**THE PARTNERSHIP TRUST**

**CONFIDENTIAL**

**APPLICATION FOR SUPPORT STAFF**

Please do not submit a CV unless specifically requested in the job advertisement

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| **Post applied for:** | |
| **School:** | **Closing Date:** |
| **Where did you hear about the role:**  *(If online, please stipulate website)* | |

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| **DATA PROTECTION NOTICE** |
| Throughout this form we ask for some personal data about you. We’ll only use this data in line with data protection legislation. You’ll find more information on how we use your personal data in our Privacy Notice for Applicants and in our GDPR and Data Protection Policy which can be found on our website here: [https://thepartnershiptrust.co.uk/about-the-trust/trust-policies/](https://thebathandmendippartnershiptrust.co.uk/about-the-trust/trust-policies/)] |

**PERSONAL PARTICULARS**

|  |  |
| --- | --- |
| Surname: | First Name(s): |
| Any Former Names: | |
| Current Address: | Previous Address(es) in the last 5 years: |
| Telephone (Mobile): | Telephone (Home): |
| Email address: | |
| Will you need a work permit if appointed to this post? | |

**DISABILITY AND ACCESSIBILITY**

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| The Trust has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.  If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require: |

**DISCLOSURE AND BARRING AND RECRUITMENT CHECKS**

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| The Trust is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.  The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.  For posts in regulated activity, the DBS check will include a barred list check.  It is an offence to seek employment in regulated activity if you are on a barred list.  We are also required to ensure we comply with the Childcare Disqualification Regulations.  It is an offence to provide or manage childcare covered by these regulations if you are disqualified.  Any data processed as part of the DBS/recruitment checks will be processed in accordance with data protection regulations and the Trust’s privacy notice.  **Do you have a DBS certificate?:** ☐Yes ☐No Date of check:  If you’ve lived or worked outside of the UK in the last 5 years, the Trust may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.  **Have you lived or worked outside of the UK in the last 5 years?:** ☐Yes ☐No  If yes, please give dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.  Any convictions listed on a DBS check will be considered on a case-by-case basis |
| Please tick here if you have registered with the DBS service (costing £13 per year) |

**FULL-TIME EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/College/University | From  mm/yyyy | To  mm/yyyy | Full details of qualifications gained, including level, subjects, grade, class or division |
|  |  |  |  |

**OTHER QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | From  mm/yyyy | To  mm/yyyy | Full details of qualifications gained, grade, class or division |
|  |  |  |  |

**PRESENT POST** (Full details required if your present post is within teaching)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Commenced  D M Y | | | Name of Employer | Salary / grade / benefits | Position held and duties |
|  |  |  |  |  |  |

**Period of notice required:**

**PREVIOUS EMPLOYERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yyyy | To  mm/yyyy | Position Held (if any) | Employer or Organisation | Nature and brief summary of Experience |
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**GAPS** There must be no gaps in education / employment history.Please give details of any gaps:

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**AVAILABILITY**

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| When are you available to start work? |  |

**PERSONAL STATEMENT**

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**GENERAL NOTES**

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| 1. 1. Any form of canvassing will disqualify the candidate.  2. 2. False or misleading information will disqualify an application or, if appointed, render an applicant liable to dismissal without notice. |

**REFERENCES** Please give details of two people who can provide a reference

|  |  |
| --- | --- |
| If you were known to your referee under another name please state name: | |
| Notes: (i) If employed, one referee must be your present Head Teacher/Employer  (ii) If the current/most recent employment does/did not involve work with children, then the second  reference should be from the employer with whom you most recently worked with children  (iii) If no previous employment, please give your University Tutor or College Principal | |
| Name  Address  Position:  Organisation name:  Telephone No:  Email Address: | Name  Address  Position:  Organisation name:  Telephone No:  Email Address: |
| If you are successful at securing an interview, are you happy for us to apply for your references prior to the interview date? YES / NO | |

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| Are you related or connected to anyone in Partnership Trust? YES / NO  If yes, please provide details:  Name: Relationship: |

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| Consent to Process Information  Applicants should note that if they are selected for a post having substantial access to children, in the interests of the protection of children, we will require them to give their consent to carry out a number of pre-employment checks, as detailed in The Partnership Trust’s Privacy Notice – School Workforce document.  I consent to my information being used to process my application, in accordance with the Privacy Policy – School Workforce |

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| I certify that all the information on this form is accurate to the best of my knowledge:  Signed ……………………………………………….. Date …………………………………….. |

**EQUALITIES MONITORING**

We are bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **equalities monitoring information** | | | | | | | | | | | |
| Name |  | | Mr / Mrs / Ms / Miss / Other: | | | | | | | | |
| What is your date of birth? | | | D | D | M | | M | Y | Y | Y | Y |
|  |  |  | |  |  |  |  |  |
| What is your sex? | | | ☐Male  ☐Female | | | | | | | | |
| What gender are you? | | | ☐Male  ☐Female  ☐Other  ☐Prefer not to say | | | | | | | | |
| Do you identify as the gender you were assigned at birth? | | | ☐Yes  ☐No  ☐Prefer not to say | | | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | | | | | |
| **White**  ☐ British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Any other White background  **Asian or British Asian**  ☐ Bangladeshi  ☐ Indian  ☐ Pakistani  ☐ Chinese | | **Black or Black British**  ☐ African  ☐ Caribbean  ☐ Any other Black background  **Mixed**  ☐ White and Asian  ☐ White and Black African  ☐ White and Black Caribbean  ☐ Any other mixed background | | | | **Other Ethnic groups**  ☐ Arab  ☐ Any other ethnic group  ☐ Prefer not to say | | | | | |
| **Which of the following best describes your sexual orientation?** | | | | | | | | | | | |
| ☐ Bisexual  ☐ Heterosexual/straight  ☐ Homosexual | | | ☐ Other  ☐ Prefer not to say | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | | |
| ☐ Agnostic  ☐ Atheist  ☐ Buddhist  ☐ Christian  ☐ Hindu | | ☐ Jain  ☐ Jewish  ☐ Muslim  ☐ No religion | | | | ☐ Other  ☐ Pagan  ☐ Sikh  ☐ Prefer not to say | | | | | |
| **Pregnancy and maternity** | | | | | | | | | | | |
| Are you pregnant?  ☐ Yes  ☐ No  ☐ Prefer not to say | | | Have you given birth within the last 12 months?  ☐ Yes  ☐ No  ☐ Prefer not to say | | | | | | | | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | | | | | | | | | |
| ☐ Yes  ☐ No  ☐ Prefer not to say | | | | | | | | | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | | | | | | | | | |
| ☐ Physical impairment  ☐ Sensory impairment  ☐ Learning disability/difficulty  ☐ Long-standing illness  ☐ Mental health condition  ☐ Developmental condition  ☐ Other | | | | | | | | | | | |
| **Signed: Date:** | | | | | | | | | | | |