	Thank you for applying for a position with St Julian's School				
	The information Please complete i application but ca	St. III			
	application form hear anything v	s or write to applicants n	omatically acknowledge reco ot selected for interview. If y losing date, please assume	you do not	the route to success
			individuals who have reache ticular post, it will be indicated		
	PRIVATE AN	ND CONFIDENTIAL			
	Please complet	te in black ink			
	Surname:	Fore	ename(s):		
	Address:				
ails		Post	Code:		
Personal Details	Home Telephone:	(Code):	(No.):		
onal	Business Telepho	ne: (Code):	(No.): Ext		
Pers	Mobile Telephone	e:			
	E:mail address:				
	National Insurance	e Number:			
	Do you need a wo	ork permit to work in the UF	X? Yes No		
	The Council operates under the Positive about Disabled People Symbol and applications from people with disabilities are welcomed by the Council. This scheme guarantees an interview to people with disabilities if they satisfy the essential criteria for the post.				
	Declaration				
		nd wish to be given a guarante ut Disabled People (please tick	eed interview under the Commitme c box)	nt	
	Proof of qualificati	ions may be required at inter	view		
	Date to & from Month/Year	School, Colleges, Training Centres Attended – including part time	Qualifications gained or pending (state subject & level)	Grade	
ions					
Qualifications					
uali					
O					
					Z

Nama and	addraga	of proces	t ar maat	raaant	amplayarı
Name and	auuless	or present	เบาเทอร์เ	. recent	emblover.

Job Title of immediate supervisor:

=	
=	
e	
\equiv	
>	
6	
$\boldsymbol{-}$	
emp	
=	
\equiv	
<u> </u>	
recent	
a a	
ವ	
<u> </u>	
\mathbf{z}	
+	
S	
0	
Ξ	
\blacksquare	
7.	
=	
=	
esent/most	
S	
ð	
_	
Ы	

Job Title:		
Dates of employe	ment: From (month/year):	To (month/year):
Brief description	of duties and responsibilities:	
Reason for wanti	ing to leave:	How many employees do you supervise?
Grade:		Other financial benefit:
Giaut.	Salary/Wage:	Other illiancial benefit.

Please enter in reverse date order and include any training placements, temporary unpaid or voluntary work experience.

Period of notice:

	Dates to & from Month/Year	Employer's Name & Address	Job Title & Salary	Brief Description of Duties	Reason for leaving
	Month/Year	Name & Address	& Salary		
1 4					
e n 1					
ΙĚ					
0 y					
þ					
Previous employment					
Se					
no					
Ţ.					
re					
Ь					
				1	

	Membership of Professional Bodies			
	Body	Grade of	XXI 41 1	D .
d	Bouy	Membership	Whether by exam	Date
Professional Membership				
ber				
m				
Me				
nal				
sio				
fes				
Pro				
	The information you provide in this sect	 ion is important in as	 	lease use the snace
	to state your reasons for applying for th	ne post, relating your	· skills, experience, and per	sonal qualities and
	training you have received to the require	ments of the job which	ch are contained in the job	description and job
	requirement form. For advice on cor Newport.'	npieting this section	read the document App	lying for a job in
	Post			
ıce				
nd experience				
bei				
l ex				
anc				
Other relevant information a				
ati				
Lu				
nfo				
nt i				
val				
rele				
er 1				
)th				

Other relevant information and experience	If you require more space, please attach a separate sheet
	Are you related to any Member or employee of Newport City Council? YES NO
	If YES, please state name and relationship:
	Have you been convicted of any criminal offence? YES NO
	If yes, please give details including dates except spent convictions under the Rehabilitation of Offenders Act
Miscellaneous	Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 & Police Act 1997 If the Job Description has indicated that the post for which you are applying will be subject to a Criminal Records Bureau Disclosure, the Authority will require you to reveal any criminal convictions, bind-over orders or cautions, including those which would normally be regarded as spent. Please give details: Information regarding CRB Disclosures is attached
	Do you hold a full valid driving licence: YES NO
	If it is a non UK licence, please specify country of issue:
	Do you hold a full valid HGV Licence? YES NO
	Do you hold a full valid PSV Licence? YES NO
	If you have any driving endorsements please detail:

	Please give the name of two persons to whom refershould be from your last employer (or Headteacher supplied from all previous employers over the last 3 separate sheet.	r if a school leaver). The Council requires	s references to be			
	The School reserves the right to contact any previous employer.					
	Name:	:Name				
References	Address:	Address:				
Refer						
	Position:	Position:				
	Telephone Number:	Telephone Number:				
	E:mail:	E:mail				
	If you do not wish this referee to be contacted until a Please indicate by ticking the box.	provisional offer of employment is made,				
	The information you have provided on this form is s Council for recruitment purposes. If you are appoin employment with the Council. If you are not appoint following the appointment decision after which it wil	nted this information will be retained for the inted your information will be kept for a pe	duration of your			
п	Applicants should note that posts advertised externally will also be advertised at Job Centre Plus, Department for Work and Pensions. Once the appointment has been made, the name and start successful candidate will be disclosed to Job Centre Plus. The information requested is used to monit Job Centre Plus are filling vacancies and how many people they help into work.					
Should I be the successful candidate, I am happy for Newport City Council to pass my name and s Centre Plus.						
Decla	YES NO					
	Declaration					
	I declare that the information given in this applica directly or indirectly) any Member of Senior Officer of		canvassed (either			
	Signed:	Date:				
	Please return the application form to the address s	shown on the advertisement .				



Equal Opportunities Monitoring Form

Data Protection Act 1998

The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by the Council solely to monitor the implementation of its Equal Opportunities and related employment policies. It will not be used for any other purposes or disclosed to any other organisations except in pursuance of our statutory obligations.

Could you please complete this form and return it with your application form. The form will be separated from the Application Form on receipt. Officers involved in the selection process do not at any stage have access to the data collected. However, should you have any concerns, please insert the Monitoring Form into an envelope, write the Job Reference Number on the outside of the envelope and return with the application form. We would assure you that this envelope would not be opened until the conclusion of the recruitment process.

Unique reference number(not applicable if downloaded from internet)						
Reference number of vacancy for which you are applying						
Job title of post applied for						
Service Groupings Corpora Service		Lifelong Learr & Leisure	ning Social Wellbeing			
My gender is (please tick appropriate	box Male [Female			
How would you describe your ethnic origin (please tick appropriate box)	White British Irish Any other white background Please specify		Mixed White & Black Caribbean White & Black African White and Asian Any other mixed background Please specify			
Asian or Asian British	Black or Black British		Chinese or Other ethnic group			
Indian	Caribbean		Chinese			
Pakistani	African		Gypsy/traveller			
Any other Asian Background Please specify	Any other Black background Please specify		Any other ethnic group Please specify			

(These categories are those used in the 2001 census and are recommended for use by the Commission for Racial Equality)
Age:16-19 20-29 30-39 40-49 50-59 60-64 65+
Are you a disabled person? Yes No
The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day to day activities.