

APPLICATION FORM

Support Staff

Name of Candidate	
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Application for the position of	
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This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment



For school use

Appointment Process

To be completed by person indicated who should then pass on for next process to be completed

Action	Carried Out By	Date	Completed (please sign)
Appointed	Chair of Interview Panel		
Qualification Check	Headteacher's PA		
Identity Check	Headteacher's PA		
DBS Check Already Held?	Headteacher's PA		
References Received	Headteacher's PA		

Pay Scale	Point From Start Date	TLR Payments Awarded	Point Awarded for Previous Experience

Permanent Appointment	Temporary Appointment	NQT	Full Time/Part Time (inc fte)	Start Date	End Date (for temporary contact)

Action	Carried Out By	Date	Completed (please initial)
Letter of Appointment	Headteacher's PA		
Police Check (if not already held)	Headteacher's PA		
Contract	Headteacher's PA		

Action	Carried Out By	Date	Completed (please initial)
Job Description	School Line Manager		

Action	Carried Out By	Date	Completed (please initial)
Application Form and Interview Notes to Staff File	Headteacher's PA		

CONFIDENTIAL

APPLICATION FORM

DETAILS OF ROLE APPLIED FOR

Application for the position of:	
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Job Share: <input type="checkbox"/>	
At: (VA School / Voluntary Academy)	At which the Governing Body/Academy Trust Company is the employer of staff
In the Local Authority of:	
In the Archdiocese/Diocese of:	
Please state where you learned of this vacancy	
Place of work and job title of present post	

BEFORE YOU BEGIN PLEASE CHECK THAT YOU HAVE THE FOLLOWING:-

1. Application Form
2. Notes to Applicants
3. Recruitment Monitoring Form
4. Rehabilitation of Offenders Act 1974 – Disclosure Form

Please return your completed form to the Headteacher's PA at the school.

APPLICANT'S PERSONAL DETAILS

Surname		Title	
First Name(s)		Any other former names	
Religious Denomination/Faith		Date of Birth	

Current Address

If you have lived at this address for less than 5 years, please list all other addresses at which you have lived during this period with dates:

Previous Addresses	Dates

Home Telephone No	
Mobile Telephone No	
Daytime Telephone no	
Email Address	
National Insurance Number	
DBS No	
DBS Issue Date	

DETAILS OF APPLICANT'S PRESENT EMPLOYMENT

<i>Are you presently employed?</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please proceed to the next section.
Details of Present Post	
Name & Address of Employer	
Post Title	
Local Authority (if applicable)	
Telephone No	
Permanent: <input type="checkbox"/> Temporary: <input type="checkbox"/> Full time: <input type="checkbox"/> Part time: <input type="checkbox"/> Job share: <input type="checkbox"/>	
Date of Appointment	
Notice Required	
Reason for leaving if applicable	
Gross annual salary	
Description if key duties/ responsibilities	

APPLICANT'S EMPLOYMENT HISTORY AND PROFESSIONAL EXPERIENCE

Please complete in chronological order, **starting with the most recent**:

Employer's Name, Address and nature of business	Full or Part Time	Job Title and brief description of duties and responsibilities	Dates Month /Year		Reason for Leaving
			From	To	

If there are any periods of time that have not been accounted for in your application, for instance, periods spent raising a family or of extended travel, please give details of them here with dates. The information provided in this form **must** provide a complete chronology from the age of 16 – **please ensure that there are no gaps in the history of your education, employment and other experience. Failure to provide a full account may lead to your application being rejected.**

Dates (from – to)	Activity
-	
-	
-	

Please confirm whether you have ever been ordained and/or been a member of a religious community. Yes: No:

If yes, please provide details :

POST 11 EDUCATION AND TRAINING

Please complete in chronological order, **starting with the most recent**

Full name and address of establishment	Full time or part time	Qualifications, date Award made and Awarding Body	Dates Attended	
			Month/Year	
			From	To

SAFEGUARDING TRAINING

Date of most recent safeguarding training, if relevant

INTERESTS AND HOBBIES

Please list your interests and hobbies outside of work:

CONTINUED PROFESSIONAL DEVELOPMENT

Please list any courses you have completed and/or any professional development in which you have been involved in the past 3 years which you consider relevant to this post.

