

Work Experience Application Form

I give permission for my application to be shared

Surname: Forename: Title: Date of Birth: Address: Postcode: Telephone (Home): Telephone (Mobile): E-mail Address: National Insurance Number: Dates of Work Experience Required: Please indicate whether or not you give permission for your application to be shared across the Torch Academy Gateway Trusts group of schools:

I DO NOT give permission for my application to be shared



Section B: Previous Employment

Starting with your current or most recent employer, please give details of all previous employment and any voluntary work you have had. A continuation sheet (found at the end of this form) may be used.

Employer Name	Position held/ brief description of main duties	Date From	Date To	Reason for Leaving
Employer Hame	acsoription of main duties	Date 110111	Date 10	neason for Leaving

Section C: Other Relevant Experience

Please give details of any other relevant experience:



Section D: Education

Please provide details of your education and training with the most recent first.

Name of Academic Institution	Subject(s) Studied/Studying	Level (e.g., Degree, A- Level etc)	Grade Attained	Date from	Date to



Section E: Personal Statement

Please use this section to explain why you are applying for work experience with us. Concent experience, training and personal qualities would contribute to the school environment and version from the experience.	



Section F: References

Please provide the details of two referees. One of these must be your present or most recent employer or, for students, your personal tutor or head teacher. The second should preferably be a previous employer. Please let your referees know that we may contact them. **Please provide an e-mail address for all referees where possible.**

Referee 1		
Referee Name:		
Title:		
Job Title:		
Contact Address:		
Postcode:		
Telephone:		
E-mail Address:		
Please state in what capacity	y the referee knows you:	
Referee 2		
Referee Name:		
Title:		
Job Title:		
Contact Address:		
Postcode:		
Telephone:		
E-mail Address:		-
Please state in what capacity	y the referee knows you:	



Section G: Additional Information

Equality Act 2010

The Equality Act defines disability as, "a physical or mental impairment, which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities." The Act requires an employer to make "Reasonable Adjustments" to working conditions, in order to enable disabled applicants to have equal access to employment opportunities. The information disclosed here will only be used to enable reasonable adjustments to be made and will not be used as a basis for selection.

Disability Requirements

We positively encourage applications from disabled people. If you have a disability, please outline below any reasonable adjustments you would require to attend an interview or to help you in the workplace.

s 🗀 📗	No \square
s \square	No 🗆

Right to work in UK

The successful applicant will be required to provide documentary evidence that they are entitled to live and work in the United Kingdom.



Section H: Safeguarding

of Offender about any c an offence a	exempt from the provisions of the Rehabilitation of Offender s Act 1974 (Exceptions) Order 1975 and applicants are theref onvictions, cautions and bind-overs including those regarded and in the event of employment, failure to disclose any convictions will be completely confidential and will be considered	ore requir as "spent' ctions cou	ed to provide ". Providing t Id result in di	e information false information i smissal. Any	S		
Do you have	have or are you currently subject to any criminal charges?						
	If Yes details should be given in a sealed envelope marked "Private and Confidential – Rehabilitation of Offenders" and brought to interview and handed to the HR manager.						
The successful applicant will be required to provide identification to support an enhanced Disclosure and Barring Services and Children's Barred List check prior to commencing work experience.							
Section I: D	eclaration						
declare that understand t	your application form to us by email and you are subsequent ated copy of your form at interview. It, to the best of my knowledge and belief, the information go that, should my application be successful and it is discovere	given on A ed subsequ	LL parts of th	nis form is correct	. 1		
alsified, the	n disciplinary action may be taken which may include dismissa	al.					
Signed:		Date:					

Please e-mail your completed form to recruitment@nusa.org.uk, or post to: Recruitment, NUSA, Bramhall Road, Bilborough, Nottingham NG8 4HY. If you have not received a reply within the next 2 weeks, you should assume that your application has been unsuccessful.

Data Protection

The personal information collected on this form will be processed on computer to manage your application. If successful, your personal information will be retained throughout your placement and will be used for personnel administration. It will not ordinarily be disclosed to anyone outside of the School without first seeking your permission.



Section J: Equal Opportunities Monitoring Form

This part of the application form will **NOT** be used as part of the selection process and will **NOT** be viewed by the Recruitment panel.

The School is committed to promoting equal opportunities in employment and in the delivery of our services, regardless of race, disability, gender, belief or religion, age, pregnancy and maternity, gender reassignment, marriage and civil partnership or sexual orientation. This commitment applies to all aspects of our recruitment and selection practices. Our aim is to make sure that you and other applicants for jobs at the School are not discriminated against. We also aim to make sure that you are not disadvantaged by work conditions or requirements that are not relevant.

The data collected on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.

Gender			Male \square	Female \square	Other \square	
Are you married	or in a civil par	tnership?	Yes \square		No 🗆	
A	16−24 □	25 – 29 🗆	30 − 34 □	35 − 39 □	40 − 44 □	45 − 49 □
Age	50−54 □	55 – 59 \square	60 − 64 □	65+ □	Prefer not t	o say 🗆
How would you	describe your e	thnicity?				
White						
British \square						
White Other back	kground \square					
Mixed/multiple	ethnic groups					
White and Black	Caribbean \square			White and Blac	k African 🛚	
White and Asian				Any other mixe	d background \square	
Asian/Asian Briti	sh					
Indian \square		Pakistani \square		Bangladeshi 🗆		
Chinese \square		Any other Asian	background \Box			
Black/African/Ca	ribbean/Black	British				
African \square		Caribbean \square	Any other Black	/African/Caribbe	an background 🗆]
Other ethnic gro	up					
Arab □		Any other ethni	c group \Box			
Prefer not to say						
Do you consider	yourself to have	e a disability?				
Yes \square		No 🗆		Prefer not to sa	у 🗆	
What is your sex	ual orientation	?				
Heterosexual/str	aight \square	Gay woman/les	bian \square	Gay man $\ \square$		
Bisexual \square		Other \square		Prefer not to sa	у 🗆	
What is your reli	gion or belief?					
No Religion \Box		Buddhist \square		Christian \square		Sikh \square
Hindu \square		Jewish \square		Muslim \square		
Any other religion	n 🗆	Prefer not to sa	v 🗆			



Section K: Marketing Questionnaire

In order to ensure that the School is employing the most cost effective advertising and marketing activities we would be grateful if you could provide the following information:

How did you find out about this work School Website Torch Trust Website Word of Mouth Other If other because of	experience (opportunity?				
Other If other please specify: How would you rate the following asp	ects of the a	dvertising a	nd recruitme	nt nrocess?		
riow would you rate the following asp	icets of the e	advertising at	ia recruitine	iit process:		
	Excellent (1)			Poor (5)	
	1	2	3	4	5	NA
Clarity of Web Advert						
Clarity of Print Advert						
Availability of relevant information						
Application form						
Any further comments:					1	



Continuation Sheet

Please use this sheet to provide any additional information if the spaces provided on the application form are not adequate. Please clearly label from which section(s) you are continuing.