 County Council

**St Wilfrid’s Church of England Academy**

**Support Staff Application** Job Application Form

pport Staff in Schools)

**PLEASE COMPLETE IN BLACK TO FACILITATE PHOTOCOPYING**

You are requested to complete this form (using supplementary sheets if there is insufficient space for any entry). **All sections must be completed.**

Once completed please return to [knightingale@saintwilfrids.com](mailto:knightingale@saintwilfrids.com)

**PERSONAL DETAILS (block capitals please)**

**Post Applied for:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname/Family Name:** | | **Preferred Title:** | |
| **First Name(s):** | | **Previous Surname:** | |
| **Home Address**: | |  | |
|  | | **Email:** | |
|  | | **Telephone (Home)** | |
|  | | **Telephone (Work)** | |
| **Post Code**: | | **Telephone (Mobile)** | |
|  | | | |
| **CURRENT OR MOST RECENT EMPLOYMENT** | | | |
| **Employer’s Name:** | | | |
| **Department/Section:** | | | |
| **Address:** | | | |
| **Job Held:** | **Grade:** | | **Salary:** |
| **Date Started:** | **Are you still employed? Yes/No**. | | |
| If **YES,** amount of notice required | or, if **NO,** the date employment ended: | | |
|  | | | |
| **Brief description of the main duties of your current or most recent job:** | | | |
|  | | | |

**PREVIOUS EMPLOYMENT DETAILS**

Please list all your previous jobs with dates to the nearest month starting with the most recent. (You should include all periods of work experience, work placements or voluntary work and periods when you were not in employment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and Address of Employer** | **Job Title** | **Reason for Leaving** |
|  |  |  |  |  |

**EDUCATION/QUALIFICATIONS**

Please give details of your education including any professional qualifications, starting with the most recent attained

|  |  |  |
| --- | --- | --- |
| **Dates Attended**  **From / To** | **Name(s) and Address(es) of Secondary School/College/**  **University or other** | **Qualifications gained**  **(State: level/grade/date achieved) \*this information is required for shortlisting.** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **LEISURE INTERESTS** | | |
| Please state briefly what your main leisure interests are, particularly where these are relevant to the work for which you are applying. | | |
|  | | |
| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | |
| **Name of Institute/Professional Body** | **Current Level of Membership (e.g. corporate)** | **Membership Number** | |
|  |  |  | |
| Please give details of your involvement with these bodies (e.g. attendance at meetings) | |  | |

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| --- |
| **TRAINING AND DEVELOPMENT** |
| Please include details of any training (e.g. courses, seminars) and development (special projects, personal development courses) relevant to your application. Also include how you keep your job skills up to date. |
|  |

**Letter of application**

You are asked to submit a letter of no more than 2 sides of A4, describing how your previous experience and achievements have helped prepare you for this post. You should give a clear statement of your educational philosophy, its implementation in practice and your commitment to developing the Christian character of the Academy. Please include any other information you feel would be helpful.

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| --- |
| **Additional Information** |
|  |

**REFERENCES**

REFERENCES

Please give the names, addresses and status of three referees who may be approached now, **one of whom must be your present or most recent employer**. You may wish to include a reference from your Minister, Priest or Church Leader within these. **References from friends or relatives are not acceptable.**

|  |  |
| --- | --- |
| **1) Name:** | **Status:** |
| **Address:** |  |
|  | **Email Address:** |
|  |  |
| **Telephone:** |  |
| **2) Name:** | **Status:** |
| **Address:** |  |
|  | **Email Address:** |
|  |  |
| **Telephone:** |  |
| **3) Name:** | **Status:** |
| **Address:** |  |
|  | **Email Address:** |
|  |  |
| **Telephone:** |  |

If you are known to the referees by another name (e.g. previous name) please inform them of your present name and advise that we may be in contact.

|  |  |
| --- | --- |
| **From what source did you learn of this vacancy?** | |
|  | |
| **Are you a relative or partner of any employee or governor of the School?** | Yes/No |
| **If yes**, please give details: …………………………………………………………... | |
| **Has someone else completed this form on your behalf?** | Yes/No |
| **If yes**, please provide the person’s name and an explanation: | |
|  | |

|  |  |
| --- | --- |
| As this post is classified as having substantial access to children, appointment will be subject to a police check of previous criminal convictions. You are required, before appointment, to disclose any conviction, caution or binding over including ‘spent convictions’ under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Non disclosure may lead to termination of employment. However, disclosure of a criminal background will not necessarily debar you from employment – this will depend upon the nature of the offence(s) and when they occurred. | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? | YES / NO |
| IF YES, PLEASE GIVE DETAILS | |
| The Academy is an equal opportunities employer. The purpose of the following questions is to ensure that the Academy complies with its obligations under the Equality Act 2010. For the purposes of the Act, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. | |
| DO YOU CONSIDER YOURSELF TO BE DISABLED? | YES / NO |
| IF YOU WISH, PLEASE GIVE FURTHER DETAILS HERE | |
| ARE THERE ANY SPECIAL ARRANGEMENTS YOU WOULD REQUIRE TO ATTEND AN INTERVIEW? | YES / NO |
| IF YES, PLEASE GIVE DETAILS | |
| IF OFFERED THE POSITION, ARE THERE ANY ARRANGEMENTS OR ADJUSTMENTS THAT THE SCHOOL WOULD NEED TO MAKE TO ENABLE YOU TO CARRY OUT THE ROLE? | YES / NO |
| IF YES, PLEASE GIVE DETAILS | |
| I understand that under the terms of the Asylum and Immigration Act 2016 should I be short-listed for the post for which I am applying, I will provide for the governing body, as employer, an original document\* showing my entitlement to work in this country.  \*Acceptable documents include your National Insurance card, a birth certificate issued in the UK or Eire, a P45 from your previous employer, a valid passport, or any relevant authorisation allowing you to work in this country. | |
| ARE YOU RELATED TO ANY MEMBER OF THE ACADEMY GOVERNING BODY | YES / NO |
| IF YES, PLEASE GIVE DETAILS: | |

|  |  |
| --- | --- |
| **DECLARATION**  I certify that the information given above and overleaf is correct to the best of my knowledge.  I understand that an offer of appointment will be subject to satisfactory references, DBS clearance, proof of identity and right to live and work in UK, medical checks and relevant qualifications.  I give consent for personal information provided as part of this application to be held in accordance with the Data Protection Act 1988. It also takes into account the expected provisions of the General Data Protection Regulation, which is new legislation due to come into force in 2018.  This application will be held on file for a period of 12 months, unless you specify in writing that following the application process you wish for the form to be destroyed.  I accept that if any of the enclosed information is found to be untrue or misleading after my appointment, I may be liable for dismissal without notice. | |
| **Signature:** | **Date:** |

Please check you have provided all the required information and covering letter, if necessary.

In the interests of economy, receipt of this application may not be acknowledged unless specifically requested (in which case please enclose S.A.E). Unsuccessful candidates will not be notified following the shortlisting procedure.

Intentionally left blank----------------------------------------------------------------------------

Saint Wilfrid’s C of E Academywants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact Mrs K Nightingale at [knightingale@saintwilfrids.com](mailto:knightingale@saintwilfrids.com)

Post applied for:

Closing Date of the post:

**Sex and gender identity**

**What is your sex?**

Female  Male  Prefer not to say 

**Is the gender you identify with the same as your sex registered at birth?**

Yes ☐    No ☐  Prefer not to say ☐

If the gender you identify with is not the same as your sex registered at birth, please write in:

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your working pattern?**

Full-time  Part-time  Prefer not to say 

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say  If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 