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| |  | | --- | | **EMPLOYMENT APPLICATION FORM**  **SUPPORT STAFF** |   Tunbridge Wells Girls’ Grammar School  Southfield Road, Tunbridge Wells, Kent, TN4 9UJ.  Tel: (01892) 520902 or 520082  Headteacher – Mrs L Wybar BA(Hons) MA  Email: [admin@twggs.kent.sch.uk](mailto:admin@twggs.kent.sch.uk) |  |

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| **POST APPLIED FOR (Job Title):** |  |
| **Where did you see this advertised?** |  |

**We prefer applications to be emailed to us at** [**admin@twggs.kent.sch.uk**](mailto:admin@twggs.kent.sch.uk) **or, if you are unable to do so, sent by post to us at the address above. All sections must be completed in full, and in black ink. A CV may be submitted as supplementary information but should not be used as a substitute for any part of the form. Your application will be treated in the strictest confidence. Late applications may not be considered.**

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| **PERSONAL DETAILS** | | | | | | | | | | | |
| Title: | | | First Name(s): | | | | Surname:  Previous surname(s): | | | | |
| Address: | | | | | | | Work Tel No:  Home Tel No:  Mobile No:  Personal Email:  NI Number: | | | | |
| Post Code: | | | | | | |
| Next Of Kin:  Name:  Address:  Tel. Numbers: Home: Work: Mobile:  Workplace (Company Name and Address): | | | | | | | | | | | |
| DISCLOSURE OF RELATIONSHIP | | | | | | | | | | | |
| Are you related to a member of the School Governing Body?  ☐ Yes ☐ No  If yes, please provide details: | | | | | | | | | | | |
| **EDUCATION, QUALIFICATIONS AND TRAINING**  **Original documentation of qualifications will be required prior to an appointment.** | | | | | | | | | | | |
| **SECONDARY EDUCATION** | | | | | | | | | | | |
| Dates | | | | School/College | | | | Qualifications and Grades awarded (include details of GCSEs/O levels, A levels, IB or diplomas) | | | |
| From | | To | |
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| **HIGHER EDUCATION (including training as a teacher)** | | | | | | | | | | | |
| Dates | | | | College/University | | | | Qualification *(including Class and Division)* | | | |
| From | | To | |
|  | |  | |  | | | |  | | | |
| **DRIVING LICENCE (if applicable)?** | | | | | | | | | | | |
| Do you have a current UK driving licence? ☐ Yes ☐ No    Do you have any current endorsements? ☐ Yes ☐ No  If yes, please give brief details: | | | | | | | | | | | |
| **PROFESSIONAL DEVELOPMENT** | | | | | | | | | | | |
| Date and Length of Course | | | | | Training Provider | | | | | | Course Title/Qualification |
| EMPLOYMENT HISTORY | | | | | | | | | | | |
| Please give details of all jobs held after the age of 16, including part time and unpaid work, starting with your current or most recent employer. **Please explain any gaps (e.g. maternity, unemployment, etc.)** *Continue on a separate sheet if necessary giving page numbers and title heading.* | | | | | | | | | | | |
| **CURRENT (or most recent) EMPLOYMENT** | | | | | | | | | | | |
| Name of Employer:  Address:    Post Code:  Telephone No:  Date Started:  Date Left (if applicable): | | | | | | | | | Job Title/Post:  Current Salary:  Notice Period:  Reason for leaving/wishing to leave: | | |
| Brief description of main duties/responsibilities:     |  | | --- | | **PREVIOUS EMPLOYMENT** | | Name of Employer:  Address:    Telephone No:  Dates from and to:  Full or Part Time %: Salary upon leaving:  Reason for leaving: | Job Title/Post:  Grade/Spine Point:  Current Salary:  Reason for leaving/wishing to leave: |   Name of Employer:  Address:    Telephone No:  Dates from and to:  Full or Part Time %: Salary upon leaving :  Reason for leaving: | | | | | | | | | | | |
| **MEMBERSHIP OF PROFESSIONAL ORGANISATIONS AND INSTITUTIONS** | | | | | | | | | | | |
| **Name** | **Date Achieved** | | | | | **Membership Status** | | | | **By Examination (Yes/No)** | |
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| **OTHER SKILLS AND INTERESTS** | | | | | | | | | | | |
| Please include languages (spoken and written), computers, etc. Please provide details of any community or voluntary work experience. | | | | | | | | | | | |
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| **PERSONAL STATEMENT AND REASON FOR APPLICATION** | | | | | | | | | | | |
| Please use this section to give details of any experience or skills which you feel demonstrate your suitability for this post, and how you meet the requirements of the job. Please include anything that is relevant, but be as concise as possible. You may find it useful to refer to the criteria listed in the job description. Continue on a separate sheet if necessary. | | | | | | | | | | | |
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| **REFERENCES** | |
| Please give details of two referees, the first of which must be your current or most recent employer. Students should include their University/College tutor. | |
| Name:  Position:  School/Company Name:  Address:    Telephone No:  Email:  Relationship:  **May we contact referees prior to interview? ☐ Yes ☐ No** | Name:  Position:  School/Company Name:  Address:    Telephone No:  Email:  Relationship:  **May we contact referees prior to interview? ☐ Yes ☐ No** |

