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| **DATA PROTECTION NOTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Throughout this form we will ask for some personal data about you. We’ll only use this data in line with data protection legislation and process your data for 1 or more of the following reasons permitted in law:   * You have given us your consent * We must process it to comply with our legal obligations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VACANCY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position applied for: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What date are you available to begin a new post? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where did you first hear about this job? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DISCLOSURE AND BARRING AND RECRUITMENT CHECKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adventure Wellbeing School is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.  The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.  It is an offence to seek employment in regulated activity if you are on a barred list.  We’ll use the DBS check to ensure we comply with the Childcare Disqualification Regulations.  It is an offence to provide or manage childcare covered by these regulations if you are disqualified.  Any data processed as part of the DBS check will be processed in accordance with data protection regulations and Adventure Wellbeing School’s privacy notice. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a DBS certificate?**  **☐ YES ☐ NO** | | | If yes – DBS Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of check:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you’ve lived or worked outside of the UK in the last 5 years, Adventure Wellbeing School may require additional information in order to comply with ‘Safer Recruitment’ requirements.  If you answer ‘yes’ to the question below, we may contact you for additional information in due course. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you lived or worked outside of the UK in the last 5 years?** **☐ YES ☐ NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.  Only applicants who have been shortlisted will be asked for a self-declaration of their criminal record or information that would make them unsuitable for the position.  Adventure Wellbeing School is committed to Safeguarding Regulations you have to disclose any conviction, warning, reprimand, caution or other order including “spent convictions”, that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.  Details of any such disclosure should be placed in a sealed envelope marked “Confidential” and brought to interview.  Any information disclosed will be treated in the strictest confidence.  Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TIME SPENT LIVING AND/OR WORKING OVERSEAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you’ve lived and/or worked outside of the UK, Adventure Wellbeing School must make any further checks it considers appropriate (in addition to the usual pre-employment checks).  We’ll base the decision on whether this is necessary on individual circumstances, and factors such as:   * The amount of information you disclose in the DBS check * The length of time you’ve spent in or out of the UK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RIGHT TO WORK IN THE UK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adventure Wellbeing School will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.  By signing this application, you agree to provide such evidence when requested. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME (Please Print): |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: |  | | | | | | | DATE: | | | | |  | |  | | | |  | | |  | |  | | |  | |  | | | |  |
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| **INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete all sections of this form using black ink or type.  The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.  Applications will only be accepted if this form is completed in full. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAMES: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURNAME: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERFERED TITLE: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PREVIOUS SURNAMES: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you prefer to be called by a name other than the one listed above, please specify | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number: | | |  | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | |
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| **TEACHERS ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Teacher Reference Number:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have QTS? **☐ YES ☐ NO** | | | | Date of Qualification | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| QTS Certificate Number (where applicable) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have QTLS? **☐ YES ☐ NO** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QTLS Certificate Number (where applicable) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of qualification | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct? **☐ YES ☐ NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you subject to a Teaching Regulation Agency sanction or restriction? **☐ YES ☐ NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| POSTCODE: | | |  | | |  | | | | |  | | | | | | | **-** | | | | |  | | |  | | | | |  | | |