Course Title	Course Provider	Length of Course	Dates of commencement and completion	Award/Grade received (if applicable)
			-	
			-	
			-	

PROFESSIONAL MEMBERSHIPS

Please list any relevant professional bodies of which you are a member:

5. SUPPORTING STATEMENT

Please provide a written statement detailing why you believe your experience, skills, personal qualities, training and/or education are relevant to your suitability for the post advertised and how you meet the person specification. You should pay particular attention to the national standards for the position for which you are applying.

REFERENCES

Schools/Colleges of a Religious Character (in England only) are permitted, where recruiting for Support Staff posts, to give preference to applicants who are practising Catholics where it is a proportionate means of achieving a legitimate aim (commonly known as a “genuine occupational requirement”). Therefore, it is recommended that one referee should be your Parish Priest/the Priest of the Parish where you regularly worship, if applicable. It is the responsibility of the Applicant to ensure that all named referees, including Parish Priests, where applicable, have consented to providing a reference. You are advised to read the relevant section of the Notes to Applicants before completing this section.

Referee 1 – Headteacher of Present School or most recent employer

Title Name Designation
Address
.....
Telephone Email

Referee 2

Title Name Designation
Address
.....
Telephone Email

Referee 3 - Parish Priest/Priest of the Parish where you regularly worship (or Additional Professional):

Title Name Designation
Address
.....
Telephone Email

Notes:

- (i) We reserve the right to take up references with any previous employer. Please advise here if you do not want us to do so at this stage and provide reasons.

- (ii) If any of your referees knew you by another name, please specify that name(s) here:

Are you (or your spouse/civil partner/partner) related by marriage, blood or as a co-habitee to any member of the Governing Body or any current employees of the Governing Body?

Yes: No:

If yes, please complete the following:

Name of Governing Body member/employee	Relationship to you

DISCLOSURE OF CRIMINAL AND CHILD PROTECTION MATTERS AND DISCLOSURE AND BARRING SERVICE CHECKS

The Governing Body is obliged by law to operate a checking procedure for employees who have substantial access to children and young people.

Please confirm whether you have ever been the subject of any child protection concern either in your work or personal life, or been the subject of, or involved in, any disciplinary action in relation thereto, including any which is time expired.

Yes: No:

If yes, please provide details:-

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By checking the box below I hereby confirm that I am not disqualified from working with children and/or have information held about me under section 142 Education Act 2002 (formerly known as inclusion on the DfE List 99):

In the event of a successful application an offer of employment may be made to you which is conditional upon receipt of satisfactory Disclosure and Barring Service Checks ("DBS Checks") (formerly DBS Check and ISA Check) in relation to criminal and child protection matters. Please note that a conviction will not necessarily be a bar to obtaining employment.

By checking the box below you hereby consent to a DBS Check(s) being made to the Disclosure and Barring Service ("DBS"):

REHABILITATION OF OFFENDERS ACT 1974

If you have been convicted of a criminal offence the details must be disclosed on the separate document entitled "Rehabilitation of Offenders Act 1974 – Disclosure Form" together with any cautions or bind-overs, pending criminal convictions, criminal actions and/or court hearings against you. The Rehabilitation of Offenders Act 1974 – Disclosure Form must be enclosed with your application in a sealed envelope marked "confidential". If you do not have any convictions, please complete the relevant section in the Disclosure Form.

DATA PROTECTION ACT 1998

By checking the box below I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application 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.

IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006

The Governing Body will require you to provide documentary evidence of your entitlement to undertake the position applied for and/or of your ongoing entitlement to live and work in the United Kingdom in accordance with the Immigration, Asylum and Nationality Act 2006. More information can be found in paragraph 18 of the Notes to Applicants. By checking the below box you hereby confirm that you are legally entitled to work in the United Kingdom and that you will provide documentary evidence of such entitlement when requested:

DECLARATION

If you know that any of the information that you have given in this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for employment which comes to our attention your application may be withdrawn from the recruitment process.

