



Employment Application Form: Support

The Governing Body 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 in black ink or type. CVs are not accepted.

School you are applying to



William Edwards School

'Inspirational learning with a strong sporting ethos'

Vacancy applying for

Please return your completed application form to:

**Personnel Department
William Edwards School
Stifford Clays Road
Grays
Essex
RM16 3NJ**

Email montaguel@williamedwards.org.uk

Part 1. INFORMATION FOR SHORTLISTING AND INTERVIEWING

1. INITIALS _____ SURNAME OR FAMILY NAME _____

2. LETTER OF APPLICATION *Please refer to the applicant information pack which may include instructions on how to complete the letter of application*

3. CURRENT / LAST EMPLOYMENT

Name and address of employer	
Job title <i>Please enclose a copy of the job description, if possible</i>	
Date appointed to current post	
Current salary	
Date available to begin new job	

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

Job Title or Position	Name and address of employer, or description of activity	Dates				Reason For leaving
		From		To		
		Month	Year	Month	Year	

4.1						
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4.2						
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FULL CHRONOLOGICAL HISTORY (Cont'd)

Job Title or Position	Name and address of employer, or description of activity	Dates				Reason For leaving
		From		To		
		Month	Year	Month	Year	

4.3						
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4.4						
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4.5						
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4.6						
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4.7						
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Please enclose a continuation sheet if necessary

5. SECONDARY EDUCATION & QUALIFICATIONS (eg GCSE)

Name of School/College	From	To	Qualifications Gained

6. FURTHER OR HIGHER EDUCATION Any recognised qualifications or courses attended which are relevant to the job application

Name of FE College or University or Awarding Body	Dates From To	Full or Part-time	Qualifications Obtained

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

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

Second referee

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

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Part 2

This section will be separated from Part 1 on receipt. Relevant responses may be verified prior to shortlisting and/or used for administration purposes but will not then be used for selection purposes. If you are called to interview you may be asked about the answers you have given to questions 14 to 16 and question 13 if relevant to the job.

9. PERSONAL INFORMATION

1. Surname or family name	
2. All previous surnames	
3. All forenames	
4. Title	
5. Current Address	
6. Postcode	
7. Resident at this address since	
8. Home telephone number	
9. Mobile telephone number	
10. Date of birth	
11. Email address	
12. National Insurance Number	
13. Do you have a current full driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever been subject to a child protection investigation by your employer or any other organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions. This will not be opened unless you are invited to interview.
15. Do you require sponsorship (previously a work permit)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please provide details separately
16. Are you related to or have a close personal relationship with any pupil, employee, or governor?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES give details separately under confidential cover. This will not be opened unless you are invited to interview.
17. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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

If you are shortlisted you will be required to complete a "Disclosure of Criminal Record" form and bring the completed form to interview. If the job involves contact with children up to age 8 you will also be required to make a Disqualification Declaration. The information you give will be treated as strictly confidential. Disclosure of a conviction, caution, warning or reprimand will not automatically disqualify you from consideration. Any offence will only be taken into consideration if it is one which would make you unsuitable for the job you are applying for. However, offences relating to children may make you unsuitable since this is a "regulated position" under the Under the Criminal Justice & Courts Services Act 2000.

11. DATA PROTECTION ACT 1998

The information collected on this form will be used in compliance with the Data Protection Act 1998. By supplying information, you are giving your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998. The information may be disclosed, as appropriate, to the governors, to Occupational Health, 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. This form will be kept strictly confidential but may be photocopied and may be transmitted electronically for use by those entitled to see the information as part of the recruitment process. When the recruitment process is completed, the form will be stored for a maximum of six months then destroyed. If you are employed as a result of this recruitment process then this application form will be retained as part of your personnel record.

12. NOTES

- (a) Under the Criminal Justice & Courts Services Act 2000 it is an offence for an individual who has been disqualified from working with children to knowingly apply for, offer to do, accept, or do any work in a 'regulated position'. The position you are applying for is a "regulated position".
- (b) Canvassing, directly or indirectly, an employee or governor will disqualify the application.
- (c) Candidates recommended for appointment will be required to provide a satisfactory Enhanced DBS certificate and complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

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

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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	<input type="checkbox"/>
	WIRI	Irish	<input type="checkbox"/>
	OOTH	Irish Traveller	<input type="checkbox"/>
	OOTH	Gypsy	<input type="checkbox"/>
	WOTH	Other White background	<input type="checkbox"/>
Mixed	MWBC	White and Black Caribbean	<input type="checkbox"/>
	MWBA	White and Black African	<input type="checkbox"/>
	MWAS	White and Asian	<input type="checkbox"/>
	MOTH	Other Mixed background	<input type="checkbox"/>
Asian or Asian British	AIND	Indian	<input type="checkbox"/>
	APKN	Pakistani	<input type="checkbox"/>
	ABAN	Bangladeshi	<input type="checkbox"/>
	CHNE	Chinese	<input type="checkbox"/>
	AOTH	Other Asian background	<input type="checkbox"/>
Black or Black British	BCRB	Caribbean	<input type="checkbox"/>
	BAFR	African	<input type="checkbox"/>
	BOTH	Other Black background	<input type="checkbox"/>
Other ethnic group	OOTH	Arab	<input type="checkbox"/>
		Write in:	<input type="checkbox"/>
Prefer not to say	REFU		<input type="checkbox"/>

Religion

Please tick

No religion	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Any other religion write in	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Disability

Do you consider that you have a disability? Please tick

Yes Please complete the grid below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My disability is: Please tick			
Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability/ Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long standing illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Orientation

Please tick

Bi-sexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Personal relationship

Please tick

Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender

Please tick

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>