	Confidential Application for the post of:	Post No:
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Please complete all sections of this form in **full**, in **black ink** or **type**, and return the completed form or CV with covering letter to: CEIAG office in purple or reception **CVs alone** will **not** be considered. Thank you.

Personal Details	
Title (Dr/Mr/Mrs/Ms/Miss): Mrs	Full Postal Address:
Forename(s):	
Surname:	
Email Address:	
National Insurance (NI) No:	
Home Telephone No:	Post Code:
Daytime Telephone No:	Mobile Telephone No:

Present / Most Recent E	mployment
Name of Employer:	Post Held:
	Date Appointed to Post:
	Date Appointed to Employer:
	Date Left Employer (if applicable):
Telephone Number:	Reason for Leaving
Notice Required:	Salary Range:
Current Salary:	Other Allowances:
Please give a brief description o	of your current or most recent role and responsibilities:

Education - Successful candidates will be asked to provide evidence of qualifications				
School(s), College(s) University(s) attended	F/T or P/T	Qualification	Subject	Result Grade WAG

Please list any qualifications for which you are currently studying:

Eligibility to work in the UK (You will be required to provide evidence of this at interview)

Are you eligible to work in the UK?

Please advise if there are any limitations on this:

Please continue on an additional sheet if necessary.

Part-time Applications Only

If you are applying for a part-time teaching post or job share, please complete the following:

Availability	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please advise if you are related to any member of the organisation, including the governing body.

References

Please give names and addresses of two referees, one of whom MUST be your current or most recent employer. References are not normally taken up until it is proposed to interview.

1 Current/Last Employer	2 Current/Last Employer
Name:	Name:
Job Title or Status:	Job Title or Status:
Company Name: (if applicable)	Company Name: (if applicable)
Address:	Address:
Tel No:	Tel No:
Email Address:	Email Address:
Relationship to Applicant:	Relationship to Applicant:
If you are known to either of your refer	ees by a different name, please state clearly in

If you are known to either of your referees by a different name, please state clearly in the space provided.

Referee 1: Referee 2:

If you do not wish your referee to be approached for a reference before interview please indicate. (Please circle appropriate answer).

Referee 1: Referee 2:

Contact before interview: Contact before interview:

For internal use only	Date Requested	Date Received
Reference 1		
Reference 2		

Rehabilitation of Offenders Declaration

Criminal convictions

The Rehabilitation of Offenders Act (Exceptions) Order 1975 provides that all convictions, criminal charges or summonses pending against you, of whatever nature and whenever they were committed, must be revealed when applying for this position.

Do you have any criminal convictions, criminal charges or summonses pending against you? Yes / No

If yes please give details of the conviction(s) and date(s):

Broadway Academy reserves the right to check any information given on this form. Should it be found that the successful applicant has failed to disclose information as requested on this application form, or provided false information, then such action may lead to dismissal or disciplinary action by the academy.				
I declare that the information given in application is correct. Broadway Academy will process the information you have provided in accordance with the Data Protection Act 1998. The data will be processed for purposes connected to your application i.e. the selection process and equal opportunities monitoring.				
I agree that personal data may be processed in accordance with the data protection statement above:				
Signed:	Date:			