	CONFIG	ENTIAL		
Thomas Estley Community College		INSERT POST TITLE		
	Applicati	on Form		
Pre-employment screening chec purposes of confirming information		n on recruitment applications and applicants for the ded within this application form.		
1. POST DETAILS Post applied for:		Post ref:		
Department:	Location	Location:		
2. PERSONAL DETAILS				
Family Name:	Othe	er Names:		
Previous Names:	Natio	onal Insurance Number:		
Title:		Contact Telephone Number:		
		se only answer the questions below if they are a irement on the Person Specification for this post		
Address:	Do y	ou have a current full Driving License? (Double on square to select) Yes No		
Post Code:		Do you have use of a vehicle? (Double click on square to select) Yes No		
Email:				
PRESENT EMPLOYMENT (If you are not currently in employed)		re blank)		
Job Title:		Telephone Number:		
Employer's Name:		May we contact you on this number? (Double click on square to select) Yes No		
Address:		Basic Pay/grade:		
		Other Pay:		
Postcode:		Date Started:		
		Period of Notice:		

Outline of key duties a	and responsibilities:			
4a. EXPERIENCE (Tiplacements etc.) Plea	ase list most recent	oaid and unpaid post first.	l employment, work	experience,
Organisation	Role	Salary (If Applicable)	Date Employed	Reason for leaving
			From To	
			MM/YYYY MM/YYY	Y
4b. GAPS IN EMPLO reasons.	YMENT Please spe	cify all time not	accounted for above	e with dates and
10030113.				

5. SUMMARY OF EXPERIENCE, SKILLS, KNOWLEDGE AND COMPETENCIES			
Please tell us about your relevant experience, skills, knowledge and competencies which you feel			
make you the best person for the job. Always give examples of things you have done in your			
work/home life to fulfill the Person Specification. Please use additional paper if necessary.			
The first term and a second experimentation and additional paper in necessary.			

6. RELATIONSHIPS Are you related to any Member click on square to select) Yes If yes, please give details	_	<u> </u>	the [School/College]? (Double
7. CRIMINAL CONVICTIONS AN All work with schools and coll of Vulnerable Groups Act 20 undertaken. It is a criminal of Barred List to apply for a posteriminal convictions section or	eges is defined 06 and as suc ffence for any st in a 'regulat	th an enhanced CRE individual who is na ed activity'. To be re	B Disclosure check will be med on the ISA Children's ead in conjunction with the
Have you ever received a cautic offence, been reprimanded or give (Double click on square to select Please give details of all conviction including date, court and nature of	ven a final warnir t) Yes ons and/or caution	ng? No	
8. EDUCATION Qualifications gained or pending. Please state subject (Please be prepared to provide evidence at interview)	Grade	Date Achieved (MM/YYYY)	School/College/University

9. MEMBERSHIPS OF RELEVANT ORGANISATIONS					
Professional Body/Association		Qualification/ Membership		Dates of Qual/	
		Level		Membership (MM/YYYY)	
10. RELEVANT COURSES/A	WARDS (e.g. short courses atten	ded/ cei	rtificates/a	wards)
Organising Body		ails of Course		Dura	-
			From		То
11. DISABILITY/ HEALTH CO			are ee	mmitted to	intoniovina all
We encourage people with applicants with a disability who					
their abilities.		occomian cinterna for a je	J racan	o, and to t	
•	mental im	=	-	neir ability t	to perform normal
day-to-day activities					
I consider myself to be: Dis	sabled 🗌	Non-Disabled			
Please indicate below if you re condition, to enable you to atte considering your application.				•	
☐ Interview information on a	audio tape				
☐ Interview information in la	•	ormat			
☐ Sign language interpretati	•		nication	at interview	V
oign language interpretat		i assistante with commu	iication	at interview	v

