Female  |   | Male  |   |   |   |   |
| Gender identity: (Please indicate with a cross to the **left** of the answer) |   |   |   |   |
|   | Male |   | Female |   |   |   |   |
|   | Non-binary |   | Intersex |   |   |   |   |
|   | Polygender |   | Transgender |   |   |   |   |
|   | Gender neutral |   | Gender fluid |   |   |   |   |
|   | CIS gender |   | Demi gender |   |   |   |   |
|   | Bigender |   | Another term:  |   |   |   |   |
|   | Prefer not to say  |   |   |   |   |   |   |
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| **How would you describe your ethnic origin?**  |
| Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. (Please indicate with a cross to the **left** of the answer)  |
|   | African |   | Arab |
|   | Asian/Asian British |   | Asian: Bangladeshi |
|   | Asian: British |   | Asian Chinese |
|   | Asian: Pakistani |   | Black: African |
|   | Asian: Indian |   | Asian: Other |
|   | Black: British |   | Black: Caribbean |
|   | Black: Other |   | British |
|   | Irish |   | Mixed: Other |
|   | Mixed: White and Asian  |   | Mixed: White and Black African |
|   | Mixed: White and Carribean |   | White: Other |
|   | Irish Traveller/Gypsy |   | Multiple Ethnic Background |
|   | White & Black Caribbean |   | White & Asian |
|   | White British  |   | White & Black African |
|   | White European |   | White: Gypsy/Irish Traveller |
|   | White: Other  |   | White: Roma  |
|   | Prefer not to say |   | Other |
| If other please specify here:  |
|    |
| **How would you describe your religion or belief?**  |
| (Please indicate with a cross to the **left** of the answer) |
|   | Christian |   | Buddhist |
|   | Muslim |   | Hindu |
|   | Sikh |   | Jewish |
|   | None |   | Agnostic |
|   | Catholic |   | Prefer not to say |
|   |     |   |   |
| **What of the following describes your sexual orientation:**  |
| (Please indicate with a cross to the **left** of the answer) |
|   | Heterosexual |   | Gay |
|   | Bisexual |   | Lesbian |
|   | Asexual |   | Pansexual |
|   | Prefer not to say |   | Prefer to self identify |
|   | Other: (Please specify):  |
|  |  |
| **Disability**  |
| Disability is defined by the Disability Discrimination Act as:  *A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months.*  |
| Are you a disabled person as defined by the Disability Discrimination Act?(Please tick in the box that applies)  | Yes | No | Prefer not to say  |
| If yes, please indicate which of the following terms is descriptive of your disability:  |
| *
 | Blind or have a visual impairment uncorrected by glasses  |
| *
 | Deaf or have a hearing impairment |
| *
 | Development condition e.g. affects motor, cognitive, social and emotional skills, speech and language |
| *
 | Health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy  |
| *
 | Learning difference such as dyslexia, dyspraxia or AD(H)D |
| *
 | Mental health condition, challenge or disorder, such as depression or anxiety  |
| *
 | Physical impairment limiting physical activities e.g. walking, climbing stairs, lifting or carrying  |
| *
 | Social/communication condition such as speech/language impairment or an autistic spectrum condition |
| *
 | An impairment, health condition or learning difference not listed above |
| *
 | Prefer not to say  |
|  |  |  |  |  |  |  |  |  |

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| **Caring Responsibilities**  |
| Do you have caring responsibilities? (If yes, please tick all that apply with a cross to the **left**) |
|   | For a child/children over 18 years old |
|   | For a child/children under 18 years old |
|   | For a vulnerable adult |
|   | For an adult with a disability  |
|   | For an elderly relative |
|   | Prefer not to say  |

Signature:

Date:

Thank you for completing this form. Please return it with your application.