

Applicant Number (leave blank)

Employment Application Form

(for posts that are exempt from the Rehabilitation of Offenders Act 1974).

The post you are applying for is EXEMPT from the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 (as amended in 2013). This means that you are required to give details of any 'spent' and 'unspent' convictions or pending cases, cautions, bind-over orders, reprimands and final warnings (that are not eligible for filtering), including dates, the offence(s), sentences, and the court or police force which dealt with the offence.

Lambeth Council is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and external agencies to share this commitment.

How to fill in this form

1. This application form is provided in a 'fillable pdf' format. If completing electronically it can be saved at any point to your computer and reopened to revise or complete before saving the final version for emailing or for printing and posting. Alternatively, it can be printed off and completed by hand.
2. Please read all the information and guidance notes before you complete this form.
3. Please answer all the questions and type or write neatly in black ink as this form will be photocopied.
4. Please be concise. The spaces provided for your answers should be sufficient, but if you do not have enough room please continue on a separate sheet.
5. We want to ensure the recruitment process is accessible to disabled applicants, so if you would like us to make any arrangements in this respect please let us know.
6. Do not attach a CV, as it will not be considered.
7. On completion of this application form please ensure you sign and date the declarations on pages 7 and 8.
8. Please also complete the separate Equal Opportunities Monitoring Form provided on page 9.

Please Note: If you have not heard from us within 4 weeks of the closing date your application for this job has not been successful.

A: JOB APPLIED FOR

Job Title:

Vacancy Reference Number:

Applicant's Full Name:

B: PERSONAL INFORMATION

Title:		
Forenames:		Surname:
Preferred name (if different):		Previous Surname:
Address:		
		Postcode:
Day telephone:		Evening telephone:
Email address:		
May we contact you during the day?	Yes	No

National Insurance No:

To be completed by applicants for teaching posts		
TRN (Teacher Reference No.):		
Do you have Qualified Teacher Status?	Yes	No
Are you registered with the General Teaching Council?	Yes	No

Do you require a work permit?	Yes	No
Do you have a current driving licence?	Yes	No

Are you or have you ever been employed by Lambeth?	
Current Lambeth employee*	Former Lambeth employee*
Working for Lambeth through an agency	Never worked for Lambeth
* If a current or former Lambeth employee, please provide dates and job title(s):	

Are you related to a member or Chief Officer of the Council?	Yes	No
If yes, please give details:		

C: EMPLOYMENT HISTORY

Please list in order (*the most recent first*), the organisation(s) you have worked for full and part-time, including any relevant voluntary or unpaid work. Please include ALL periods of unemployment.

Most recent employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment From: To:	Full-time	Reason for leaving:
	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment From: To:	Full-time	Reason for leaving:
	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment From: To:	Full-time	Reason for leaving:
	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment From: To:	Full-time	Reason for leaving:
	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment From: To:	Full-time	Reason for leaving:
	Part-time Hours:	

EMPLOYMENT HISTORY *continued*

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment	Full-time	Reason for leaving:
From:		
To:	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment	Full-time	Reason for leaving:
From:		
To:	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment	Full-time	Reason for leaving:
From:		
To:	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment	Full-time	Reason for leaving:
From:		
To:	Part-time Hours:	

Previous employer's name and address:	Job Title:	Brief description of duties:
	Grade/Salary:	
Date of employment	Full-time	Reason for leaving:
From:		
To:	Part-time Hours:	

D: EDUCATION AND QUALIFICATIONS

Please give details of your Education – schools and colleges or universities attended and any qualifications obtained, including membership of any professional bodies.

School/College/University name and address:	Subjects:	Qualifications gained:	Grades:

E: TRAINING AND DEVELOPMENT

Please tell us about any relevant training or development courses or activities you have taken part in and any qualifications obtained, for example 'First Aid Certificate'.

Activity:	Dates: dd/mm/yyyy	Qualification:
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	

F: PERSONAL STATEMENT

Please explain how you meet the points on the person specification, and what makes you suitable for this job. Ensure that you itemise your responses so that you can demonstrate how your knowledge, experience, skills and abilities meet the requirements of the person specification. This is a very important part of the information you supply to us.

G: Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) Order 2013 and Childcare (Disqualification) Regulations 2009

Please read the recruitment information on applying for a post before you complete this section.

The post you are applying for is exempt from the Rehabilitation of Offenders Act (1974) (Exceptions) order 1975 (as amended in 2013). You do not need to declare any criminal record information that is now filtered under this Act. As a result certain cautions and convictions are now considered 'protected' and therefore filtered from Standard or Enhanced DBS checks. Further information is available at www.gov.uk/government/collections/dbs-filtering-guidance

Lambeth Council requires you to give details of all current (unspent) and 'spent' convictions or pending cases, cautions, bind-over orders, reprimands and final warnings (that are not eligible for filtering), including dates, the offence(s), sentences, and the court or police force which dealt with the offence.

