**APPLICATION FORM – SUPPORT STAFF VACANCIES**

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| **APPLICATION FOR THE POST OF** | |  | | |
| **NAME OF SCHOOL** | |  | | |
| **How did you hear about this role?** | |  | | |
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| 1. **PERSONAL DETAILS** | | | | |
| **Surname** | |  | | |
| **Forename (s)** | |  | | |
| **Title (Mr, Mrs, Miss, Ms etc)** | |  | | |
| **Address**  **Post Code** | |  | | |
| **Home telephone**  **Work telephone**  **Mobile telephone** | |  | | |
| **Email address** | |  | | |
| **National Insurance Number** | |  | | |
| **Are you 16 years or over** | | Yes  No | | |
| 1. **CURRENT OR MOST RECENT EMPLOYMENT** | | | | |
| **Name of Employer** | |  | | |
| **Address**  **Post Code** | |  | | |
| **Telephone Number** | |  | | |
| **Position Held** | |  | | |
| **Date Appointed** | |  | | |
| **Notice required** | |  | | |
| **Current Salary (please state pay range and amount)** | |  | | |
| Please give a brief description of the main duties of this post: | | | | |
| 1. **PREVIOUS EMPLOYMENT HISTORY** | | | | |
| Starting with your most recent employment (apart from that detailed above), list all paid employment, periods of unemployment and time spent out of employment whilst undertaking caring responsibilities since leaving school, college or university. **You must provide explanations for any gaps or periods not in employment, training or education since leaving secondary education. Please include a continuation sheet if necessary.** | | | | |
| **Employer** | **Position Held and brief description of responsibilities** | **Start date**  **Month/ Year** | **End date**  **Month/ Year** | **Reason for Leaving** |
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**We reserve the right to approach any of the previous employers/organisations listed in this section to confirm the details you have supplied**

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| 1. **EDUCATION AND QUALIFICATIONS** | | | | | | | |
| Please give details of your education and any qualifications obtained with most recent first. This should include any qualifications which you are currently studying for. **You will be required to produce evidence for all your qualifications listed.** | | | | | | | |
| **Institute / University / College / Secondary School** | | **Qualifications and Grades Achieved** | | | **Date Awarded** | | |
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| 1. **PROFESSIONAL MEMBERSHIPS** | | | | | | | |
| Please include memberships of any professional bodies. You will be required to produce evidence of any qualifications and memberships. Please list most recent award first. | | | | | | | |
| **Professional Body** | | **Memberships and Grades / Levels Achieved** | | | **Date Awarded / Membership Number** | | |
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| 1. **TRAINING AND PROFESSIONAL DEVELOPMENT RECORD (IN-SERVICE TRAINING COURSES)** | | | | | | | |
| **Please give details of any training which you have had which you feel is relevant to the job you are applying for. Include any on the job training as well as formal training courses. You may be required to produce evidence.** Please continue on a separate sheet if necessary. | | | | | | | |
| **Title of Training Programme/Course** | | **Date** | | | **Awarding Body** | | |
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| 1. **RIGHT TO WORK IN THE UK** | | | | | | | |
| **Are you eligible to work in the UK?** | | | | Yes | | | No |
| **Do you need a work permit to work in the UK?** | | | | Yes | | | No |
| **If yes, please give the date your current work permit expires?** | | | |  | | | |
| **Are you able to travel freely between locations?** | | | | Yes | | No | |
| **Do you have a current valid driving licence?** | | | | Yes | | No | |
| 1. **DISABILITY AND REASONABLE ADJUSTMENTS** | | | | | | | |
| The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. We will consider reasonable adjustments to enable disabled applicants to have equal access to employment opportunities. We are committed to the development of positive practices to promote equality in employment. If you would like to declare your disability, please tick the appropriate box below. | | | | | | | |
| **Do you consider yourself to be disabled?** | | | | Yes | | | No |
| **Is there any information that we need or reasonable adjustments you require in order to offer you a fair selection process (please describe)?** | | | |  | | | |
| 1. **RELATIONSHIPS** | | | | | | | |
| **Are you related to or in a close personal relationship with any Employee/Governor?** | | | | Yes | | | No |
