## Job application form

Please complete all the requested information  
  
Post title:

School: Evelina Hospital School

Closing date:

**Please read the guidance notes for job applications carefully and study the job description and person specification before completing this form.**

**1. Personal details**

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| --- | --- |
| Mr/Mrs/Ms/Miss/Other:        Forename:       Surname:       Please state any previous names:         Address:                       Postcode: | Telephone (home):        Telephone (mobile):        Telephone (business):        Email address:        Professional registration number:        (i.e. for teaching or social care positions)  How did you become aware of this vacancy? |
| Are you applying for a job share?  Yes  No | |

**2. Relevant education, technical and/or professional qualifications**

(Please name any institute or professional body in full, rather than using initials)

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| --- | --- | --- | --- |
| Name and address of School/college/ institute | Subjects / Qualifications | Grade | Year |
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Note: You may be required to provide evidence of qualifications

**3. Details of relevant personal development / training courses**

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| Course title | Length of course | Year |
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**4. Employment history**

Please give details of all jobs held including part time and unpaid work, starting with your present / last employer.

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| --- | --- | --- | --- | --- | --- |
| Employer (name  & full address) | Job title and  main duties/responsibilities | Date from  (month and year) | Date to  (month and year) | Salary/  Grade  (indicate part- or full- time) | Reason for leaving |
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**5. Relevant Knowledge, Experience & Skills**

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| Please tell us how your knowledge, skills and experience meet the selection criteria detailed in the person specification.  Please bullet point each criteria and provide an explanation of how you meet these, on no more than 2 sides of A4. |

**6. References**

Please indicate two people who can provide references, one of whom must be your present/last employer. If you are a recent school college leaver, one of your references must be from a head teacher. Please note that the Council reserves the right to approach your current or any other previous employer for your references, prior to interview.

|  |  |
| --- | --- |
| Southwark schools will adhere to DfE guidance. Please indicate (by ticking the appropriate box) if you **DO NOT** wish us to take up a reference before an offer of employment is made. | |
| 1st reference  Tick box if applicable  Name:        Address:        Postcode:        Telephone:        Email address:        Occupation:        Relationship: | 2nd reference  Tick box if applicable  Name:        Address:        Postcode:        Telephone:        Email address:        Occupation:        Relationship: |

**7. Work entitlement**

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| If you were successful in your application, would you require a work permit prior to taking up employment?  Yes  No (tick a box)  Note: It is against the law to employ a person over the aged 16 or over who does not have permission to live and work in the UK. You will be requested to produce documentary evidence of your legal right to work in the UK before starting work with us. |

**8. Relationship to existing councillor or officer of the council**

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| --- |
| All candidates for employment must state in writing whether they are the parent, grandparent, partner, child, stepchild, adopted child, grandchild, brother, sister, uncle, aunt, nephew or niece of an existing council; or the partner of such persons.  Are you related to an existing councillor or officer of the council as described above?  Yes  No (tick a box)  If so, please provide the following details:  Surname:  Forename:        Relationship:        Address: |

**9. Declaration**

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| I declare that the information I have provided is accurate and true and that I have not omitted any facts which may have a bearing upon my application. I understand that a false declaration which results in my appointment to the council’s service will render me liable to disciplinary action, including dismissal without notice and in certain circumstances, legal action taken against me.  Signed: Date: |

**Returning your application form**

**Please return your completed application to the address detailed in the advertisement/job information pack. If you have not heard from us within two weeks of the closing date, you may conclude that your application has been unsuccessful.**

#### Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment with Southwark Council. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with the Council, the information will be used in the administration of your employment with us and to provide you with information about the Council or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form it will be assumed by the Council that you agree to the processing of sensitive personal data, (as described above), in accordance with the Council’s registration with the Data Protection Commissioner.

**Please complete the accompanying recruitment monitoring form**

**Recruitment monitoring**

Please complete all the requested information  
Post title:

School: Evelina Hospital School

Closing date:

To help us ensure that we are recruiting people in a fair and non-discriminatory way, all job applicants are asked to complete monitoring data about themselves. Please complete the sections below by ticking the appropriate box. This information will be treated as confidential. It will be separated from your application form and will not be seen by the recruitment panel.

|  |
| --- |
| Gender: Male Female Prefer not to say (tick a box)  Date of birth: |

**Do you consider your ethnic origin to be:**

|  |  |
| --- | --- |
| WHITE  British  Irish  Another white background  ASIAN  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Another Asian background  ANOTHER ETHNIC GROUP  Chinese/Vietnamese  Cypriot Greek  Cypriot Turkish  Cypriot Other | MIXED  White and black Caribbean  White and black African  White and Asian  Another mixed background  BLACK  Black British  Black Caribbean  Black African  Another black background  ANY OTHER ETHNIC GROUP  Please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |

**Do you consider yourself to have a disability?**

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| Yes  No (tick a box). If so, please state the nature of your disability\*    If you have a disability, we will offer you an interview as long as you meet the essential criteria of the post. Also, please let us know of any adjustments to facilitate your interview. |

\* The Disability Discrimination Act 1995 describes a disability as *“A physical or mental impairment which has a substantial and long term effect on the person’s ability to carry out normal day to day activities”.*