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| Application form for the post ofLearning Support Assistant | | | | | |
| SECTION 1 **PERSONAL DETAILS** | | | | | |
| Title (Mr, Mrs, Miss, Ms, Dr, other):  Forename:  Surname:  Date of Birth:  email address: | | Address:  (Town)  (County)  (Postcode)  Telephone No (Home):  Telephone No (Work): /  National Insurance number……………………………………………………… | | | |
|  | | | | | |
| SECTION 2 **EDUCATION (post age 16)** | | | | | |
| Institution(s) attended | | | Dates | Qualifications gained, date of qualification gained and awarding body | |
|  | | |  |  | |
| Please include any higher degrees in this section | | | | | |
| SECTION 3 **PROFESSIONAL TRAINING AND DEVELOPMENT** (Please include details of any relevant training or staff development) | | | | | |
| Institution Attended | Course | | | | Date |
|  |  | | | |  |
| **INTERESTS** (e.g. hobbies, sports, voluntary work) | | | | | |

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| SECTION 4 **CURRENT/LAST EMPLOYMENT** | |
| Employers Name:  Employers Address:  (Town)  (County)  (Postcode) | Position:  Grade/Salary:  Date Commenced:  Date of Leaving if applicable:  Period of Notice:  Reason for Leaving: |
| Brief description of duties/responsibilities:  Number of additional sheets used………… | |

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| **OTHER PREVIOUS EMPLOYMENT** (chronologically listed) Please account for any gaps in employment. | | | |
| Employers Name & Address | Dates | Position | Brief outline of responsibilities |
|  |  |  | Number of additional sheets used………… |

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| SECTION 5 PERSONAL STATEMENTYOUR PERSONAL STATEMENT SHOULD PROVIDE EVIDENCE/EXAMPLES OF HOW YOU MEET THE PERSON SPECIFICATION AND YOUR ABILITY TO CARRY OUT THE JOB DESCRIPTION. |
| It is recommended that you use the headings provided to structure your statement. Please use a separate sheet if required. |
| Number of additional sheets used………… |

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| SECTION 6REFEREES | |
| Please give the names, addresses and occupations of two referees, one of whom should be your present or last employer and neither should be family members. References of short listed candidates will be checked prior to interview. Please let us know if you do not wish referees to be contacted without your prior agreement | |
| **First Referee**  Full Name:  Email address:  Phone Number:  Company Name:  Address:  (Town)    (County)  (Postcode)  Occupation and role: |  |
| **Second Referee**  Full Name:  Email address:  Phone Number:  Address  (Town)  (County)  (Postcode)  Occupation and role:  **Please note that all references will be taken up prior to interviews.** | |
|  | |
| **Please return this completed application to** [**office@yardleyprimary.co.uk**](mailto:office@yardleyprimary.co.uk) **or a hard copy can be given to the office in an envelope addressed to Mrs Odysseas** | |
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| **Closing date for applications 23rd September 2024** | |

Any job offer will be conditional upon the completion of satisfactory pre-appointment

We will require the applicant to provide evidence of their right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006

An enhanced Disclosure and Barring Service (DBS) check will be required, which will reveal both spent and unspent convictions, cautions and bind-overs, as well as pending prosecutions, which aren’t “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Barred list checks are required for those working in regulated activity

It’s an offence to apply for a post in regulated activity if you are on a barred list

Applicants who are shortlisted will be asked to complete a self-declaration of their criminal record or information that would make them unsuitable for the position

If the applicant has lived or worked overseas, we may need additional information from them at a later stage to enable us to carry out appropriate pre-appointment checks

We reserve the right to seek any additional references we consider appropriate

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| **EQUAL OPPORTUNITIES MONITORING FORM** | |
| This form is separate from the main application form. Your answers will be treated in the strictest confidence  and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way. | |
| Post Applied For:……………………………………………………………  Surname:……………………………………………………………………  Forename(s):………………………………………………………………  Gender: Male Female  Which age group do you apply to:  Under 20  21 - 29  30 - 39  40 - 49  50 - 59  60 and over | Do you consider yourself as having a disability? Yes No  If you have a disability what equipment, adaptations or  adjustments to working conditions would assist you in  carrying out your duties?  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |
| **Which of the following best describes your Ethnic origin?**  **White:**  British  Irish  Other  **Black or Black British:**  Caribbean  African  **Other Black background**    **Chinese or other ethnic group:**  Chinese  Any other ethnic group | **Mixed:**  White & Black Caribbean  White & Black African  White & Asian  Other Mixed Group  **Asian or Asian British:**  Indian  Pakistani  Bangladesh  Other Asian  If “other” please specify:- ………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |