## Application for Employment at

## Chapel End Primary School, Billinge

**For posts that are subject to disclosure**

**In line with our Safer Recruitment Policy we will carry out an online search on shortlisted candidates prior to interview to help us identify any incidents or issues that are publicly available online**

**Part A** – Personal Information

|  |  |
| --- | --- |
| **Post Applying for:** |  |

|  |  |
| --- | --- |
| **Surname** (BLOCK LETTERS) |   |
| **Forename(s)** |  |
| **Title** (Mr/Mrs/Miss/Ms) |  |
| **Former Name/s** |  |
| **Current Address** |  |
| **Post Code** |  |  |  |  |  |  |  |  |
| **Home Tel.** |  |
| **Work Tel.** |  |
| **Mobile Tel.** |  |
| **National Insurance (N.I) number** |  |  |  |  |  |  |  |  |  |  |
| **Email** |  |

**Part B** – Education and Training

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| --- | --- | --- | --- |
| **Secondary Schools** | **Qualifications Gained** | **Date of Award** | **Grades** |
|  |  |  |  |

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| **Further Education/ Training establishments** |
| **Dates** | **College** | **Qualifications Gained** | **Date of Award** | **Grades** |
|  |  |  |  |  |

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| **Higher Education/ Post Graduate Education** |
| **Dates** | **University/Post Graduate** | **Full or Part-time** | **Qualifications Gained** | **Date of Award** | **Grades** |
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| **Details of other relevant training**  |
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**Part C** – Employment

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| **Present or most recent job** |
| **Current Employer (Name of School):** | **Date started:** |
|  |
| **Currently employed? *Please tick*** | **If no, reason for leaving** | **Date left:** |
| [ ]  Yes [ ]  No | **Permanent/Temporary Appointment** (delete as necessary) |  |
| **Job Title :** |  | **Notice required:** |
| **Salary Grade/Point:**  |  | **Salary (£’s):**  |  |

|  |
| --- |
| **Previous employment (or other relevant experience) –** Gives details in reverse chronological order, ensuring continuity of dates) |
| **From** | **To** | **Employer** | **Local Authority****(if applicable)** | **Job Title** | **Salary** | **Reason for leaving** |
|  |  |  |  |  |  |  |

**Part D** – Referees

***Notes:***

*References will not be accepted from relatives or friends. If you have worked with children previously, we will ask your referee about your suitability to work with children. Please give the names of two referees, one of whom must be your current employer.*

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| **Referee One** |
| Name:  |  |
| Position:  |  |
| Address: |  |
| Telephone No: |  | E-Mail Address: |  |
| **Referee Two** |
| Name:  |  |
| Position:  |  |
| Address: |  |
| Telephone No: |  | E-Mail Address: |  |

*References will be taken up for applicants invited for interview, including a reference from your current employer.*

*If you are not currently working with children, but have done so in the past, you must include as a referee the person or organisation who most recently employed you in this capacity.*

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**Part E** – Personal Information

|  |
| --- |
| **Please use this space below, (alternatively you may attach a separate document - maximum 2 sides of A4), to outline your suitability for the post, e.g. your current duties and responsibilities, and your personal qualities and experience, and how you meet the person specification.**  |
|  |

**Part F** – Disability Symbol Regulations

The Everyone Matters Schools Trust has adopted the symbol which means that any disabled candidate who meets the minimum essential requirements will be short listed for interview. Please indicate on the attached equal opportunities monitoring form if this applies to you.

**Part G** – Data Protection

All parts of the information you provide on this form may be stored in manual and/or computer files, and used for the purposes of personnel / employee administration, including analysis for management purposes and statutory returns. All information will be processed and where necessary held in accordance with the Data Protection Act 1998.

**Part H**– Rehabilitation of Offenders Act 1974 (Exceptions) Order 1995

Because of the nature of the work for which you are applying this post is 'exempt' from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders (Exceptions) Order 1975 as amended by the ROA 1974 (Exceptions) (Amendment) Order 1986. Applicants are therefore required to disclose any convictions, bind-overs or cautions including those which for other purposes are 'spent' under the provisions of the Act. In the event of employment any failure to disclose such convictions will result in dismissal. Any information given will be completely confidential.

**IMPORTANT: The section below must be completed.**

Please indicate whether or not you have any previous convictions/formal Police cautions or bind-overs.

[ ]  Yes [ ]  No

If Yes, please provide details with your application, including your name, in a sealed envelope marked confidential.

**Part I** – Declaration

To the best of my knowledge and belief the information I have given in my application is correct. I declare that I am not on list 99, disqualified from working with children, or subject to sanctions imposed by a regulatory body. I have no convictions, cautions or bind-overs, or have attached details of this in a sealed envelope.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |   | **Date** |  |

 RECRUITMENT MONITORING INFORMATION

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| --- |
| Post title applying for:  |
| Surname:  | First name(s):  |
| Gender: Male [ ]  Female [ ]  | Date of Birth: |

Completion of this section will help us fulfil our general duty under the Race Relations (Amendment) Act 2000 to eliminate unlawful discrimination, to promote equality of opportunity and promote good relations between people of different racial groups, and our specific duty under the Act to monitor, by reference to racial group, applicants for employment and staff in post.

THE INFORMATION PROVIDED WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND THIS SECTION WILL BE DETACHED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING.

The categories below are in line with the Equality & Human Rights Commission’s guidance.

***Ethnic origin***

I would describe my ethnic group as:

|  |  |
| --- | --- |
| **1. White** | **4. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh** |
| British | [ ]  | Bangladeshi | [ ]  |
| English | [ ]  | Indian | [ ]  |
| Scottish | [ ]  | Pakistani | [ ]  |
| Welsh | [ ]  | Any other Asian background (please specify) |       |
| Irish | [ ]  |
| Any other White background (please specify) |       |
| **2. Black, Black British, Black English, Black Scottish or Black Welsh** | **5. Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh** |
| African | [ ]  | Chinese | [ ]  |
| Caribbean | [ ]  | Any other Chinese background (please specify) |       |
| Any other Black background (please specify) |       |
| **3. Mixed** | **6. Other ethnic group** |
| White & Asian | [ ]  | Other ethnic group (please specify) |       |
| White & Black African | [ ]  |
| White & Black Caribbean | [ ]  |
| Any other Mixed background (please specify) |       |

***Gender***

My gender is: Male [ ]  Female [ ]

***DISABILITY MONITORING***

The Equality Act 2010, which came into force in October 2010, places specific and general statutory duties on all public authorities (e.g. local authorities; governing bodies of further and higher education institutions, colleges and universities; and governing bodies of educational established maintained by local educational authorities (including schools) to promote disability equality. In order to assist us with our statutory duties, we would be grateful if you could advise whether you have a disability. Please note that you are not obliged to disclose such information but that any information given will be used for monitoring purposes only. It will remain confidential and will not be passed to third parties.

The definition of disability is ‘a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’. Some specific conditions deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements.

|  |  |
| --- | --- |
| Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware of? | Yes [ ]  No [ ]  |
| Please give brief details of your disability and any reasonable adjustments you anticipate we would need to make to your workplace or equipment to undertake the duties outlined in the job description or that you consider necessary to attend interview:  |

If you are registered disabled, please state your number:

*This does not form part of the selection process.*

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| *Data Protection Act*I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.Signature: Date:  |