

Application for Employment



Vacancy details

Post:			Where did you see
1 001.			this post advertised?
Closing date:			
Personal Details Please ensure these a supply a National Insu	are accurate as it is the only way vrance Number.	ve have to get in touch with you	. It is important that you
Title: Mr/Mrs/Miss/M	ls:	Surname:	
Forename(s):		Former Names: (if applicable)	
Present address:			
Postcode:			
Telephone No. (Hom	ne):	Telephone No. (Work):	
Mobile No:		Email:	
NI Number:		Preferred form of contact:	
any employed work wit reference is from a s	two people who have agreed to act th children, if applicable. One mus chool; it must be from the Head solely in the capacity of friends. Re	st be your current or most rece Iteacher. References will not be	ent employer, and if the accepted from relatives
Name		Name	
Position		Position	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email address		Emails address	
Please tick here if you	u do not wish this	Please tick here if you do not w	vish this
referee to be contactu	ed at this stage:	referee to be contacted at this	stage:

Are you currently (or h	ave previously been) employed b	y the Greater N	lanchester Ed	ducation Trust?
Are you a qualified tea	cher	Yes		No 🗆
If Yes please supply the	following information:			
DfE No				
QTS Registered		Yes		No 🗆
Employment				
can be paid work, volu	your current or previous work (if intary work or work from home. C explained gaps in your employ ted.	Vs will only be	accepted wit	h a fully completed
CURRENT EMPLOY				
From (MM/YY) To (MM/YY)	Name of Employer:			
Post Held:		Salary/Grade:		
Responsibilities:		Jaiai ji Jiaaci		
Peacon for Leaving:				
Reason for Leaving: Notice period:				
PREVIOUS EMPLOY				
From (MM/YY) To (MM/YY)	Name of Employer:			
Post Held:		Salary/Grade:		
Responsibilities:				
Reason for Leaving:				
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From (MM/YY) To (MM/YY)	Name of Employer:			
Post Held:		Salary/Grade:		
Responsibilities:		, , , , , , , , , , , , , , , , , , ,		
Reason for Leaving:				

PREVIOUS EN	ADI OVER				
From (MM/YY)		me of Employer:			
To (MM/YY)		no or Employe			
Post Held:			Salary/Grad	e:	
Responsibilities	s:		•		
Reason for Lea	aving:				
Please continue on	a separate sl	neet if necessarv			
	W	,			
		ır education or employ			
		kplained gaps in your	employment or educ	cation h	nistory may lead to your
application being Date	g rejectea.		Bassan		
Date			Reason		
•		academic and/or voca	etional qualifications	releva	nt to the nost applied for.
offered a post, y	ails of your you will be		idence of your quali	fication	nt to the post applied for. as on appointment, and th tions stated.
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Please continue on a separate sheet if necessary

Access to work

If you are a disabled applicant, you may be entitled to aids and adaptations to assist you in the working environment. Access to work is available to help overcome the problems resulting from disability. Practical advice and help is offered in a flexible way that can be tailored to suit the needs of an individual in a particular job. If you require information on this service, please contact your local Jobcentre Plus.

Are you related to any member of the Greater Mar	nchester Education Trust, Governor or	
Director/Trustees?	Yes No	
If 'yes', please give name(s) and relationship:		
NB the canvassing of any Members or Officers/Employees disqualify your application for this post.	of the Trust in connection with this appointment will	
Information in support of your application		
Please provide any additional information that will you could be a successful member of our organisa competencies and expectations of the role, but als organisation and its values and the team you would	ition in this role. They will be looking not only at o to what extent you would be the right fit for ou	

Data Protection
I consent to the information contained in this form, and any information received by or on behalf of the Greater Manchester Education Trust relating to my application, being processed by them in administering the recruitment process and fulfilling their safeguarding obligation towards students. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution. Yes No
Disclosure and Barring/Rehabilitation of Offenders Act
The Greater Manchester Education Trust is legally obligated to process a Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which are not "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.
As the position you are applying for gives you privileged access to vulnerable groups, you are required to disclose all spent convictions and cautions under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 unless it is a "protected" conviction/caution under the amendments made to the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 (in 2013) and, therefore, not subject to disclosure.
Failure to disclose any disclosable criminal convictions could lead either to your application being rejected or, if you are appointed, to summary dismissal if it is subsequently discovered that you have had any criminal convictions and a referral to the Police may be made.
The information will not be used to discriminate unfairly against those with convictions which we consider unrelated to working with vulnerable groups. We ask for this information in order to facilitate an honest and open dialogue with prospective employees and we encourage all prospective employees to provide contextual information regarding any convictions disclosed. Having a criminal record will not automatically bar you from employment with us.
A separate disclosure form will be sent to you if you are shortlisted for an interview. Please refer to https://www.nacro.org.uk/criminal-record-support-service/ for independent advice and guidance.
I declare that the information given is complete and accurate.
Signed: Date:
(Typing your name on the signature line will be regarded as signing this form)
Print Name: