

## SCHOOLS APPLICATION FORM

Strictly Confidential

Job Reference: TA/2024

PLEASE USE BLACK PRINT – An application form MUST be completed/submitted for each vacancy. The completed form should be e-mailed to [Office@cns.slough.sch.uk](mailto:Office@cns.slough.sch.uk) or returned to Miss C Green, Admin Assistant, Cippenham Nursery School, St Andrews Way, Cippenham, Slough, Berkshire, SL1 5NL.

### Application for the post of:

#### Personal Details

|                                                                                                                                                                                                                                                     |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| First Name(s):                                                                                                                                                                                                                                      | Surname:         |
| Address:                                                                                                                                                                                                                                            |                  |
| Post Code:                                                                                                                                                                                                                                          | Home Tel. No:    |
| How long have you lived at this address?<br>years                                                                                                                                                                                                   | Daytime Tel. No: |
| **E-mail address:                                                                                                                                                                                                                                   | Mobile Tel. No:  |
| <b>**If you have provided an e-mail address, this will be the method by which you will be contacted.</b><br>However, if you <b><u>DO NOT</u></b> wish to be contacted by e-mail please tick the box. <input type="checkbox"/>                       |                  |
| Do you need a work permit? (a) No. <input type="checkbox"/> (Click to select or deselect boxes).<br>(b) Yes, and I already have one. <input type="checkbox"/> Expiry Date: (dd/mm/yyyy)<br>(c) Yes, but I do not have one. <input type="checkbox"/> |                  |

#### Present Employment (if unemployed give details of last employer)

|                                                                                           |                                      |
|-------------------------------------------------------------------------------------------|--------------------------------------|
| Name and address of school/establishment:                                                 |                                      |
| Post title:                                                                               | Name of LEA/employing body:          |
| Date of appointment: (dd/mm/yyyy)                                                         | Date appointment ended: (dd/mm/yyyy) |
| Numbers on Roll (NOR):                                                                    | Age range taught:                    |
| Pay scale:                                                                                | Spine/scale point:                   |
| Basic salary (per annum):                                                                 | Full or part time (FTE):             |
| Additional allowances (per annum):<br>(Please state all allowances received individually) |                                      |
| Brief description of duties:                                                              |                                      |
| Period of notice:                                                                         |                                      |
| Reason for leaving:                                                                       |                                      |

**Previous Employment** Start with the most recent employer first. Please cover all jobs (all periods/gaps between jobs must be accounted for).

| Dates (dd/mm/yy) |    | Name & Address of Employer<br>(nature of business) | Position, brief description of job<br>and salary | Reason for<br>Leaving |
|------------------|----|----------------------------------------------------|--------------------------------------------------|-----------------------|
| From             | To |                                                    |                                                  |                       |
|                  |    |                                                    |                                                  |                       |

(Please continue on separate sheet if necessary)

## Voluntary/Unpaid Activities

| Dates (dd/mm/yy) |    | Name & Address of Organisation | Position, brief description of role |
|------------------|----|--------------------------------|-------------------------------------|
| From             | To |                                |                                     |
|                  |    |                                |                                     |

## Education, Qualifications & Membership of Professional Associations/ Institutes

Please give details of your education and qualifications obtained. This includes any qualification which you are studying for now. Primary school details are not required. You will be required to prove you have obtained these qualifications. If you are a member of a professional association/institute please provide details. (professional body, registration number, expiry date)

| Name of awarding body | Date gained | Examinations passed, qualifications/level, skills gained | Grades (where applicable) |
|-----------------------|-------------|----------------------------------------------------------|---------------------------|
|                       |             |                                                          |                           |

## References

**All candidates** – Please give details of two employment referees whom we may ask about your suitability for the post. One of these should be your most recent employer. Referees must not be related to you. If you are a school/college leaver, please give the name and address of a head teacher/tutor and also the manager of your most recent work experience placement – if applicable. (Internal candidates: Please note your line manager must be one of the referees). We reserve the right to approach your current and any previous employer.

|                                                               |                                                          |                                                               |                                                          |
|---------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|
| <b>Reference 1 :</b> (from present or most recent employer)   |                                                          | <b>Reference 2:</b>                                           |                                                          |
| Name of referee:                                              |                                                          | Name of referee:                                              |                                                          |
| Name & address of organisation:                               |                                                          | Name & address of organisation:                               |                                                          |
| Tel. No:                                                      |                                                          | Tel. No:                                                      |                                                          |
| E-Mail:                                                       |                                                          | E-Mail:                                                       |                                                          |
| Occupation:                                                   |                                                          | Occupation:                                                   |                                                          |
| Capacity in which known to you:                               |                                                          | Capacity in which known to you:                               |                                                          |
| Dates of employment: to<br>(dd/mm/yyyy)                       |                                                          | Dates of employment: to<br>(dd/mm/yyyy)                       |                                                          |
| If you are called for interview, may we contact your referee? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If you are called for interview, may we contact your referee? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## **Supporting Information** (Please refer to the Person Specification and Job Description)

Please provide any information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post. **Please look carefully at the Person Specification and Job Description and give examples of how you meet the job requirements.** *This is important, as you will be shortlisted against this criteria. You can also draw on experience you may have gained outside the work environment.*

**Remember to provide examples that demonstrate your skills, knowledge and experience.**

(please continue on separate sheet if necessary)

## IMPORTANT INFORMATION

### Criminal Convictions (Rehabilitation of Offenders Act)

You are required to disclose any convictions that are current (not 'spent' under the Rehabilitation of Offenders Act 1974). You may be required to disclose convictions that are 'spent' if the post you are applying for is exempt under the Act, e.g. if you will be working with children or vulnerable adults, please read the General Information section contained within the job pack for guidance.

Have you ever been convicted of a criminal offence or received a Police Caution?

Yes ☐ No ☐

If yes, please give full details in a separate document. We will only take them into account if we consider them relevant to the post for which you have applied.

### National College for Teaching & Leadership

Do you hold Qualified Teacher Status (QTS)? 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 DfES required this?

Yes ☐ No ☐

If yes, please give date of completion:

Are you registered with the DfES:

Yes ☐ No ☐

DfES Teacher Reference number e.g. 12/34567

Are you subject to any conditions or prohibitions placed on you by the NCTL?

Yes ☐ No ☐

If yes, please give details:

## Equality Act 2010

The council wishes to encourage disabled people to apply for jobs – all information will be treated in confidence. The council operates a "Guaranteed Interview Scheme" for disabled people who demonstrate on their job application form that they meet the specified selection criteria for the job.

Do you have a disability which entitles you to qualify under the "Guaranteed Interview Scheme"? (see General Information section within the job pack for detailed definition)

Yes ☐ No ☐

In relation to any disability, do you have any particular requirements in order to attend an interview?

Yes ☐ No ☐

If yes, please give details :

## 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.*

Name/s:

Relationship/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. ☐

Signature:

Date:

(dd/mm/yyyy)

## RECRUITMENT MONITORING FORM

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TA/2024

This sheet will be separated from your application form upon receipt and does not form part of the selection process.

### Application for the post of: Teaching Assistant

\*These fields must be completed.

The School aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, the School requests that all applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

### What is your Ethnic Group

Choose ONE section from A to F, then tick the appropriate box.

#### A. White

British ☐

Irish ☐

Any other White background, please write in:

#### D. Black or Black British

Caribbean ☐

African ☐

Any other Black background, please write in:

#### B. Mixed

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed background, please write in:

#### E. Chinese or other ethnic group

Chinese ☐

Other, please write in

#### C. Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Sikh ☐

Any other Asian background, please write in:

F. I do not wish to provide this information. ☐

## 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 Autistic Spectrum Disorder 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:

☐ Slough vacancy bulletin

☐ Slough website

☐ e-teach website

☐ Other website, please state:

☐ National newspaper, please state:

☐ Local newspaper, please state:

☐ Professional/trade journal, please state:

☐ Other, please state: