

APPLICATION FORM

Please read the Guidance Notes for Applicants document before completing the application form.

This form should be returned to: colegioonlineaparicio@colegioonlineaparicio.com

POST DETAILS		
Post Reference	Not Applicable	
Post Title		
To be returned by		

PERSONAL DETAIL	S			
Surname			Initials	
House Name and or Number	Stree	t		
Town				
City				
Post Code				
E-mail Address				
Mobile Telephone Number		Home Telephone Number		

Colegio Online Aparicio has a responsibility to prevent illegal working either online or in person at school, college, institute, academy and will conduct the necessary right to work checks before employment begins following Home Office guidance.

Successful candidates will be asked to produce original documents demonstrating an ability to live and work in the UK where is currently the central office of Colegio Online Aparicio before their employment commences.

If the teacher or any employee is from a European community, the same regulations will be followed as stipulated by the government where the base of the Central Office of Colegio Online Aparicio is located, which is in London. The hired will be according to the governmental regulations established by the governments.

Colegio Online Aparicio are Online School and NOT holds a UK Visa and Immigration (UKVI) sponsorship licence and we NOT offer a certificate of sponsorship to allow them to apply for a visa to work at Colegio Online Aparicio.

If your application is successful and you commence employment the copy of your identification documents will be retained on file.

CURRENT OR LAS	T EMPLO	DYMENT				
Name and addre Employer	ess of	Job held and brief details duties	of	Salary and Reason for leaving	Start Date	End Date
Period of Notice Req by Employer	uired					
PREVIOUS EMPLO	OYMENT					
Please start with the	e most rec	ent and work backwards –	continue	e on an extra	sheet if nec	essary
Name and address o Employer	of Job	held and brief details of duties	Reas	ry and son for	Start Date	End Date
			lea	aving		
GAPS IN EMPLOY						
	explain fu ate To	Illy any gaps in your employ Reason	/ment hi	story		

SECONDARY / COLLEGE / UNIVERSITY EDUCATION

Please enter details of all qualifications obtained. Please note that you will be required to bring original documents as proof of qualifications if selected for interview.

Name and Address of Secondary School / College/University	From	То	Qualification	Grade

TRAINING

Please give details of other courses which you have attended in the last 5 years which you consider relevant to this post. If none then please state "none".

Name of Provider	Dates Attended	Name of Course

MEMBERSHIP OF PROFESSIONAL BODY				
Professional Body	Grade of Membership	Date Obtained		

REFERENCES

Your 1st referee must be your current or last employer – (if you have one). If you are an internal candidate then your 1st referee must be your current line manager. Please note that references are not accepted from relatives or friends. If you are a school/college leaver give the details of your Headteacher or Tutor.

	Reference 1	Reference 2
Name		
Employers Name		
No, House Name		
Street		
District		
Town, City		
Post Code		
E-mail		
Position		
Telephone Number		
Please state your relationship to the referee:		

SUPPORTING INFORMATION

Please pay particular attention to this section. This is the most important part of your application, as it is where you tell us what makes you suitable for this job. Your application will be judged against the **Person Specification**, which is the list of requirements for the job.

You must address each point of the Person Specification, giving evidence of what skills, experience and knowledge you have in each of these areas and/ or from other relevant situations such as extra-curricular interests or responsibilities, or activities outside work. Simply stating that "I have excellent communication skills" and providing no evidence to support this statement is not sufficient.

You must also indicate your motivation for applying for a post with UWC Atlantic College and tell us how your experiences fit with the UWC mission.

