



**Waynflete Infants' School**  
**Academy for Early Learning**



**Email: [bursar@waynflete.northants-ecl.gov.uk](mailto:bursar@waynflete.northants-ecl.gov.uk) : Tel : 01280 702270**

Waynflete Infants' School is a Company limited by guarantee registered in England and Wales 07998122. Registered Office: Waynflete Infants' School, Waynflete Avenue, Brackley NN13 6AF.  
 A list of Members and Directors may be inspected at these premises.

## Application form for the post of Maternity Cover - EYFS Teacher

### SECTION 1

#### PERSONAL DETAILS

Surname:.....  
 Address:.....  
 (Town).....  
 (County).....  
 (Postcode).....  
 Date of Birth:.....(Optional)

Forename(s):.....  
 Title (Mr, Mrs, Miss, Ms, Dr, other):.....  
 Telephone No (Home):.....  
 Telephone No (Work):.....  
**Email: .....**  
 NI No : .....

### SECTION 2

#### EDUCATION (post age 16)

Institution(s) attended	Dates	Qualifications gained

Please include any higher degrees in this section

**SECTION 3****PROFESSIONAL TRAINING AND DEVELOPMENT** (Please include details of any relevant training or staff development)

Institution Attended	Course	Date

**INTERESTS** (e.g. hobbies, sports, voluntary work)**SECTION 4****CURRENT/LAST EMPLOYMENT**

Employers Name:..... Position:.....  
Employers Address:..... Grade/Salary:.....  
(Town)..... Date Commenced:.....  
(County)..... Date of Leaving if applicable:.....  
(Postcode)..... Period of Notice:.....

Employer's name:  
.....

Brief description of duties/responsibilities:

Number of additional sheets used.....

**OTHER PREVIOUS EMPLOYMENT (chronologically listed).** Please account for any gaps in employment.

Employer's Name and Address	Dates of Employment From      To		Brief outline of responsibilities

**SECTION 5 PERSONAL STATEMENT (NO MORE THAN ONE SHEET OF A4)**

**YOUR PERSONAL STATEMENT SHOULD PROVIDE EVIDENCE/EXAMPLES OF HOW YOU MEET THE PERSON SPECIFICATION AND YOUR ABILITY TO CARY OUT THE JOB DESCRIPTION**

**SECTION 6****REFEREES**

Please give the names, addresses and occupations of two referees, one of whom should be your present or last employer

**First Referee****Second Referee**

Name:..... Name:.....

Address:..... Address.....

(Town)..... (Town).....

(County)..... (County).....

(Postcode)..... (Postcode).....

Occupation..... Occupation.....

Email : ..... Email: .....

Tel No: ..... Tel No : .....

**Please note that all references will be taken up prior to interviews unless you specifically request that this is not to take place.**

**CRIMINAL CONVICTIONS OR CAUTIONS**

Do you have any criminal convictions, cautions or warnings Yes  No

A check as to the existence and content of a criminal record will be requested from the Criminal Records Bureau after a person has been selected for appointment. Refusal to agree to a check being made could disqualify you from being considered for the appointment.

Under the Rehabilitation of Offenders Act 1974, you have the right not to disclose details of 'spent' convictions. However, for certain jobs, employers are allowed to ask about these offences. The Rehabilitation of Offenders Act 1974 (Exception Amendment) Order 1986 sets out details of all jobs to which this applies and the job you have applied for is included in the list.

Please give details of any criminal convictions that you may have. The disclosure of a criminal record may not necessarily prevent you from being appointed. The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered 'spent' under the terms of the Act.

Please give details of ALL convictions, cautions, reprimands or warnings (whether spent or not).

The Criminal Records Bureau helps employers check records, which were previously held by the police, the Department of Health and the Department for Children, Schools and Families.

Different levels of disclosure can be provided, according to the type of work applied for. The job for which you have applied necessitates an Enhanced disclosure.

Enhanced disclosures are for positions which have contact with children or vulnerable adults. They contain details of all convictions, cautions, reprimands or warnings on record.

## OTHER DECLARATIONS

1 Have you ever been convicted of a criminal offence (subject to the Rehabilitation of Offenders Act)?

Yes  No

2 Are you related to any member of the governing body (any canvassing direct or indirect will disqualify)

Yes  No

If yes, please give details:.....  
.....  
.....  
.....

3 To the best of my knowledge and belief, the information on this application form is correct.

Signed.....

Date.....

**Please return this completed application by email or in an envelope marked Private & Confidential to:**

Mrs S Parry  
School Business Manager  
Waynflete Infants' School  
Waynflete Avenue  
Brackley  
NN13 6AF

**Email : [bursar@waynflete.northants-ecl.gov.uk](mailto:bursar@waynflete.northants-ecl.gov.uk)**

**Closing date: Friday 28<sup>th</sup> January 2022**

**Please complete the form below and return with your application form.**

**EQUAL OPPORTUNITIES MONITORING FORM**

This form is separate from the main application form. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way.

Post Applied For:.....	Which age group do you apply to:
Surname:.....	Under 20 <input type="checkbox"/>
Forename(s):.....	21 - 29 <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	30 - 39 <input type="checkbox"/>
	40 - 49 <input type="checkbox"/>
	50 - 59 <input type="checkbox"/>
	60 and over <input type="checkbox"/>

Which of the following best describes your Ethnic origin?

<b>White:</b>		<b>Mixed:</b>	
British <input type="checkbox"/>		White & Black Caribbean <input type="checkbox"/>	
Irish <input type="checkbox"/>		White & Black African <input type="checkbox"/>	
Other <input type="checkbox"/>		White & Asian <input type="checkbox"/>	
		Other Mixed Group <input type="checkbox"/>	
<b>Black or Black British:</b>		<b>Asian or Asian British:</b>	
Caribbean <input type="checkbox"/>		Indian <input type="checkbox"/>	
African <input type="checkbox"/>		Pakistani <input type="checkbox"/>	
		Bangladesh <input type="checkbox"/>	
Other Black background <input type="checkbox"/>		Other Asian <input type="checkbox"/>	
<b>Chinese or other ethnic group:</b>			
Chinese <input type="checkbox"/>			If "other" please specify:- .....
Any other ethnic group <input type="checkbox"/>			.....
			.....