

Growing a place of opportunity and ambition

APPLICATION FORM Strictly Confidential

Job Reference:

ELSA With Support Staff Duties Jan 2025

Please use black ink – An application form MUST be completed/submitted for each vacancy.

The completed form to be posted or delivered to: St Mary's CE Primary School, Yew Tree Road, Slough SL1 2AR or e-mailed to recruitment@stmarys.slough.sch.uk

Application for the post of: ELSA With Support Staff Duties

Personal Details

First Name(s):		Surname:	
Address:			
**E-mail address:		Home Tel. No:	
Post Code:		Daytime Tel. No:	
How long have you lived At this address?	years	Mobile Tel No:	
Do you need a work permit?	(a) Yes, and I already have one. (b) Yes, but I do not have one*. (c) No.		
*(For further guidance please contact the school)			

**If you have provided an e-mail address, this will be the method by which you will be contacted. However, if you <u>DO NOT</u> wish to be contacted by e-mail please tick the box.

Present Employment (if now unemployed give details of last employer)		
Name and address of school / establishment:		

Period of Notice:
Reason for leaving (if no longer employed):
Salary Details
Pay Scale:
Basic Salary (per annum): Full Time or Part Time (FTE):
Additional Allowances (per annum):

Previous Employment Start with the most recent employer first. Please cover all jobs (all periods/gaps must be accounted for).						
Dat From	es To	Name of Employer (state nature of business	Position Held/ Title of Post	Reason for Leaving		
		- if not a school)				

Voluntary/Unpaid Activities				
Dates Position Held Organisation Brief		Brief Details of Duties		
From	То		_	

Training and Professional Qualifications (to include teaching qualification/degree and A-				

Date Gained	Examinations Passed, Qualifications/Level	Grades
	Date Gained	

Professional Membership		
Are you a member of a professional body?	Yes	No
If yes, please specify:		

References

Please give the names and addresses of two referees, one of whom should be your present or most recent employer who will be able to comment on your suitability for this post. The other may be someone who knows you well but they should not be a member of your family. (Please note references may be taken up on receipt of application).

Name:		Name:	
Address:		Address:	
	Tel. No:		Tel. No:
E-mail:		E-mail:	
Occupation:		Occupation:	
Capacity in which known to you:		Capacity in which known to you:	
Date of Employment: (if applicable)		Date of Employment: (if applicable)	
Have you any objection to this referee being contacted prior to interview?		Have you any objection to this referee being Contacted prior to interview?	
Yes No			Yes No

Supporting Information

Please provide a letter of application, making reference to the Job Description and Person Specification. This will be used for shortlisting.

(please continue on separate sheet if necessary)

IMPORTANT INFORMATION

Disclosure and Barring Service (The Rehabilitation of Offenders Act 1974)

This post is exempt from the Rehabilitation of Offenders Act 1974, therefore job applicants must disclose details of all criminal convictions and cautions whether 'spent' or not. Successful applicants will be required to apply for and Disclosure and Barring Service check when an offer of employment is made in writing. Any information provided will be strictly confidential and will be considered only in relation to this or a similar position within the school.

If you do not disclose any conviction you have it could lead to your application being rejected, or, if you are appointed may lead to your dismissal. If between completion of this application form and taking up a job within the school you are convicted of a criminal offence you must inform the school of this.

Qualified Teacher Status (QTS)				
Do you hold Qualified Teacher Status? Yes No				
If Yes, please give date of award QTS Certificate Number (if available):				
Have you successfully completed a period of induction as a qualified teacher in this country where the DfE required this?				
If Yes, please give date of completion				
Teacher Reference number (DfE number) e.g. 12/34567:				
Are you subject to any conditions or prohibitions placed on you?				
Yes No If Yes, please give details:				
Medical Clearance				
Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.				

Disability Discrimination Act 1995 (Completion of this section is optional).

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has: A physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.
Do you have a disability which is relevant to your application? Yes \Box No \Box
If yes, please state the type of disability you have:
If it is not obvious please give brief details of how it affects you:
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.
Do we need to make any specific arrangements in order for you to attend the interview?
Yes 🗆 No 🗆
If Yes, please state:
General
Do you hold a current driving licence? Yes □ No □
• If you have any personal relationship with any of the following please declare their details below: Councillor, Member of a Committee, Panel or other group of the Council or School, employee of the Council or Schools or Governor of the School, staff member at the school
Name/s:
Post Title/s or Position/s held:
This does not stop a person named above providing a reference. However, any approach, direct or indirect, to Councillors, Governors, employees or those named above, to influence a selection decision will disqualify you.
Declaration I certify that the information given on this form is correct and complete to the best of my knowledge. I have not canvassed either directly or indirectly any member of a Governing Body or any officer or member of Slough Borough Council in connection with this appointment. False or withheld information may lead to the termination of employment. Under the provisions of the Local Government Act 1972, I confirm that I am not, nor have been for twelve months prior to this application a serving elected member of Slough Borough Council. I agree to the school carrying out pre-employment screening on my application for this post. I also acknowledge and agree to have the above information processed in accordance with the Data Protection Acts 1984 and 1998. Under this Act you have a right of access to information we hold about you. The application form is used for shortlisting, interviewing and monitoring purposes. If you are not appointed the form will be kept for a period of 12 months. The successful applicant's application form will form part of a Personal File, which will be kept securely by the school.

Mark box to agree and sign below : \Box

Signature:

Date:....



RECRUITMENT MONITORING FORM Strictly Confidential

Job Reference:

ELSA With Support Staff Duties Jan 2025

This sheet will be separated from your application form/CV upon receipt and does not form part of the selection process. It will be retained by the school purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. The information you provide will solely be used for monitoring purposes. It will not be made available to those involved in the selection process.

	nat is your Ethnic Group pose ONE section from A to E, then tick the appro White	priat D.	e box to indicate your cultural background. Black or Black British
	British		Caribbean
	Irish		African
	Any other White background, please write in:		Any other Black background, please write in:
В.	Mixed	E.	Chinese or other ethnic group
	White and Black Caribbean		Chinese
	White and Black African		Other, please write in
	White and Asian		
	Any other Mixed background, please write in:	F.	I do not wish to provide this information.
C.	Asian or Asian British		
	Indian		
	Pakistani		
	Bangladeshi		
	Any other Asian background, please write in:		

Gender

Male Female

Disability – Do you have a disability? Please tick one box.					
00 - None	06 - You have mental health difficulties.				
01 - You have a specific learning difficulty (for example dyslexia)	07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition				
02 - You are blind or partially sighted.	08 - You have two or more of the above.				
03 - You are deaf or hard of hearing.	09 - You have a disability, special need or medical condition that is not listed above.				
04 - You use a wheelchair or have mobility difficulties.	10 - I do not wish to provide this information.				
05 - You have Autism or Asperger Syndrome.					

Present Status			
Internal Applicant	External Applicant		
Date of Birth			

(dd/mm/yyyy)	Age
Media	

Please state where you saw this post advertised

For School Use Only: