



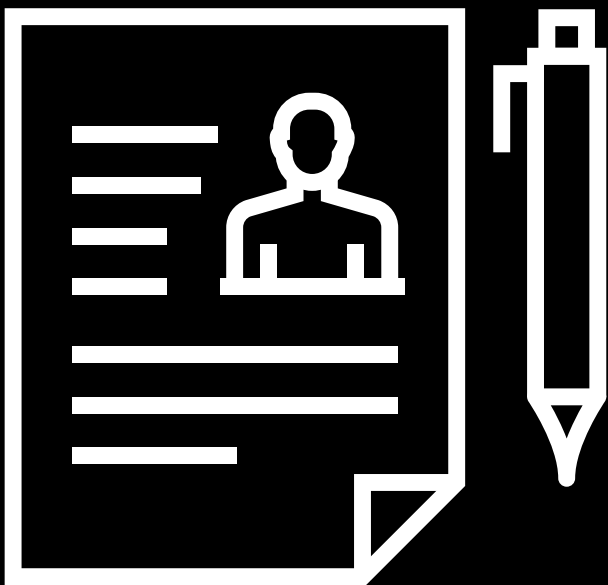
CAMBORNE SCIENCE  
& INTERNATIONAL ACADEMY

# SUPPORT APPOINTMENT

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APPLICATION FORM

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# APPLICATION FOR SUPPORT APPOINTMENT

The purpose of this form is to provide CSIA with a standardised set of information for all applicants, please complete all parts of this form adding any further information demonstrating how you believe you meet the requirements of this position.

The information on this form will be kept confidential within CSIA and, if successful, in your personnel file. It will be used by the CSIA recruitment and management team for the purposes of selection and employment, in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Application forms from unsuccessful applicants will be held for six months.

If you would like assistance in completing this form, please contact 01209 712280 .

## PERSONAL DETAILS

POSITION APPLIED FOR

FULL LEGAL NAME

TITLE

PREVIOUS NAME(S)

CURRENT ADDRESS

POSTCODE

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL ADDRESS

DRIVING LICENCE

YES

NO

NATIONAL INSURANCE  
NUMBER

DATE OF BIRTH  
(OPTIONAL)

# FURTHER EDUCATION

NAME OF UNIVERSITY/  
COLLEGE

QUALIFICATION GAINED  
(e.g. Honours Degree, Masters)

SUBJECT(S)

CLASS

DATE AWARDED

.....

NAME OF UNIVERSITY/  
COLLEGE

QUALIFICATION GAINED  
(e.g. Honours Degree, Masters)

SUBJECT(S)

CLASS

DATE AWARDED

.....

NAME OF UNIVERSITY/  
COLLEGE

QUALIFICATION GAINED  
(e.g. Honours Degree, Masters)

SUBJECT(S)

CLASS

DATE AWARDED

# SECONDARY EDUCATION

Please complete for all qualifications ensuring grade(s)/result(s) are not left blank.

NAME OF SCHOOL

QUALIFICATION GAINED

(e.g. O/A Level, GCSE, CSE, HND)

SUBJECT(S)

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF SCHOOL

QUALIFICATION GAINED

(e.g. O/A Level, GCSE, CSE, HND)

SUBJECT(S)

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF SCHOOL

QUALIFICATION GAINED

(e.g. O/A Level, GCSE, CSE, HND)

SUBJECT(S)

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF SCHOOL

QUALIFICATION GAINED

(e.g. O/A Level, GCSE, CSE, HND)

SUBJECT(S)

GRADE(S)/RESULT(S)

DATE AWARDED

# TRAINING AND PROFESSIONAL QUALIFICATIONS

Please list all training and professional qualifications ensuring grade(s)/result(s) are not left blank

NAME OF PROVIDER

COURSE

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF PROVIDER

COURSE

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF PROVIDER

COURSE

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF PROVIDER

COURSE

GRADE(S)/RESULT(S)

DATE AWARDED

.....

NAME OF PROVIDER

COURSE

GRADE(S)/RESULT(S)

DATE AWARDED

# PRESENT EMPLOYMENT

Please complete all details of your present or most recent employment

NAME OF EMPLOYER

ADDRESS

POSTCODE

POSITION HELD

DATE EMPLOYED FROM

DATE EMPLOYED TO

REASON FOR LEAVING

OTHER BENEFITS

NOTICE REQUIRED

REASON FOR LEAVING

KEY DUTIES AND  
RESPONSIBILITIES

# PREVIOUS EMPLOYMENT

Please give details of your full employment history, including precise dates and any breaks in employment and/or voluntary work, starting with the most recent.

DATE FROM  
(DD/MM/YYYY)

DATE TO  
(DD/MM/YYYY)

ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

.....

DATE FROM  
(DD/MM/YYYY)

DATE TO  
(DD/MM/YYYY)

ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

.....

DATE FROM  
(DD/MM/YYYY)

DATE TO  
(DD/MM/YYYY)

ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

.....

