## 

**Application for Director/Advisor/Member**

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| **Location: Bradford Doncaster Pontefract  Wingfield Academy  Trust**  **Thorpe Hesley PS  Redscope PS  Anston Greenlands PS** Please indicate all that apply  **Post applied for:** |
|  |

**Please complete this Application form and return to:**

**Governance at NCLT, Normanton Industrial Estate, Pontefract Road, Normanton, WF6 1RN**

**Email:** [**Clerk@nclt.ac.uk**](mailto:Clerk@nclt.ac.uk) **Telephone 01977 802802**

Please ensure all sections are fully completed as incomplete applications may not be accepted.

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| **Personal Details** | | | |
| Surname  (BLOCK letters): | Click here to enter text. | First Names: (indicate preferred name if different) | Click here to enter text. |
| Home Address: | Click here to enter text. | Telephone (home): | Click here to enter text. |
| Telephone (work): | Click here to enter text. |
| Email Address: | Click here to enter text. | Telephone (mobile): | Click here to enter text. |

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| Date From | Date To | Name and Address of Employer | Job Title and Main Duties |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Supporting Statement** | | | | | |
| Please provide a short pen portrait summarising your current or former roles; your experience of leading people,  managing change or driving improvement; experience of directorships or governance; experience of holding  others to account; understanding of the educational context. | | | | | |
| If you have already supplied this with your expression of interest there is no need to repeat. | | | | | |
| **Referees** (These should not be family members) This should be your current employer if applicable | | | | | |
| Please give the names of two persons to whom reference may be made. | | | | | |
| Name | Click here to enter text. | | Name | Click here to enter text. | |
| Occupation | Click here to enter text. | | Occupation | Click here to enter text. | |
| Employer Reference | | Character Reference | Employer Reference | | Character Reference |
| Capacity Known | Click here to enter text. | | Capacity Known | Click here to enter text. | |
| E-mail | Click here to enter text. | | E-mail | Click here to enter text. | |
| Telephone Number | Click here to enter text. | | Telephone Number | Click here to enter text. | |
| Address | Click here to enter text. | | Address | Click here to enter text. | |

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| **Personal Relationships** | | | |
| Are you related to, or do you have a close personal relationship with*, any existing member of staff or Board/Advisory Group member* within NCLT. | | Yes | No |
| If Yes, please state their name and position | Click here to enter text. | | |

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| **Declaration** | |
| In signing this declaration section, I declare that all information provided by me as part of this application is true and complete to the best of my knowledge and belief. I understand that either withholding or giving false information may disqualify my application, or, if discovered after appointment, may be regarded as grounds for removal.  I understand that, if offered this role, the appointment will be subject to further satisfactory pre-employment checks and DBS.  All information in relation to your application will be kept confidential. Should your application be successful, the data on this form will be used for trust purposes. Information on unsuccessful applicants will be destroyed after 12 months. | |
| Signature of Applicant: Click here to enter text. | Date: Click here to enter text. |

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| **Equal Opportunities Monitoring** | | | | | | | | | | | | |
| NCLT is committed to a policy of equal opportunities. To help us monitor the effectiveness of this policy it would be helpful if you would complete the following sections. *The information is for statistical purposes only. It will be treated confidentially and will not be used as part of the selection process.* | | | | | | | | | | | | |
| **Forename(s):** | | | | **Surname:** | | | | | | | | |
| **Title:** Dr/Mr/Mrs/Miss/Ms/Other | | | | **Gender:** Male/Female/Transgender/Non-Binary/ Prefer not to say | | | | | | | | |
| **Nationality:** | | | | **Post Applied For:** | | | | | | | | |
| **AGE** | | | | | | | | | | | | |
| 16 - 24 | |  | 40 – 44 | |  | | | 60 – 64 | | |  | |
| 25 - 29 | |  | 45 – 49 | |  | | | 65 or over | | |  | |
| 30 – 34 | |  | 50 – 54 | |  | | | Prefer not to say | | |  | |
| 35 - 39 | |  | 55 - 59 | |  | | |  | | |  | |
| **RELIGION / BELIEF** | | | | | | | | | | | | |
| Buddhism |  | | Hinduism | |  | | | Sikhism | |  | | |
| Catholicism |  | | Islam | |  | | | Other  Please specify | |  | | |
| Christianity |  | | Judaism | |  | | |
| Prefer not to say |  | |  | | | | | | | | | |
| **SEXUAL ORIENTATION** | | | | | | | | | | | | |
| Lesbian |  | | | | Bisexual | | |  | | | | |
| Gay |  | | | | Heterosexual | | |  | | | | |
| Prefer not to say |  | | | |  | | | | | | | |
| **ETHNICITY** Please tick a box from the list below which best describes the ethnic group to which you belong | | | | | | | | | | | | |
| **White** | | British (A1) | | |  | | Other White Background (A3) | | | | |  |
|  | | Irish (A2) | | |  | | Please specify | |  | | | |
| **Mixed Race** | | White and Black Caribbean (B1) | | |  | | Other Mixed Background (B4) | | | | |  |
|  | | White and Black African (B2) | | |  | | Please specify Click here to enter text. | | | | | |
|  | | White and Asian (B3) | | |  | |
| **Asian or**  **Asian British** | | Indian (C1) | | |  | | Chinese (E1) | | | | |  |
| Pakistani (C2) | | |  | | Other Asian Background (C4) | | | | |  |
|  | | Bangladeshi (C3) | | |  | | Please specify Click here to enter text. | | | | | |
| **Black or** | | Caribbean (D1) | | |  | | Other Black Background (D3) | | | | |  |
| **Black British** | | African (D2) | | |  | | Please specify | | Click here to enter text. | | | |
| **Other Ethnic Group** | | Other (E2) | | |  | | Please specify Click here to enter text. | | | | | |
| **Prefer not to say** | |  | | |  | | | | | | | |
| **MARITAL STATUS** | | | | | | | | | | | | |
| Single |  | | Widowed | |  | | | Civil Partnership | |  | | |
| Married |  | | Divorced | |  | | | Other | |  | | |
| Prefer not to say |  | |  | | | | | | | | | |
| **DISABILITY** A disability is defined as: A physical or mental impairment which has substantial and long term  effects on your ability to carry out normal day to day activities. | | | | | | | | | | | | |
| Do you have a disability? If yes, please specify. *(New Collaborative Learning Trust is a Disability Confident Committed Employer. A disability or health problem does not preclude full consideration for the job).* | | | | | |  | | | | | | |
| Would you require any special arrangements/facilities if you were invited for interview/testing? If yes, please specify. | | | | | |  | | | | | | |
| If you believe you need a ‘reasonable adjustment’, then please discuss this with the Director of Human Resources. | | | | | | | | | | | | |

*This information will form part of the personal confidential record of the successful applicant. For other applicants, this information will be kept securely in accordance with our Recruitment and Selection Policy and then destroyed.*

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| Signed: | Date: |

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| **Office Use Only** (Not to be completed by candidate) | | |
|  | Comments by HR: | Checked by interviewer: |
| Gaps in Employment |  |  |
| Working Overseas |  |  |
| Any Concerns re Safeguarding |  |  |
| Equality and Diversity |  |  |
| Declarations |  |  |