**Application for Appointment (Support Staff)**

**Includes Equal Opportunities Monitoring Form**

All applicants are considered on the basis of their suitability for the post irrespective of their sex, age, marital status, pregnancy or maternity, race, gender reassignment, sexual orientation, religion and belief or disability.

If you have a disability that affects the written completion of this form please tell us and an alternative format may be arranged.

Whether or not a CV or other documentation is attached, please complete this form in full.

|  |
| --- |
| Post applied for:  How did you hear about this vacancy? |

# Personal Details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | |  | First names: | |  | | |
| Former name(s) (if applicable)\* | | | |  | |  | Preferred title: Mr/Mrs/Miss/Ms/Other: | | | |  |
| Address: | | | | | |  | Telephone Number | | | | |
|  | Daytime: |  | | | |
|  | Evening: |  | | | |
| Post Code: | |  | | | |  | Mobile: |  | | | |
| e-mail address: | | |  | | | | | | | | |
| National Insurance Number:\* | | | | |  |  | Date of birth:\* | | |  | |
| \* Required for full identification purposes | | | | | |  |  | | | | |

# Education, Training and Qualifications

|  |  |  |
| --- | --- | --- |
| Secondary and further education, plus training courses relevant to the job for which you are applying.  Please continue on a separate sheet if necessary. | | |
| **School, College, University** **and/or Training Course.** | **Dates from - to.** (Please account for any gaps in the date range) | **Examinations, Subjects, Course** **qualifications, Certificates awarded.** |
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# Membership of Professional Organisations

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| --- | --- |
| **Professional organisation** | Grade and date of membership |
|  |  |
|  |  |
|  |  |

# Participation in Voluntary, Recreation or General Interest Groups

|  |  |
| --- | --- |
| **Name of organisation** | **Offices held** |
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|  |  |
|  |  |

# Current/Most Recent Position Held

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position/Job title: | | | |  | | | | | | | |
| Name and address Establishment | | | | | |  | | | | | |
|  | | | | | | | | | | | |
| Post code: |  | | | | | | Tel No: | |  | | |
| Web address: | | |  | | | | | | | | |
| Type of establishment: | | | | |  | | | | | | |
| Key tasks, responsibilities and achievements: | | | | | | | | | | | |
| Starting date: | |  | | | | | | Starting salary: | |  | |
| Leaving date: | |  | | | | | | Spinal point (if applicable): | |  | |
| Allowances: | |  | | | | | | Current/leaving salary: | | |  |
| Period of notice required or available start date: …… | | | | | | | |  | | | |

**Previous Employment/Voluntary and/or Domestic Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| Starting with the job before the current/most recent one, give details of your employment history including any periods of time not spent in employment (any gaps must be accounted for). | | | |
| Employer – Name, address and nature of business | Job title and key tasks/responsibilities | Date from | Dateto |
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**Continue on a separate sheet if necessary*.***

# Experience, Skills, Abilities and Career Aspirations

|  |
| --- |
| Please tell us how you think you meet the requirements for this job. You may wish to use details of your previous jobs, voluntary work, other activities or your personal interests. This is your opportunity to tell us more about your achievements and your aspirations for your future career. |
|  |

**Continue on a separate sheet if necessary. (you may use the back of the application form if required**

# Other Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a partner or any family or relatives working for this Organisation? | | | | YES / NO | |
| (If yes please give their name and where they work) | |  | | | |
| Would you be willing to undergo a medical examination following conditional appointment? | | | | YES / NO | |
| If you have a disability will you require any form of assistance to enable you to participate in the recruitment process equally and fully? | | | | YES / NO | |
| If YES please describe any reasonable adjustments we need to be aware of in advance. | | | | | |
| Are you able to travel during the course of your work? | | | | YES / NO | |
| Do you have a driving licence? |  | | | | YES / NO |
| If YES, is it; | | | PROVISIONAL / FULL / HGV / PSV | | |
| Are you entitled to work in the UK? | | | | | YES / NO |
| Every applicant will be asked for proof of their eligibility to work in the UK at interview stage. | | | | | |
| (Please contact us in advance if you need us to sponsor you under the UK Border agency points based scheme for skilled workers (Tier 2)). | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The work you are applying for is a regulated activity requiring an Enhanced DBS with Barred List Check and is therefore exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974.  All applicants are asked to complete the supplementary ‘declaration form’ on which you are therefore not entitled to withhold information about convictions that, for other purposes under the Act are regarded as spent other than certain spent convictions and cautions which are 'protected' and are not subject to disclosure to employers, and cannot be taken into account under the amendments to the Exceptions Order 1975 (2013). This form should be appended in a sealed envelope marked confidential.  Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Are you on an DBS barred list, disqualified from work with children or subject to sanctions imposed by a regulatory body e.g. the Department for Education? | | | | YES / NO | | If you have a current DBS/CRB check number please enter it here; | | |  | | | Date of issue: |  | Issued by: |  | | |

