

## Application Form - Schools

May 2019

Please return this form to: Mrs Sue Heath School Business Manager Haydonleigh Primary School Haydon Court Drive Swindon SN25 3PS

Job Code:

1. Persor	nal Det	ails		Ref No	o:			
The information in sections 1 and 2 will be detached from the application form prior to short listing.								
Surname			Forename(s)					
Title	Mr 🗌	Mrs Miss Ms	Other	Date	of Birth			
			Is this a job sh	are application	?	Yes 🗌 No 🗌		
			Contact Details	s (please tick p	referred	contact detail)		
Address			Home					
Address			Work					
			Mobile					
			E-mail					
Are you elig	gible to v	work within the UK?			Yes	□ No □		
Are you red	quired to	have a work permit to w	vork in the UK?		Yes	□ No □		
Conviction	ns / Disc	qualifications						
The amendments to the Exception Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website <a href="www.gov.uk/government/organisations/disclosure-and-barring-service/about">www.gov.uk/government/organisations/disclosure-and-barring-service/about</a> Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?								
Canvassin								
please stat	e wheth	airness and openness o er you are related to, or Councillor or employee o	in a close perso	nal	Yes [	] No 🗌		
If \/\(\(\G\) = \ \(\overline{1}\)		Name:						
If YES, pleading give details		Position in Council:						
givo dotalio	,.	Relationship with yours	self:					
Please note that canvassing of Councillors or employees of Swindon Borough Council in relation to this application will disqualify any applicant. If evidence of this is discovered after appointment you may be dismissed without notice.								

Declarat	ion								
I declare that the information I have given in this application is correct and complete. I understand that any false statements or failure to disclose information requested on this form may result in my application being disqualified or may lead to my dismissal or disciplinary action if appointed. I have reviewed the Privacy Notice in line with GDPR and give consent in line with the policy.  General Data Protection Regulations (GDPR) The law relating to Data Protection has changed with the introduction of the General Data Protection Regulations (GDPR). The School has produced a Privacy Notice Policy which									
summarises the key ways in which we deal with the information we hold about you, how we use it and your rights in relation to it. Please refer to the schools privacy policy for further information.									
Signature	Date								

2. Equal Opportunities Monitoring Form									
How information about you will be used  You are requested to complete this information to enable us to monitor the effectiveness of our Corporate Equalities Strategy. This information will be used solely for monitoring purposes, will be treated as confidential and will be separated from the application form on receipt and before selection procedures commence.									
Please place a tick in the	Please place a tick in the boxes where applicable:								
Are You?	Male Female If you prefer to use your own term please provide it here:								
Please indicate your curre	ent age band below:								
Up to 19 20 - 29	30 - 39								
	White British Irish Polish Italian Any other White background  Black or Black British Caribbean African Any other Black background								
How would you describe your ethnic origin?	Mixed White and Black Caribbean White and Black African White and Asian Any other Mixed Background  Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background								
	Chinese Chinese Any other ethnic group								
Do you consider yourself	to have a disability? Yes No								
Where did you see this va	cancy advertised?								
Local Newspaper Professional Journal Job Centre National Newspaper	Other								
Are you currently employed by Swindon Borough Council? Yes No									
Religion									
Sexual Orientation	Sexual Orientation								

Application Form	Code:
3. Vacancy Details	
Job(s) Applied for:	
Ref No:	
4. Present or more recent employment	, voluntary work or role
Job Title:	Name of Employer:
Hours worked:	
Dates Employed:	Employer's Address:
Notice Period:	Address.
Current Salary plus Benefits:	
Key Duties:	
5. Reason for wishing to leave or left:	
	,
The Working Time Regulations place a maximum (48 hours). Will you continue in any other employ this appointment?	

6	Previ	OUS	<b>Empl</b>	lovm	ent
<b>U.</b>		<b>Jug</b>		i Cylli	

Starting with the most recent first, please give details of jobs held including part-time and unpaid work. Do not include the details provided in Section 4 of the application form.

If applying for a post, which involves working with children, young people and/or vulnerable adults, you are required to provide the dates you were employed from and to, and details of any gaps in your employment. Continue on a separate sheet if necessary.

Name of Employer	Job Title and Main Duties	Dates of Employment and Reason for Leaving		

7. Education						
Please give details of any education, technical and/or professional qualifications. If you are currently studying please provide details of the qualifications you are studying for.						
Examinations/Qualifications taken or to be taken (include subjects)	Results, Grades and Date Achieved					

8. Training					
					the job and/or specified
on the person specification Date of Course		Course Title		553ai y.	Organising Rody
Date of Course		Course Tille			Organising Body
9. Membership					
Please indicate memb	ership of an	/ organisation(s	) relevant to the	e job.	
Name of Organis	sation	Туре	of Membership		Is Membership Current?
10. Skills, Abilities	s, Experie	nce and Ach	ievements		
Please give details of y interests) and use exa specification. You may continue on the second	mples to der	monstrate how y	ou meet each	of the cri	teria listed in the person
Tou may continue on	up to 2 sept	ilate Sileets an	u attacii ii iiece	zssary, p	lease do not staple.

11. Disa	ability							
We guarantee to interview disabled applicants who meet the <b>essential</b> requirements for the post.								
Do you consider yourself to have a disability?  If YES, please tick the appropriate boxes below:  Yes  No								
Please st	ate any particula	r assist	ance c	or facilities you r	nay re	quire in att	ending a	an interview.
12. Ref	erences							
whom mu should gi		ent or me r course	ost red tutor	cent employer. I or teacher. Refe	f you l erence	nave just le s from <b>frie</b>	ft full tim	ne education you  d relatives are not
Name				Position/Occup	oation			
					Tele	phone No.		
Address					Fax I	lo.		
					E-mail			
Relations	Relationship to yourself							
Name				Position/Occup	pation			
					Tele	hone No.		
Address				Fax No.				
				E-mail				
Relationship to yourself								
Name				Position/Occup	oation			
Telephone No.								
Address					Fax	Fax No.		
					E-ma	nil		
Relations	ship to yourself							