Providing false information is an offence and may result in this application being rejected. If such a discovery is made after you have been appointed then you may be liable to be dismissed summarily. You may also be reported to the Teaching Agency (England only), the GBTC (Wales only) or the Police, if appropriate.

By signing below I hereby certify that all the information given by me both on this form and in any supplementary pages and the supporting evidence provided, is correct to the best of my knowledge and belief, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications that I claim to hold.

I acknowledge that it is my responsibility as the applicant, if invited for interview, to disclose information to the panel which may affect my suitability and/or eligibility to work with children and/or vulnerable adults

Signature:

Date:

(The post will be subject to the terms and conditions of the appropriate Catholic Education Service model contract, a copy of which will be provided to you before interview if you are shortlisted).

Additional Pages

Name:

Date of Birth:

Position applied for:

All Saints Catholic High School
Granville Road, Sheffield, S2 2RJ

T: 0114 2724851

F: 0114 2765371

E: allshf@aol.com

W: www.allsaints.shefieldsch.uk



MODEL RECRUITMENT MONITORING INFORMATION FORM

The information provided by you will be used for monitoring and statistical purposes only and will not supplement or form part of your application, the selection criteria used or the selection process generally.

You are not obliged to complete this form but, if you do so, it will help us to fulfil our duties under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, to promote and advance equality of opportunity and to foster good relations between people who share a relevant “protected characteristic” and those who do not. “Protected characteristics”, as defined by the Equality Act 2010, are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Post title:	Date of birth:
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Gender Male Female

COUNTRY OF BIRTH

My country of birth is:

ETHNIC ORIGIN

I would describe my ethnic origin as:

White	Asian, Asian British, Asian English, Asian Scottish or Asian Welsh
British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background (please specify)	Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background (please specify)
Black, Black British, Black English, Black Scottish or Black Welsh	Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh
African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background (please specify)	Chinese <input type="checkbox"/> Any other Chinese background (please specify)
Mixed	Other ethnic group
White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other Mixed background (please specify)	Other ethnic group (please specify)

RELIGION

I would describe my religion as:

None	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Catholic	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian (including Church of England, Protestant/all other Christian denominations)	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
		Any other	<input type="checkbox"/>

DISABILITY

The legal 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:

<p>Data Protection Act</p> <p>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.</p>
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Signature:

Date:

Model Rehabilitation of Offenders Act 1974 – Disclosure Form

This form is supplementary to the relevant section relating to the Rehabilitation of Offenders Act 1974, of the Application Form.

Where you are making an application in writing, this form must be completed and sent in a separate, sealed envelope marked “confidential” and returned with your completed Application Form and any other supplementary or supporting documents.

In accordance with statutory requirements certain pre-employment checks are conducted for positions involving working with vulnerable groups, specifically children and vulnerable adults.

The information obtained from these checks is used to help safeguard these groups. It will not be used to discriminate unfairly against those with convictions which we consider as unrelated to working with vulnerable groups. Having a criminal record will not automatically bar you from employment or voluntary work with us.

As the position you are applying for gives you privileged access to vulnerable groups, it is an Exempted Occupation under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. **This means that you must disclose spent and unspent convictions on this form. This includes any driving offences.**

Failure to disclose any criminal convictions could lead either to your application being rejected or, if you are appointed, to dismissal if it is subsequently discovered that you have had any criminal convictions. It is a criminal offence to apply for a position working with children if you are excluded from doing so.

Failure to complete this form may render your application invalid.

Full Name:

Date of Birth:

Post Applied for:

Please tick as appropriate:

(a) I do not have any convictions, spent and/or unspent (current):

(b) I do have conviction(s), spent and/or unspent (current):

If you have ticked box (b) above, please set out the details of the conviction(s) below:-

Date of Conviction/pending Hearing/Caution/Reprimand/Warning	Offence	Sentence	Details of Police/Court involved

Declaration: I hereby certify that the information given above is true and accurate:

Signature :

Date :

Data Protection Act

I hereby give my consent for the 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 :