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| **O:\Logo\New School Badge bmp.bmp** |  |

**Please complete ALL sections of the form**

*N.B. Sections B and C of the application form will be detached and retained in Human Resources to ensure that your application is dealt with objectively*

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| **1. Job Details** | | | | | | | *Please provide details of the job for which you are applying* | | | | | | | | |
| Job Title: |  | | | | | | | | | | | | | | |
| In the department of: | | | | | | |  | | | | | | | | |
| Post Number/Job Reference: | | | | | | | | |  | | Closing date: | | | |  |
|  | | | | | | | | | | | | | | | |
| **2. Personal details** | | | | | | | | | | | | | | | |
| Title First Name(s): | | | | |  | | | | | Last Name: | |  | | | |
| Address: | | |  | | | | | | | Contact Details: | | | | | |
|  | | |  | | | | | | | Daytime: | | |  | | |
|  | | |  | | | | | | | Mobile: | | |  | | |
| Post Code: | | |  | | | | | | | Email address: | | |  | | |
| National Insurance Number: | | | | | | | | | | | | | | | |
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| **3. Present or Most Recent Employer / Employment** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | Period From: | | *(state month/year)* | | | |
| Address: | |  | | | | | | | | Period To: | | *(state month/year)* | | | |
|  | |  | | | | | | | | Telephone Number: | | | |  | |
|  | |  | | | | | | | | Basic salary: | | | |  | |
| Post Code: | |  | | | | | | | | Notice period: | | | |  | |
| Nature of business: | | | | | |  | | | | | | | | | |
| Position held: | | | |  | | | | | | | | | | | |
| Nature of responsibilities: | | | | | | | |  | | | | | | | |
| Reason for leaving: | | | | | |  | | | | | | | | | |

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| **4. Education, Training & Development** | | | | | | | | | | | |
| **Please tell us about your education, beginning with the most recent.** *You must complete this section if some kind of educational attainment is stated as an essential or desirable attribute on the employee specification (M23). You may include relevant training courses.* | | | | | | | | | | | |
| Date From | Date To | | | Name of School, College, University or Training Provider | | | | Course Details, Qualifications Gained (specify grade/level) | | | |
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| **5. Membership of Professional Organisations** | | | | | | | | | | | |
| Date Joined | | Institute/Organisation | | | | | Grade of Membership (where required) | | | | |
| **6. Previous employment (in date order, starting with most recent) -** *Please state all employment including voluntary work. Please account for any gaps in employment. Failure to do so may result in your application not being considered – particularly if you are applying for a job which is exempt from the Rehabilitation of Offenders Act 1974. Please continue on a separate sheet if necessary.* | | | | | | | | | | | |
| Name of Employer and  Type of Business: | | | From | | To | | | | Job Title, Grade & Salary | | Brief summary of duties and reason for leaving (if applicable): |
|  | | | (state month, year) | | | | | |  | |  |
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| **7. Previous Employment with Woodchurch High School** | | | | | | | | | | | |
| Have you ever been employed by Woodchurch High School?  *(If you answered ‘yes’ please complete questions below)* | | | | | | | | | | **Yes** **☐ No** **☐** | |
| Date of leaving: | | | | | | Reason for leaving: | | | | | |
| Have you ever accepted Voluntary Severance, Early Voluntary Retirement or discretionary compensation from Wirral Council? | | | | | | | | | | **Yes ☐ No ☐** | |