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| **DISABILITY STATEMENT** |
| TWGGS aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you are offered an interview, we will endeavour to provide appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like any further assistance or advice about this application, we will try to help. |
| Please answer the following questions:   1. Do you consider yourself to be disabled? ☐ Yes ☐ No   If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?  ☐ Yes ☐ No  *The Disability Discrimination Act 1995 defines a disability as* ***“a physical or mental impairment which has substantial and long-term adverse affect on an individual’s ability to undertake normal day-to-day activities.***   1. Is there anything you would like particularly like to tell us about your disability?  |  | | --- | |  |  1. Do you wish us to try to arrange for any of the following to be available, if you are called for interview?   Please tick.  □ Induction loop or other hearing enhancement □ Sign language interpreter (please state type)  □ Keyboard for written tests □ Assistance in and out or vehicle  □ Accessible car parking □ Wheelchair access  □ Someone with you at the interview (e.g. advocate or facilitator) □ Accessible toilet  □ Other assistance (please specify)……………………………………………………………………………….  **The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.**  **We reserve the right to verify the information supplied on this form.** |

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| **PROTECTION OF CHILDREN** | | | | |
| **Disclosure of criminal background is required of those with substantial access to children.**  *You are required to give details as this post, for which you are applying, is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exception) (Amendment) order 1986.* ***A subsequent offer of appointment will be dependent upon the completion of a satisfactory Disclosures and Barring Services check.*** | | | | |
| Have you ever been convicted or cautioned of a criminal offence, or received a Police Reprimand or warning?  ☐ Yes ☐ No  If the answer is Yes, please give full details and dates: | | | | |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?  ☐ Yes ☐ No  If the answer is Yes, please give full details: | | | | |
| If you are successful in your application, would you require a work permit prior to taking up employment?  ☐ Yes ☐ No | | | | |
| **HEALTH RECORD** | | | | |
| Are you registered disabled? (for the purposes of considering reasonable adjustments)  ☐ Yes ☐ No | | | | |
| Details (if applicable): | |  | | |
| Have you ever taken retirement granted on ill-health grounds (taking a job could affect your pension)?  ☐ Yes ☐ No | | | | |
| **HEALTH DECLARATION** | | | | |
| *Removed to comply with the 2010 Equality Act. Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation of appointment,* | | | | |
| **DATA PROTECTION STATEMENT** | | | | |
| I hereby give my consent for TWGGS to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. This information may be shared with third party organisations including, but not exclusive to, payroll providers, the DBS, the police and other third parties as defined by the Data Protection Act 1998 and related legislation. All information will be dealt with in accordance with data protection legislation. | | | | |
| **DECLARATION** | | | | |
| I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal. | | | | |
| Signature |  | | Date |  |

*Please note that, if you are submitting this form electronically, you will be required to sign this form at interview.*

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| |  | | --- | | **EQUAL OPPORTUNITIES MONITORING INFORMATION** |   **This section of the form is CONFIDENTIAL and will be detached from your application prior to interview.**  **TWGGS recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.**   |  |  |  |  | | --- | --- | --- | --- | | **ETHNIC GROUP** | | | | | **These are approved by the commission for Racial Equality** | | | | | **White** | British | Irish | Any other White background\* | | **Mixed** | White & Black Caribbean | | White & Black African | | White & Asian | | Any other Mixed background\* | | **Asian or Asian**  **British** | Indian | | Pakistani | | Bangladeshi | | Any other Asian background\* | | **Black or Black British** | Caribbean | African | Any other Black background\* | | **Chinese or Other Ethnic Group** | Chinese | | Any other Ethnic group\* | | \*Please specify: | | | | | I do not wish to disclose my ethnic group | | | | |
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| **Gender:** | | |
| Male | Female | Prefer not to say |
|  | | |
| **Date of Birth:** | | |
| If you wish, you may disclose information about yourself in this section about you:  Religion and Beliefs:  Sexual Orientation: | | |