DATE FROM  
(DD/MM/YYYY)

DATE TO  
(DD/MM/YYYY)

ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

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DATE FROM  
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SALARY/SCALE

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REASON FOR LEAVING

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(DD/MM/YYYY)

DATE TO  
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ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

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DATE FROM  
(DD/MM/YYYY)

DATE TO  
(DD/MM/YYYY)

ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

.....

DATE FROM  
(DD/MM/YYYY)

DATE TO  
(DD/MM/YYYY)

ESTABLISHMENT/EMPLOYER

POSITION HELD

SALARY/SCALE

FT/PT AND  
NUMBER OF HOURS

REASON FOR LEAVING

# SAFEGUARDING OF CHILDREN AND YOUNG PEOPLE

Explain how you will support Camborne Science and International Academy's commitment to the protection and safeguarding of children and young people.

## AVAILABILITY

DATE AVAILABLE TO START EMPLOYMENT

DAY

MONTH

(OR NOTICE PERIOD)

## ARRANGEMENTS FOR INTERVIEW

Please outline any reasonable adjustments that could be made to assist you during the selection process. For example, if invited for interview would you need any particular arrangements?

## ELIGIBILITY TO WORK IN THE UNITED KINGDOM

As part of our pre-employment checks, all applicants will be required to prove their eligibility to work in the UK.

Do you require a work permit to take up employment in the UK?

YES

NO

If YES, do you hold a valid UK work permit?

YES

NO

If YES, when does this expire?

## **STATEMENT IN SUPPORT OF YOUR APPLICATION**

Please state the reasons why you are applying for this position, please provide examples and evidence of your experience and abilities which relate directly to the position being applied for.

Please include here any gaps in your employment.

## ADDITIONAL INFORMATION REQUIRED

Have you ever been dismissed from any previous employment?                      YES                      NO

If YES, please indicate which employment and specify the reasons for your dismissal.

.....

If you have any connection to any current members of staff of Camborne Science and International Academy, including Governors, please state their name(s) and the nature of your relationship.

## REFERENCES

Please list two referees who can write from experience about your professional competence. One must be your existing employer or most recent employer. Unless you are seeking your first appointment in which case we would expect to see your professional tutor. Please note, if you have ever worked with children ensure you have provided a referee for that activity wherever possible. If you are not able to provide this reference please explain why in the 'Any further information' below.

### REFEREE 1

FULL NAME

POSITION HELD

ADDRESS

POSTCODE

TELEPHONE NUMBER

EMAIL ADDRESS

HOW DO YOU KNOW YOUR REFEREE?

MAY WE CONTACT THEM PRIOR TO INTERVIEW?                      YES                      NO

ANY FURTHER INFORMATION

## REFEREE 2

FULL NAME

POSITION HELD

ADDRESS

POSTCODE

TELEPHONE NUMBER

EMAIL ADDRESS

HOW DO YOU KNOW  
YOUR REFEREE?

MAY WE CONTACT THEM  
PRIOR TO INTERVIEW?

YES

NO

ANY FURTHER  
INFORMATION

## ADVERTISING

WHERE DID YOU SEE THIS  
POSITION ADVERTISED?

## DATA PROTECTION

In accordance with the General Data Protection Regulation and the Data Protection Act 2018 all information given on this application form will only be used to determine an applicant's suitability for the role and, for successful candidates, will be retained in their personnel file.

Application forms from unsuccessful candidates will be retained for a period of six months before being destroyed.

## **SAFEGUARDING**

### **CHILDREN & REHABILITATION OF OFFENDERS ACT 1974**

Camborne Science and International Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. If the job gives opportunity for access to children or vulnerable adults, the Academy has a statutory obligation to check with the Disclosure and Barring Service (DBS) in order that any criminal background including spent convictions, bind-over orders or caution is disclosed to the Governing Body.

Only those who have been checked can be employed by the Academy Trust. In the event of a successful application an Enhanced Disclosure will be sought from the DBS.

The position you are applying for is exempt from the Rehabilitation of Offenders Act 1974, and therefore, you must declare to us all convictions, cautions and bind-overs you have had (including those regarded as 'spent'), please complete the Declaration of Criminal Convictions Form.

Please note that a criminal record will not necessarily be a bar to obtaining this position.

## **ADDITIONAL FORMS**

Please confirm that the additional form has been completed and enclosed with your Application Form

DECLARATION OF CRIMINAL CONVICTIONS FORM ENCLOSED	YES	NO
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COMMENTS, IF ANY

## **DECLARATION**

I certify that the information I have provided in this application form and detailed on the enclosed Declaration of Criminal Convictions Form is correct, and that it may be used for the purposes registered by the Academy under the General Data Protection Regulations May 2018. I accept that providing deliberately false information could result in my dismissal or disqualify me from employment.

*All successful applicants will be requested to sign this declaration even if an electronic signature has been used.*

SIGNATURE

NAME

DATE

.....

Thank you for taking the time to complete this form.