| If you have answered yes, please give full details here | | | | | | | |
| 1. **DECLARATION OF INTEREST / CODE OF CONDUCT** | | | | | | | |
| Employees must not allow personal and/or private interests to influence their conduct as employees. In particular, all applicants (and existing employees) are required to inform the Governing Body if they have any other current employment and also if they, their partner or close relatives have an interest in a private enterprise that may represent a conflict of interest. If the Governing Body considers that there is a conflict of interest (as a result of information disclosed) you will not be considered for employment. Non-disclosure of a possible conflict of interest could also result in any employment being terminated. Please detail any such information below. | | | | | | | |
| **IMPORTANT: Even if you have nothing to declare, please indicate this by writing “None” in the space below. (Should you require more space to write, please continue on a separate sheet of paper)** | | | | | | | |
| 1. **REFERENCES** | | | | | | | |
| References will only be required for candidates shortlisted for interview. Candidates must give names and addresses of two referees (not relatives, friends or people with whom you live). If you have been in employment, one referee must be your present or most recent employer. We reserve the right to ask you for further referees or contact previous employers if necessary. | | | | | | | |
| **REFEREE DETAILS (1)** | | | **REFEREE DETAILS (2)** | | | | |
| Name of referee |  | | Name of referee | |  | | |
| Business/employer name |  | | Business/employer name | |  | | |
| Telephone Number |  | | Telephone Number | |  | | |
| Position in organisation  (if applicable) |  | | Position in organisation  (if applicable) | |  | | |
| Address  Postcode |  | | Address  Post code | |  | | |
| Email |  | | Email | |  | | |
| **May we contact this referee prior to interview?** | Yes  No | | **May we contact this referee prior to interview?** | | Yes  No | | |
| If you have indicated NO above, please note that satisfactory references will be required if you are the preferred candidate after interview and before starting employment. | | | | | | | |
| 1. **SUPPORTING STATEMENT** | | | | | | | |
| **Your application form is the only means we have to judge your capability and potential and the information in it will be assessed against the criteria listed on the person specification to draw up a shortlist for the next stage of selection. No assumptions will be made about your experience.**  Please describe below how your experience, skills and knowledge, meet the criteria for the post as described in the person specification. Make sure you address all the criteria on the person specification. (Please continue on a separate sheet if necessary) | | | | | | | |
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| 1. **SAFEGUARDING** |
| For most roles, the school will require the preferred candidate to declare all convictions, cautions reprimands and final warnings that are not protected (‘filtered’) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). There will also be a requirement for an enhanced Disclosure and Barring Services (DBS) Disclosure.  By completing this application form you agree that you will provide the above information when required. |
| 1. **DECLARATION OF CRIMINAL CONVICTIONS** |
| This appointment is excluded from the Rehabilitation of Offenders Act 1974. Applications must declare any convictions which for other purposes the “Spent” and in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action but the Governing Body. I agree to provide the information requested on a questionnaire to be sent to me at the time of shortlisting and understand that the provisionally selected candidate for such posts will be required to apply for a DBS Disclosure at the appropriate level. Any information will be treated confidentially. |
| 1. **DECLARATION** |
| I declare that the information I have provided is a complete and true statement.  I understand that any offer of appointment and subsequent employment is conditional on this declaration and if my application is incomplete, untrue or inaccurate, then the Governing Body shall be entitled to withdraw any offer of appointment or terminate any contract of employment.  I will not approach any Governor or employee of the School in order to advance my appointment, as I understand this will disqualify me from consideration, other than if the advertisement invites me to contact a named individual.  **Signature:**   **Date:**  **Print Name:** |