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| **8. Essential and desirable criteria – see enclosed employee specification (M23)** |
| *The employee specification which was enclosed with this application form gives details of the* ***essential*** *and* ***desirable*** *attributes of our ideal candidate. Please use this opportunity to state clearly how you meet* ***each*** *of the criteria set out in the employee specification. Give a brief summary of your reasons for applying for this post. Please continue on a separate sheet if necessary.* |
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| **9. Reference details** | | | | | | | | | |
| *Please give the names and addresses of two people who would be willing to provide a reference concerning your application.* ***One*** *of the referees* ***must be*** *your current/last employer who will be asked specifically about your attendance record.* | | | | | | | | | |
| Name: |  | | | | Name: |  | | | |
| Address: |  | | | | Address: |  | | | |
|  |  | | | |  |  | | | |
|  |  | | | |  |  | | | |
| Post Code: |  | | | | Post Code: |  | | | |
| Daytime contact number: | | |  | | Daytime contact number: | | |  | |
| Email address: | |  | | | Email address: | |  | | |
| Is this person your present or previous employer? | | | | ☐ Yes ☐ No | Is this person your present or previous employer? | | | | ☐ Yes ☐ No |
| If you answered ‘no’ to the above question, in what capacity does the referee know you? | | | | | If you answered ‘no’ to the above question, in what capacity does the referee know you? | | | | |
| ***References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.*** | | | | | ***References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.*** | | | | |
| ☐ Yes | ☐ No | | | | ☐ Yes | ☐ No | | | |
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| **10. Relationship to existing academy employees / governors** | | | | | | | | | |
| *If you have any personal relationship to any Academy employee/Governor, please give their name and relationship. Any approach to Governor or other employees to influence a selection decision will disqualify you. This does not stop a Governor or employee giving a reference* | | | | | | | | | |
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| **11. Your availability** |
| *Please tell us when you are* ***not*** *available for interview in the 6 weeks following the closing date for this post. This does not guarantee that we will be able to accommodate your needs, particularly where an interview date has already been indicated.* |
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| **12. Guaranteed Interview Scheme** |
| *Woodchurch High School is positive about disabled people and committed to their employment. The Academy’s policy is that any disabled applicant who meets the minimum (essential) criteria for the job will be interviewed.* |
| Do you wish to apply under the Guaranteed Interview Scheme? ☐ Yes ☐ No |

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| **13. Driving or car ownership status** | | | |
| *If the job for which you are applying requires you to drive or carries an Essential Car User allowance, please answer the following questions.* | | | |
| Are you a vehicle owner? | ☐ Yes | | ☐ No |
| Do you hold a full clean current licence? | ☐ Yes | | ☐ No |
| If No, please give details of any penalties or endorsements | | | |
| Please state any other type of licence you hold (e.g. HGV) | |  | |
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| **14. Declaration** | | | |
| *I certify that the information contained on this application form is accurate and true. I give my consent to the processing, transfer and disclosure by the Academy of all the information submitted by me during the recruitment process and throughout my subsequent periods of employment for pre-employment checks, equal opportunities monitoring, payroll operations, training and absence records (Data Protection Act 1988).*  *(N.B. Deliberate falsification or withholding of information will lead to disciplinary proceedings and may result in dismissal.)*  *I understand that canvassing will automatically disqualify my application.*  *If you return this form without a signature you will be assumed to have accepted the above declaration.* | | | |
| Signature: | Date: | | |

Under data protection law, individuals have a right to be informed about how the school uses any personal data we hold about them. We comply with this right by providing access to ‘privacy notices’ to individuals where we are processing their personal data. This privacy notice explains how we collect, store and use personal data about individuals applying for jobs at our school. Please access this notice via the following link: <http://www.woodchurchhigh.com/docs/Policies/PrivacyNoticeForJobApplicants.pdf>

Thank you for your application. This should be returned, returned via email to [whsrecruitment@woodchurchhigh.com](mailto:whsrecruitment@woodchurchhigh.com) or returned by post to:

**Personnel Dept.**

**Woodchurch High School**

**Carr Bridge Road**

**Woodchurch**

**Wirral**

**CH49 7NG**

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| **Section B –Monitoring of Equality & Diversity** | | | | |
| Woodchurch High School aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates.  **Why do I need to complete Equality & Diversity Questions?**  The Academy has a legal duty to promote equality. This duty applies to everything the Academy does, both as an employer and a provider of services. In order to help us, please answer the following questions and complete the declaration at the bottom of the end page.  **What happens to the Equality & Diversity information?**  All data, in accordance with the Data Protection Act will be confidentially retained and used only for the purpose of reporting to Committee and for the production of statistical reports. The Equality & Diversity data will only be recorded and maintained on the employee’s personal record on the Academy’s Human Resources system and used for the purpose of statistical reports in relation to equality and performance indicators including recruitment. | | | | |
| **Title of the job applied for:** | | |  | |
|  | | |  | |
| **Closing Date:** | | |  | |
|  | | | | |
| **Please repeat your Personal Details** | | | | |
| Title: | Full Name: | | | Marital Status: |
| **Age** | | | | |
| What is your date of birth? | | | |  |
| **Race & Ethnicity** | | | | |
| What is your ethnic group? *Please tick the relevant ethnic group. If you are in an ‘Any Other Background’ category please state what it is.* | | | | |
| A. White | | ☐ English  ☐ Other British  ☐ Irish  ☐ Any Other White Background\* | | |
| B. Mixed | | ☐ White & Black-Caribbean  ☐ White & Black-African  ☐ White & Asian  ☐ Any Other Mixed Background\* | | |
| C. Asian or Asian-British | | ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any Other Asian Background\* | | |
| D. Black or Black-British | | ☐ Caribbean  ☐ African  ☐ Any Other Black Background\* | | |
| E. Other Ethnic Group | | ☐ Arab  ☐ Gypsy/Romany/Irish Traveller  ☐ Any Other Ethnic Group\* | | |
| F. Do not wish to declare | | ☐ Do not wish to declare | | |