**References**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please give details of two referees - one must be your present or last employer. | | | | | | | | | | |
| Name: |  | | | |  | Name: |  | | | |
| Address:  **Email address** | | | | |  | Address:  **Email address** | | | | |
| Telephone Number: | | |  | |  | Telephone Number: | | |  | |
| Position: | |  | | |  | Position: | |  | | |
| May we approach them now? | | | | YES/NO |  | May we approach them now? | | | | YES/NO |

## Consent & Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Data Protection Notice and Permission to Retain Personal Information  For the purpose of processing my application of employment and all subsequent employee checks, I consent to the use of my name, and other relevant information being used for this purpose and for any such information where relevant to be retained (if appropriate) on my personnel file. I understand that this information will not be used for any other purpose without my consent unless authorised by law. I understand that personnel data retained shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed and I can request to view details held on file for me in writing to the Business Manager. I agree that I will inform the school immediately of any changes in my personal data.  Declaration  I certify that, to the best of my belief, the information I have supplied is true and complete.  I understand that any false information or failure to disclose health problems, criminal convictions or prosecutions pending may disqualify me from employment or render me liable to summary dismissal.  I understand that this organisation reserves the right to verify claims made in this application and I consent to the organisation requesting an enhanced DBS check on me | | | |
| Signature: | Print Name: |  | Date: |
|  | |  | |

**We are committed to equal opportunities.**

In order to ensure that our systems are robust could we please ask all applicants to complete the equal opportunities monitoring form

Ripplevale School - Equal Opportunities Monitoring Form

This information is being gathered to achieve constant improvements in our Equal Opportunities Policies and Practices, to make sure our job adverts are reaching all sections of the community and to monitor that the organisation is representative of the population of the UK and the community in which we sit. You may choose not to give your name if you wish.

The data will be used for monitoring purposes only and will not be looked at until after the appointment process has ended. It will not be taken into account in assessing your application form. The data will be treated in the strictest confidence and will be used only for general statistical analysis. The form is designed along the same lines as issued by The Equality and Human Rights commission.

Personal Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name : |  | | | (Optional) | |
| Gender : | Male |  | Female | |  |

Age group:

|  |  |
| --- | --- |
| 18 – 29 |  |
| 30 – 45 |  |
| 46 - 59 |  |
| 60 and over |  |

Marital Status

Please tick one of the boxes below in relation to your status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Single |  | Married |  | Other (specify) |  |

Sexual Orientation (optional)

The following 2 questions relate to your sexuality. This is a private matter for you and if you prefer not to complete these sections of the form then we respect your privacy in this matter.

Which of the following best describes how you think of yourself?

|  |  |
| --- | --- |
| Heterosexual/Straight |  |
| Gay man |  |
| Gay woman/Lesbian |  |
| Bisexual |  |
| Other (please specify) |  |
| Prefer not to say |  |

Gender Identity (optional)

Do you consider yourself to be transgender?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Other (please specify) |  |
| Prefer not to say |  |

Ethnic Origin

What is your ethnic origin? Ethnic origin refers to members of a group that share the same cultural background and identity. This does NOT mean country of birth or nationality.

Please tick the box below that most accurately describes your ethnic origin.

|  |  |  |
| --- | --- | --- |
| White | British |  |
|  | Irish |  |
|  | European union member state |  |
|  | Any other White background |  |
| Mixed | White and Black African |  |
|  | White and Black Caribbean |  |
|  | White and Asian |  |
|  | Any other Mixed background |  |
| Asian or Asian British | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | East African Asian |  |
|  | Chinese |  |
|  | Any other Asian background |  |
| Black or Black British | Caribbean |  |
|  | African |  |
|  | Any other Black background |  |
| Other ethnic group | Arab |  |
| Any other Ethnic group (Please state) |  |
|  | Don’t know/prefer not to say |  |

