**Employment Application Form: Non-Teaching**

*Heather Garth Primary School is committed to safeguarding and promoting the welfare of children*

*and young people and expects all staff and volunteers to share this commitment.*

Please ensure that you complete all sections of Part 1 and Part 2 of the application. Please note that providing false information will

result in the application being rejected or withdrawal of any offer of employment, or summary dismissal if you are in post, and possible referral to the police. Please note that checks may be carried out to verify the contents of your application form. Please complete the form on computer or in black ink. CV’s are not accepted.

|  |  |
| --- | --- |
| **ACADEMY** | **HEATHER GARTH PRIMARY SCHOOL**  |

|  |  |
| --- | --- |
| **Vacancy Job Title** |  |

***[[1]](#footnote-1)***

**PART 1**

**INFORMATION FOR SHORTLISTING AND INTERVIEWING**

**Initials Surname or Family name**

**2. PRESENT / LAST APPOINTMENT:**

|  |  |
| --- | --- |
| **Name, address and telephone number of school / Company** |  |
| **Job title** |  |
| **Date appointed to current post** |  |
| **Permanent/Temporary** |  |
| **Full Time/Part Time** |  |
| **Current salary** |  |
| **Notice period** |  |

**3. FULL CHRONOLOGICAL HISTORY** Please provide a full history in chronological order since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full time employment, with start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Name and address of school,** | **Dates** | **Reason**  |
| **or Position** | **other employer, or description of activity** | **From To** | **for****leaving**  |
|  |  | **Mth** | **Yr** | **Mth** | **Yr** |  |  |
|  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
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| **8** |  |  |  |  |  |  |

Please enclose a continuation sheet if necessary

**4. SECONDARY EDUCATION & QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/College** | **From** | **To** | **Qualifications Gained with Date** |
|  |  |  |  |

**5. HIGHER EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names and Addresses of University or College and/or University Education Department** | **Dates****From To** | **Full or Part-time** | **Courses/subjects taken and Grade** | **Date of Examination and** **Qualifications Obtained** |
|  |  |  |  |  |

**6. PROFESSIONAL COURSES ATTENDED** Please list relevant courses attended in past 3 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Organising Body** | **Date(s)** | **Duration** |
|  |  |  |   |

**7. OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS**

|  |
| --- |
|  |

**8. REFEREES**

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent Headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is “time expired” and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. **References will not be accepted from relatives or from people writing solely in the capacity of friends.**

 **First referee:** *Can this person be contacted prior to interview* **YES / NO**

|  |  |
| --- | --- |
| **Title and Name** |  |
| **Address and post code** |  |
|  |  |
|  |  |
| **Telephone number** |  |
| **Email address** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |

 **Second referee:** *Can this person be contacted prior to interview* **YES / NO**

|  |  |
| --- | --- |
| **Title and Name** |  |
| **Address and post code** |  |
|  |  |
|  |  |
| **Telephone number** |  |
| **Email address** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |

**PART 2**

**This section will be separated from Part 1 on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.**

**9. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| 1. **Surname or family name**
 |  |
| 1. **All previous surnames**
 |  |
| 1. **All forenames**
 |  |
| 1. **Title**
 |  |
| 1. **Current Address**
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|  |
|  |
| 1. **Postcode**
 |  |
| 1. **Resident at this address since**
 |  |
| 1. **Home telephone number**
 |  |
| 1. **Mobile telephone number**
 |  |
| 1. **Date of Birth**
 |  |
| 1. **Email address**
 |  |
| 1. **National Insurance Number**
 |  |
| 1. **Have you ever been subject to a child protection investigation by your employer or the Independent Safeguarding Authority?**
 | **Yes No****If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.** |
| 1. **Are you subject to any legal restrictions in respect of your employment in the UK?**
 | **Yes No****If YES please provide details separately** |
| 1. **Do you require a work permit?**
 | **Yes No****If YES please provide details separately** |
| **19. Are you related to or have a close personal relationship with any pupil, employee, or governor?** | **Yes No****If YES give details separately under confidential cover** |
| **21. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?**  | **Yes No****If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc.).** |

**10. COMPULSORY DECLARATION OF ANY CONVICTIONS, CAUTIONS OR REPRIMANDS, WARNINGS OR BIND‑OVERS**

Jobs in schools are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. **You must** therefore declare,whether spent or not,any convictions, cautions or reprimands, warnings or bind-overs which you have ever had and give details of the offences. The fact that you have a criminal record will not necessarily debar you for consideration for this appointment.

 Do you have **ANY** convictions, cautions or reprimands, warnings or bind-overs?

 Please tick the relevant box

 **Yes 🞎 No 🞎**

 If the answer is "yes", you must record full details in a separate, sealed envelope marked with your name and 'Confidential: Criminal Record Declaration' and enclose it with your application. In accordance with statutory requirements, an offer of employment will be subject to satisfactory CRB clearance. A copy of this notice will be sent to your referees.

**11. DATA PROTECTION ACT**

The information collected on this form will be used in compliance with the Data Protection Act 1998. The information is collected for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, to the governors, to Occupational Health, to the General Teaching Council, to the Teachers Pensions Agency, to the Department for Education, to pension, payroll and personnel providers and relevant statutory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud.

**12. NOTES**

 a) When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant’s information pack.

 b) Canvassing, directly or indirectly, an employee or governor will disqualify the application.

 c) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

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**13. DECLARATION**

 I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 13 above, and in particular that checks may be carried out to verify the contents of my application form

 **Signature of Applicant Date**

 **Print Name**

**PART 3 EQUALITY AND DIVERSITY MONITORING**

This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

**Ethnic Group** *Workforce*

 *Census Code* *Please tick*

|  |  |  |  |
| --- | --- | --- | --- |
| White | WBRI | British English Welsh Northern Irish Scottish |  |
| WIRI | Irish |  |
| OOTH | Irish Traveller |  |
| OOTH | Gypsy |  |
| WOTH | Other White background |  |
| Mixed | MWBC | White and Black Caribbean |  |
| MWBA | White and Black African |  |
| MWAS | White and Asian |  |
| MOTH | Other Mixed background |  |
| Asian or Asian British | AIND | Indian |  |
| APKN | Pakistani |  |
| ABAN | Bangladeshi |  |
| CHNE | Chinese |  |
| AOTH | Other Asian background |  |
| Black or Black British | BCRB | Caribbean |  |
| BAFR | African |  |
| BOTH | Other Black background |  |
| Other ethnic group | OOTH | Arab |  |
|  | *Write in:*  |  |
| Prefer not to say | REFU |  |  |

 **Religion** *Please*

 *tick*

|  |  |
| --- | --- |
| No religion |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion (*write in)* |  |
|  |  |
| Prefer not to say |  |

**Disability**

Do you consider that you have a disability?

|  |  |
| --- | --- |
| Yes *Please complete the grid below* |  |
| No |  |
| Prefer not to say |  |
|  |  |
| My disability is: *Please*  *tick* |
| Physical Impairment |  |
| Sensory Impairment |  |
| Mental Health Condition |  |
| Learning Disability/ Difficulty |  |
| Long standing illness |  |
| Other |  |
| Prefer not to say |  |

**Sexual Orientation** *Please*

*tick*

|  |  |
| --- | --- |
| Bi-sexual |  |
| Gay |  |
| Lesbian |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

**Gender** *Please*

 *tick*

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |

**Personal relationship** *Please*

 *tick*

|  |  |
| --- | --- |
| Single |  |
| Living together |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |

1. [↑](#footnote-ref-1)