| HOME TELEPHONE NUMBER: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOBILE NUMBER: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS FOR THE LAST 5 YEARS (INCLUDING POSTCODE):  ADDRESS FOR THE LAST 5 YEARS (INCLUDING POSTCODE): | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DISABILITY AND ACCESSIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adventure Wellbeing School has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.  If you have a disability or impairment, and would like us to make any adjustments or arrangements to assist you, if you are called for an interview, please state the arrangements you require: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? **☐ YES ☐ NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered ‘yes’ to the question above, please state the type of impairment.  **Please tick all that apply. If none of the below categories applies, please mark ‘other’.**  **☐** Physical impairment **☐** Sensory impairment **☐**Learning disability/difficulty  **☐** Long-standing illness **☐** Mental health condition **☐** Developmental condition **☐** Other  **Any other information you feel is relevant please use the space below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DRIVING LICENCE DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid driving license?  **☐ YES ☐ NO** | | | | Do you have business insurance?  **☐ YES ☐ NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any endorsements? **☐ YES ☐ NO**  **If Yes, please give details below -** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RIGHT TO WORK IN THE UK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE THE RIGHT TO WORK IN THE UK? **☐ YES ☐ NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If yes, please state on what basis:***  **☐** UK citizen **☐** Graduate visa **☐** Youth mobility visa  **☐** EU settled status **☐** Skilled worker visa  **☐** Other – please provide full details in the box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TIME SPENT LIVING AND/OR WORKING OVERSEAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you spent time living and/or working outside of the UK? **☐ YES ☐ NO**  **If yes, please give details, including countries and relevant dates:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RELATIONSHIP TO THE (SCHOOL/TRUST)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any personal relationships that exist between you and any of the following members of the Adventure Wellbeing School community: PROPIETORS, STAFF or PUPILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you have a relationship with a PROPIETORS, EMPLOYEE or PUPILS this does not necessarily prevent them from acting as a referee for you.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | **RELATIONSHIP** | | | | | | | | | | | | **ROLE IN SCHOOL** | | | | | | | | | | | | | | | | | | | |
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| Have you ever been subject to any disciplinary procedures / allegations related to children or vulnerable adults during your employment history? **☐ YES ☐ NO**  **If Yes, please give details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **EMPLOYEE HISTORY** | | | | | | | | | | | | | | | | |
| **CURRENT EMPLOYMENT DETAILS** | | | | | | | | | | | | | | | | |
| **Job title** | **Employer Details (name, address, email and/or telephone)** | | | | | **Dates Employed** | | **Age Range Working With** | | **No. on Roll** | **Permanent or Temporary** | | | **Part-time or**  **full-time** | | **Salary (including allowances)** |
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| **Description of responsibilities** | | | | | | | | | | | | | | | | |
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| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | |
| Please provide details of all previous employment since leaving school, including education and voluntary work. Include any gaps in employment and the reasons for them. List the most recent employment first. | | | | | | | | | | | | | | | | |
| **Job Title** | | **Name & Address of Employer** | | | | | **Dates Employed** | | **Description of responsibilities** | | | | **Reason for leaving** | | | |
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| **EMPLOYMENT GAPS Please explain any gaps in your employment history since leaving secondary education** | | | | | | | | | | | | | | | | |
| Adventure Wellbeing School follows - **Safer Recruitment** Policy & Procedure; it is therefore essential that you give dates for, and provide an explanation for, **all and any gaps** in your Education and subsequent Employment History since leaving secondary education. e.g. unemployment, ill health, family commitments etc. | | | | | | | | | | | | | | | | |
| **Start Date** | | | **End Date** | | | | | | **Reason for Employment Gap** | | | | | | | |
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| **EDUCATION AND TRAINING** | | | | | | | | | | | | | | | | |
| Proof of professional and/or relevant qualifications will be required  Please list all secondary, further and higher education establishments attended specifying start/finish dates, qualifications (including GCSEs or equivalent), grades, levels and date of award. | | | | | | | | | | | | | | | | |
| **Dates Attended (month and year)** | | | | **Name and Location of school/college/university** | | | | | | | | **Qualifications gained (including grades, awarding body and date of award)** | | | | |
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| **TRAINING AND PROFESSIONAL DEVELOPMENT** | | | | | | | | | | | | | | | | |
| Please give details of training or professional development courses. e.g. Child Protection, Health & Safety, First Aid, Team-Teach, etc.  Please only list training that you have undertaken in the last 3 years that are in current or previous roles that is **relevant to the position you are applying for** | | | | | | | | | | | | | | | | |
| **Course dates** | | **Length of course** | | | **Course title** | | | | | **Qualification obtained** | | | | | **Course provider** | |
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| **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | |
| Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests. | | | | | | | | | | | | | | | | |
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| **LETTER OF APPLICATION** |
| This is an opportunity for you to demonstrate your suitability and competence for the role advertised.  Please fill in the section below, comprehensively detailing real-life examples which demonstrate that you have the skills, knowledge, experience and personal qualities required to carry out the roles and responsibilities as outlined in the job description and/or person specification. (max 500 words) |