IF THIS SECTION IS NOT COMPLETED YOUR APPLICATION WILL NOT BE CONSIDERED

SUPPORTING INFORMATION – CONTINUE ON A SEPARATE SHEET IF NECESSARY

GENERAL						
Please give any dates in the near future when you will not be available for interview. No guarantee is given that interviews will be rescheduled to accommodate your non- availability.						
Where did you	find out about this vacancy?					
	Please state here whether you are related to any Governor or Senior Manager of the Yes No College. If yes, you should advise the Governor / Manager concerned of your					
any political or	ny business or other interests including membership or affiliation of other organisation which would cause real or observed conflict with responsibilities of this job?	Yes No				
Do you have so	le use of a car?	Yes No				
	y of the following: Full Driving Licence HGV Licence PSV Licence	Yes No Yes No Yes No Yes No				
Do you have ar	ay endorsements or points on your licence?	Yes No				
If Yes, please s	pecify					
Convictions	Have you ever beenYesHave you ever been the subject of an inversion of a criminal offenceNoChild or children?					
	If you have ticked yes to either of the questions regarding convictions, please provide details on a separate sheet					
Criminal Convictions- Rehabilitation of Offenders Act 1974						
	Colegio Online Aparicio is committed to safeguarding and promoting the welfare of any learners and young people, adults and all employees are expected to share this commitment.					
	All applicants who are offered employment (whether teaching or non-teaching) will be subject to an Enhanced Check for Regulated Activity from the Disclosure and Barring Service before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.					
	This means that you are required to declare any convictions or cautions which you may have, even if they would otherwise be regarded as 'spent' under this Act, and any cautions or bind-overs and any prosecutions pending against you.					
Disclosure of Criminal						
Convictions	I have read the above notes on criminal convictions and agree to an Enhanced Check for Regulated Activity from the DBS being made if I am offered the job for which I am applying. I understand that the job is covered by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975) and, consequently, no criminal conviction may be considered 'spent'.					
	I confirm that:					
	I do not have any criminal convictions or cautions.					
	I am not on a Barred List (List 99) or disqualified from wo	orking with children.				
	 I am not subject to sanctions imposed by a regulatory bo Council. 	-				

DISABILITY

The College wishes to give every encouragement to disabled job applicants and will offer an interview to all disabled candidates who meet the essential requirements of the person specification. If you are invited to interview we will ask you if you require any particular arrangements to be made, for example an accessible venue or a sign language interpreter.

 \square

Yes

Do you identify as a disabled person?

No No

DATA PROCESSING

I agree that any offer of employment by Colegio Online Aparicio is subject to satisfactory evidence of the right to work in the base UK, Online School verification of identity and qualifications, satisfactory references and health questionnaire, and medical and police clearance (where appropriate).

In accordance with the General Data Protection Regulations, it is agreed that Colegio Online Aparicio may hold and use personal information about me for personal reasons and to enable the organisation to keep in touch with me. This information can be stored in both manual and computer form in accordance with the Privacy Policy on the website.

DECLARATION

I certify that to the best of my knowledge, the information given on this form is correct and true. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I also understand that the information I have provided may be subject to checking.

Signature:

Date:

This form should be returned to: colegioonlineaparicio@colegioonlineaparicio.com



EQUALITY MONITORING

PERSONAL DETAILS

In order to ensure the College's commitment to ensuring equality and to provide other essential information if you are appointed, you are asked to provide the following information by ticking the appropriate boxes and completing the details requested. The information will be treated as confidential and will not be used in the selection process.

Surname		First	Name		
Middle Name		Date	of Birth		
Title: Mr, Mrs, Mi	s, Ms, Other etc		National I	nsurance No	

NATIONALITY	
Please state your Nationality	
ETHNIC ORIGIN	
Please tick one box only.	
 White – Welsh, Scottish, English, Northern Irish, British White - Irish White - Gypsy or Irish Traveller Other Black/African/Caribbean/Black British Black/African/Caribbean/Black African Black/African/Caribbean/Black Caribbean Other Asian/Asian British Bangladeshi Asian/Asian British Indian Asian/Asian British Pakistani Asian/Asian British Other 	 Mixed/Multiple Ethnic Groups - White and Black Mixed/Multiple Ethnic Groups Caribbean Mixed/Multiple Ethnic Groups White and Black African Mixed/Multiple Ethnic Groups - White and Asian Other Any Other background, not already listed Arab Other If Other, please specify: Prefer not to say
SEXUAL ORIENTATION	
 Bisexual Heterosexual/ Straight Other GENDER 	Gay Woman Gay Man Prefer not to say
Female Male	Prefer not to say
Do you identify as transgender? For the purpose of this question "transgender" is defined as a opposite to that they were assigned at birth. Yes No	n individual who lives, or wants to live, full time in the gender Prefer not to say

RELIGIOUS BELIEF / NON BELIEF	
 Baha'i Christian Jain Muslim Sikh None Prefer not to say 	 Buddhist Hindu Jewish Rastafarian Zoroastrian Other
DISABILITY	
	o the terms given in The Equality Act 2010? ey have a physical or mental impairment, which has a substantial onths) and has an adverse effect on the person's ability to carry
Do you identify as a disabled person?	Νο
	mobility issues which means using a wheelchair or crutches erious visual impairment or being deaf / having a serious
Mental health condition, such as depression or schiz	ophrenia
Learning disability, (such as Down's syndrome or dys	slexia) or cognitive impairment (such as autism or head- injury)
Long standing illness or health condition such as car	ncer, HIV, diabetes, chronic heart disease or epilepsy
Other, such as disfigurement (specify below if you w	<i>r</i> ish)
Other (please specify)	