 ☐ Induction loop in interview room ☐ Wheelchair-accessible location for interview ☐ Car parking space for interview (for people with mobility problems only) ☐ Facility for Personal Carer, assistant or other person to accompany you at interview Please specify any other support, which you would like to be made available on the day: 			
12. DATA PROTECTION ACT The information you supply when requesting a job purposes and in connection with any future contact. T months from the last contract.			
When you sign and return this form you are giving permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held for up to 6 months and then destroyed.			
13. INTERVIEW ARRANGEMENTS			
Please indicate below any dates when you would not	be able to attend for interview:		
44 DEFERENCES			
14. REFERENCES Name	Name:		
Address:	Address:		
Postcode	Postcode:		
Email Address	Email Address		
Telephone Number	Telephone Number:		
Title/ Position	Title/ Position:		
Relationship to applicant	Relationship to applicant:		

Please note that an offer of employment cannot be made without prior receipt of satisfactory references, one of which should be your present or most recent employer and as this post is designated as a regulated activity, it will be necessary to approach both referees at the shortlisting stage. This is in line with our recruitment policy.

15. DECLARATION

- I declare that the information I have given on this form is, to the best of my knowledge, correct, true and accurate and that I have not omitted any facts which may have any bearing on my application. I understand that falsification of qualification or any other information may lead to the withdrawal of any offer of employment, or dismissal where employment has already commenced.
 - By signing this form I agree to Leicestershire County Council using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information.
- I also confirm that I have not directly or indirectly approached an Elected Member or employee
 of the County Council or Governor of a school/college to support me in making this application
 as this would disqualify me as a candidate.
- I understand that if I don't tell you about any relationships with any members or employees of the County Council, or Governor of the school/college, or I neglect to tell you about any criminal convictions/cautions/reprimand/final warnings detailed in the guidance notes, and this is discovered after appointment, I could be dismissed without notice.
- I also understand that satisfactory references, CRB disclosure (if appropriate), medical clearance and evidence of the right to work in the UK are required before any final offer of employment can be made.

Signature	
Date:	

16. N	MONITORING SECTION			
It would be really helpful if you could complete this section for us. We are committed to equality of				
	ortunity in employment and service delivery and the information you provide will help us to ensure			
	and equal treatment of applicants and employees alike. The details you supply will be stored			
	rately to the information on the rest of the application form and will not be used as a basis for			
decis	sion-making within the selection process.			
Appli	ication for the post of:			
1)	How would you describe your ethnicity?			
,	(a) White (b) Mixed (c) Asian & British Asian			
	British White and Black Caribbean Indian			
	☐ Irish ☐ White and Black African ☐ Pakistani			
	Any Other White White and Asian Bangladeshi			
	Background *			
	Asian Background*			
	*(please write in below) *(please write in below) *(please write in below)			
Ī				
L				
	(d) Black or Black British (e) Chinese or other ethnic group (f) Gypsy/Traveller			
	Caribbean Chinese Irish Traveller			
	☐ African ☐ Any Other ethnic group* ☐ Romany Gypsy			
	Any Other Black background* Any Other Black background*			
	* (please write in below) * (please write in below) *(please write in below)			
Г	(piedde write in below) (piedde write in below)			
L	☐ Prefer not to state			
2)	My sex is Male Female Prefer not to state			
3)	My date of birth is (DD/MM/YY) Age:			
4)	The Equality Act 2010 defines disability as a person has a disability if:			
,	they have a physical or mental impairment			
	• the impairment has a substantial and long-term adverse effect on their ability to perform normal day-			
	to-day activities			
	to day delivines			
	I consider myself to be Disabled Non Disabled Prefer not to state			
5)	My religion is: Buddhist ☐ Christian (all denominations) ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ None ☐ Prefer not to state ☐ Other ☐ Please specify			
	masimi _ cital _ rions _ rions not to state _ cital _ rioase specify			
6)	My sexual Orientation is: Bi-sexual ☐ Gay ☐ Lesbian ☐ Heterosexual ☐			
	Prefer not to state Other Please specify			