Any offer of employment will be made on a conditional basis, subject to the relevant checks being carried out.

Failure to make a full and accurate declaration may result in withdrawal of a job offer or, if subsequently discovered, to disciplinary action and/or dismissal.

You are required to complete the following declarations:

Please tick boxes which apply to you and sign at foot of page.

I am applying for a post which is exempt under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

☐ I do not have a criminal record, cautions, bind-over orders, reprimands and final warnings and/or pending prosecution(s).

☐ I have a criminal record, cautions, bind-over orders, reprimands and final warnings and/or pending prosecution(s).

☐ I am sending details under separate cover (see *note below).

☐ I do not appear on Independent Safeguarding Authority's (ISA) Children's Barred List.

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☐ I am sending details under separate cover (see *note below).

☐ I am not disqualified from working with children or subject to sanctions imposed by a regulatory body e.g. the Department of Education (Prohibition Order).

☐ I am disqualified from working with children or subject to sanctions imposed by a regulatory body e.g. the Department of Education (Prohibition Order). I am sending details under separate cover (see *note below).

☐ Please tick if you are disqualified under the Childcare (Disqualification) Regulations 2018 from working with children. If so, please send details under separate cover (see *note below).

***Note:** If you do have a criminal record, cautions, bind-over orders, reprimands or pending prosecutions or appear on the Independent Safeguarding Authority's (ISA) Children's Barred List (list of names barred from working with children; formerly List 99) or are disqualified from working with children, your declaration of this should be sent with this application form in a sealed envelope marked confidential. Please ensure that your full name, post title and reference number is included with any information sent.

Any information given will be kept confidential and will only be considered in relation to the job you are applying for.

Signature:

Date:

Please complete the enclosed suitability declaration form and return it with your application form.

H: REFERENCES

Please provide the following information for referees covering the last 3 years. One of which must be your current or most recent employer. If you have not been employed before, please give details of teachers/lecturers who know you well enough to comment on your ability to do the job. Friends or relatives must not be used.

First Reference – from current or most recent employer

Referee's name:	Job Title:	Capacity known: Current Manager Previous Manager Other Please specify
Name and address of school/organisation:		
Telephone No:	Email:	

Second Reference – preferably from another employer

Referee's name:	Job Title:	Capacity known: Current Manager Previous Manager Other Please specify
Name and address of school/organisation:		
Telephone No:	Email:	

Further References – required if first two cover less than 3 years employment

Referee's name:	Job Title:	Capacity known: Current Manager Previous Manager Other Please specify
Name and address of school/organisation:		
Telephone No:	Email:	

Referee's name:	Job Title:	Capacity known: Current Manager Previous Manager Other Please specify
Name and address of school/organisation:		
Telephone No:	Email:	

DECLARATION

I confirm that to the best of my knowledge the information given in this employment application form is true and correct and can be treated as part of a subsequent contract of employment.

Signature:

Date:

Please Note: This Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

How did you find out about this vacancy?

Please give the name of the publication, website or other source:



Equal Opportunities Monitoring Form

Lambeth

This form is separated from the main application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our recruitment process to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application in any way.

ABOUT YOU:

GENDER

Sex:	Male	Female
Is your gender identity the same as the gender you were born with?	Yes	No
Do you live and work full time in the gender role opposite to the one you were born with?	Yes	No

ETHNICITY

What is your ethnic group?
Please choose one selection from (a) to (e) and then tick the appropriate box to indicate your cultural background.

(a) White	British	Irish	Other Please specify
(b) Dual Heritage	White and Black Caribbean White and Asian	White and Black African	Other Please specify
(c) Asian	British Pakistani	Indian Bangladeshi	Other Please specify
(d) Black	British African	Caribbean	Other Please specify
(e) Chinese / Other	Chinese		Other Please specify

DISABILITY

Do you consider yourself disabled?	Yes	No
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AGE

Please select your age group	16 – 19 40 – 49	20 – 29 50 – 59	30 – 39 60 or over
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SEXUAL ORIENTATION

How would you describe your sexual orientation? Please tick one box only.

Heterosexual/straight Bisexual	Gay Man Other	Gay woman / Lesbian Prefer not to say
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FAITH / RELIGION / BELIEF

What is your faith / religion / belief? Please tick one box only.

Agnostic Jewish	Atheist Muslim	Buddhist Sikh	Christian Other	Hindu Prefer not to say
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