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| **Country of Birth** |
| What is your country of birth?  ☐ England  ☐ Wales  ☐ Scotland  ☐ Northern Ireland  ☐ Republic of Ireland  ☐ Other (please write in the current name of the country)  ☐ Do not wish to declare |
| **Religion or Belief** |
| What is your religion or Belief? \***If you have “Any Other Religion or Belief” then please state what it is.**  ☐ None  ☐ Christian (including Church of England, Catholic, Protestant & all other denominations)  ☐ Buddhist  ☐ Hindu  ☐ Jewish  ☐ Muslim  ☐ Sikh  ☐ Humanist  ☐ Atheist  ☐ Agnostic  ☐ Pagan  ☐ Any other religion or belief\*  ☐ Do not wish to declare |
| **Nationality** |
| What is your nationality? (e.g. English, British, French, Spanish etc.)  ☐ Do not wish to declare |
| **Sexual Orientation** |
| What is your sexual orientation?  ☐ Heterosexual  ☐ Lesbian or Gay  ☐ Bisexual  ☐ Asexual  ☐ Do not wish to declare |
| **Disability** |
| *The Academy takes a positive approach in the selection of people with disabilities, including interviewing all disabled persons who meet the essential selection criteria. The Disability Discrimination Act 1995, defines disability as “a physical or mental impairment which has substantial and long-term adverse effect on the ability to carry out normal day to day activities”.* |
| Do you consider yourself to be a disabled person?  ☐ Yes  ☐ No  ☐ Do not wish to declare |
| If ‘Yes’ please provide details of any adjustments we might need to make in order to fulfil your needs at interview: |

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| **Marriage/Civil Partnership** | |
| Are you currently married?  ☐ Yes  ☐ No  Or in a civil partnership?  ☐ Yes  ☐ No  ☐ Do not wish to declare | |
| **Gender** | |
| What is your gender?  ☐ Male  ☐ Female  ☐ Do not wish to declare | |
| **Gender Reassignment** | |
| Is your gender identity the same as the gender you were assigned at birth?  ☐ Yes  ☐ No  ☐ Do not wish to declare | |
| **Advertisement** | |
| Where did you see this post advertised? | |
| **Confirmation of Declaration** | |
| *The details given by me are correct to my knowledge and belief.* | |
| Signature: | Date: |

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| **Section C – Medical Fitness Staff Declaration** |
| With reference to your application for this post with this Academy. In order to assist us in establishing that you are medically suitable and satisfy the health standards required, I should be grateful if you would kindly answer the questions set out below. The information provided will be treated with the strictest confidence and used only to determine whether it will be necessary to refer you for a medical examination prior to confirming your appointment with this Academy.  \*- delete as appropriate |

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| Name in Full (Mr/Mrs/Miss) | | | |  | | | |
| 1. | Has there been any cause for concern regarding your health during the period of employment with your present or most recent employer? | | | | | | Yes / No \* |
| 2. | Has a medical examination been required at any time in connection with this employment? | | | | | | Yes / No \* |
| 3. | If the answer was “YES” to question No 2 above, was the medical requested on: | | | | | | |
| 1. Appointment | | | | | | Yes / No \* |
| 1. Following a Special Referral during your appointment | | | | | | Yes / No \* |
| 4. | What was the result of such an examination? | |  | | | | |
| 5. | Are you aware of any illness / condition that would prevent you from carrying out your duties, as per the job description? | |  | | | | |
| I declare to the best of my knowledge and belief, all statements contained in the above answers are correct and I understand and acknowledge that should I conceal and material fact I will be liable to the termination of my contract of service, with such notice as may be appropriate and may be refused benefits under the sickness payments and superannuation schemes  I consent to undergo a medical examination or examinations if required to do so and have no objection to the Academy’s Occupational Health Consultant communicating with my own doctor or obtaining any hospital records concerning my health or medical history. | | | | | | | |
| Signed | |  | | | Date |  | |