Disability

The Equality Act 2010 defines a disability as 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”. An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider yourself to be disabled as defined by the Equality Act 2010?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes please indicate below:

|  |  |
| --- | --- |
| Deafness or severe hearing impairment |  |
| Blindness or severe vision impairment |  |
| A physical disability (a condition that substantially limits one or more basic physical activities) |  |
| A learning disability (such as Down's syndrome) |  |
| A learning difficulty (such as dyslexia or dyspraxia) |  |
| A mental health condition (such as depression or schizophrenia) |  |
| A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy) |  |
| Other condition |  |
| None of these |  |

If you have a disability, please state what reasonable adjustments you would require?

|  |
| --- |
|  |

Religion and/or Belief

Please tick the option that best applies to you

|  |  |
| --- | --- |
| Christian; Catholic, Church of England, Protestant and all other Christian denominations |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Yes, another religion (please state) |  |
| Prefer not to say |  |
| Non-religious/atheist |  |
| Agnostic |  |

Thank you for your time in filling out this form.

For office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Shortlisted for interview?

Appointed?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Rehabilitation of Offenders Act 1974 Declaration**

The work you are applying for is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974.

All applicants are asked to complete this declaration form on which you are not entitled to withhold information about convictions, cautions, reprimands or final warnings, which would not be filtered in line with current guidance from the DBS that, for other purposes under the Act, are regarded as spent. The School has a statutory duty to conduct certain pre-employment checks on all people applying to work with us. The information obtained from these checks is used to help safeguard children.

We will not discriminate unfairly against candidates with convictions which we consider as unrelated to working with children. Having a criminal record will not automatically bar you from employment or voluntary work with the School. The School will take a proportionate view of past offences and will only exclude candidates from interview if the declared convictions or cautions are relevant to the work you are applying to do. We will look at the information after short listing in order to give the candidates a chance to discuss any declaration.

The completed form should be submitted along with the application form in a sealed envelope marked ‘Confidential – declaration form’ adding your name to link it to your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Position applied for: |  | Date of application: |  |
|  | | | |
| Do you have any convictions, cautions, reprimands or final warnings, which would not be filtered in line with current guidance from the DBS? | | | YES / NO |
|  | | |  |
| If YES please provide details here. | | | |
| Have you any current police investigations pending? | | | YES / NO |
|  | | |  |
| If YES please provide details here. | | | |
| Have you **ever** been the subject of a child protection concern, been investigated or been disciplined for the same? If YES please provide brief details below of the outcome below. | | | YES / NO |
|  | | |  |
| If YES please provide details here. | | | |

**Supplementary Declaration for those who will work in Childcare.**

The Childcare Act 2006 and the Childcare (Disqualification) Regulations 2009 disqualify staff from; providing early years childcare, or later years childcare to children who have not attained the age of eight, or being directly concerned in the management of that childcare.

This means that the following categories of staff in nursery, primary or secondary school settings are covered by the Childcare (Disqualification) Regulations 2009:

* staff who work in early years provision (including teachers and support staff working in school nursery and reception classes);
* staff working in later years provision for children who have not attained the age of 8 including before school settings, such as breakfast clubs, and after school provision;
* staff who are directly concerned in the management of such early or later years provision.

In addition to inclusion on the Children’s Barred List, the wider disqualification criteria include:

* being cautioned for or convicted of certain violent and sexual criminal offences against children and adults;
* grounds relating to the care of children (including where an order is made in respect of a child under the person’s care);
* having registration refused or cancelled in relation to childcare or children’s homes or being disqualified from private fostering;
* living in the same household where another person who is disqualified lives or works (disqualification ‘by association’).

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Position held |  |  |  |
|  | | | |
| Are you disqualified from working in childcare under any of the criteria described above? | | | YES / NO |
|  | | |  |
| If YES please provide details here. | | | |
| Are you living in the same household where another person who is disqualified lives or works? | | | YES / NO |
|  | | |  |
| If YES please provide details here. | | | |

Declarations

I certify that, to the best of my belief, the information I have supplied is true and complete.

I understand that any false information or failure to disclose disqualifications, criminal convictions or prosecutions pending may disqualify me from employment or render me liable to summary dismissal.

Signature:                           Date:

NOTE: Individuals who are disqualified can usually apply to Ofsted for a waiver of disqualification if they wish.

**Thank you for your application.**

Continuation Sheet