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| **REFERENCES** | | | | | | | | | | | | | | | | |
| Please provide details of two professional referees, one of whom must be your current or most recent employer. The two referees should be from different organisations wherever possible. Where applicable, we will secure a reference from the relevant employer from the last time you worked with children. Please note that character references will not be accepted. If you are applying for a position in Care we will request references from every previous care provision that you have worked for.  Please therefore ensure that your employment history section contains the names of the individuals that need to be contacted for this purpose.  Adventure Wellbeing School reserves the right to seek any additional references we deem appropriate.  Please let your referees know that you’ve listed them as a referee, and to expect a request for a reference should you be shortlisted. References will be taken up prior to interview wherever possible. Please let your referees know that you’ve listed them as a referee, and to expect a request for a reference should you be shortlisted.  By giving us this information, you consent to us contacting these referees. | | | | | | | | | | | | | | | | |
| **NAME OF REFEREE 1** | **RELATIONSHIP TO YOU** | **ADDRESS & POSTCODE** | | | | | | | | **CONTACT NUMBER** | | | | **EMAIL ADDRESS** | | **IS THIS YOUR CURRENT EMPLOYER?** |
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| **NAME OF REFEREE 2** | **RELATIONSHIP TO YOU** | **ADDRESS & POSTCODE** | | | | | | | | **CONTACT NUMBER** | | | | **EMAIL ADDRESS** | | **IS THIS YOUR CURRENT EMPLOYER?** |
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| **If either of your referees knows you by a different name, please state:** | | | | | | | | | | | | | | | | |
| please tick the appropriate box:  Do you give Adventure Wellbeing School permission to contact your referees before the interview stage? **☐ YES ☐ NO** | | | | | | | | | | | | | | | | |
| **EQUALITIES MONITORING** | | | | | | | | | | | | | | | | |
| We’re bound by the Public Sector Equality Duty to promote equality for everyone.  To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.  This information will not be used during the selection process.  It will be used for monitoring purposes only. | | | | | | | | | | | | | | | | |
| **EQUALITIES MONITORING INFORMATION DD MM YYYY** | | | | | | | | | | | | | | | | |
| What is your date of birth? | | | |  |  |  |  |  |  | |  |  | What is your sex? **☐ MALE ☐ FEMALE** | | | |
| What gender are you? | | | | **☐ MALE ☐ FEMALE ☐ OTHER ☐ PERFER NOT TO SAY** | | | | | | | | | | | | |
| Do you identify as the gender you were assigned at birth? | | | | **☐ YES ☐ NO ☐ PERFER NOT TO SAY** | | | | | | | | | | | | |
| How would you describe your ethnic origin? | | | | | | | | | | | | | | | | |
| **White**  **☐** British **☐** Irish **☐** Gypsy or Irish Traveler  **☐** Any other White background  **Asian or British Asian**  **☐** Bangladeshi **☐** Chinese  **☐** Indian **☐** Pakistani | | | **Black or Black British**  **☐** African  **☐** Caribbean  **☐** Any other Black background  **Mixed**  **☐** White and Asian **☐** White and Black African  **☐** White and Black Caribbean **☐** Any other mixed background | | | | | | | | | | | | **Other Ethnic groups**  **☐** Arab **☐** Any other ethnic group  **☐** Prefer not to say | |
| Which of the following best describes your sexual orientation? | | | | | | | | | | | | | | | | |
| **☐** Bisexual **☐** Heterosexual/straight **☐** Homosexual **☐** Other **☐** Prefer not to say | | | | | | | | | | | | | | | | |
| What is your religion or belief? | | | | | | | | | | | | | | | | |
| **☐**  Agnostic **☐** Christian **☐** Atheist **☐**  Hindu**☐** Buddhist **☐** Jain **☐** No religion**☐**  Jewish**☐** Muslim  **☐**  Other **☐** Prefer not to say **☐**  Pagan**☐**  Sikh | | | | | | | | | | | | | | | | |
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| If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’. | | | | | | | | | | | | | | | | |
| **☐** Physical impairment **☐** Sensory impairment **☐** Learning disability/difficulty **☐** Long-standing illness **☐** Mental health condition  **☐** Developmental condition **☐** Other | | | | | | | | | | | | | | | | |
| **Any other information you feel is relevant please use the space below.** | | | | | | | | | | | | | | | | |
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| **DBS Update Service, Disclosure & Barring Check, Prohibition Service Details** | | | | | | | | | | |
| 1. Are you currently registered with the DBS Update Service? – (Must be renewed annually) | | | | | | | | | | YES **☐** (Move on to Q2) NO **☐** (Move on to Q3) |
| 1. If you have answered YES, please confirm that you are happy for Adventure Wellbeing Schools Ltd to complete regular Statues Checks on your behalf via DBS Update Service? | | | | | | | | | | YES **☐** NO **☐** |
| 1. If you have answered NO, please confirm that you are happy for Adventure Wellbeing Schools Ltd to complete a Disclosure and Barring Check? | | | | | | | | | | YES **☐** NO **☐** |
| 1. Please confirm that you are happy for Adventure Wellbeing Schools Ltd to complete a Prohibition Check? | | | | | | | | | | YES **☐** NO **☐** |
| **We will need to SEE the copy of the DBS Disclosure for our records.** | | | | | | | | | | |
| Full Name (Please Print) |  | | | | | | | | | |
|  | **DD MM YYYY** | | | | | | | | | |
| Date of Birth: |  |  |  |  |  |  |  |  | Signature: | |
|  | | | | | | | | | | |
| Date Completed: |  |  |  |  |  |  |  |  | Adventure Wellbeing School will need to have a copy of the Prohibition Check, and will need to **SEE** the DBS Disclosure for our records. | |
| Please provide us with the following documents so that we can start the Safer Recruitment and Onboarding Checks:  Birth Certificate, Letter for proof of address, 5 Years of your home addresses, Passport, Driving Licence | | | | | | | | | | |