

The information you provide on this form will be used for recruitment & selection and employment contract purposes

Please complete this form in black ink

Please return completed application forms directly to the school.

Job	Ref:
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Closing Date:

A	pp	licatio	n For	Emplo	oyment	as:
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For Office use

Title:	Last Name:	First Name:			National Insurance No:							
Address	for Correspondence:		lf ti	ne job	includes	driving,	are	you	licensed	to	drive	the

Postcode:

Home Tel No: Mobile Tel No: Work Tel No:

Email:

Correspondence relating to this application may be sent via email to the address supplied, please confirm you are happy to receive correspondence in this way YES / NO

For Full Time posts: I am applying for Job Share / Part-Time (please delete as appropriate)

Please indicate the range of days and the maximum number of hours you are able to work

If the job includes driving, are you licensed to drive the appropriate vehicle? If you hold an HGV licence, please state class.

YES NO (Please delete as appropriate)

If you are selected for interview, are there any dates when it would be impossible for you to attend?:

When would you be available for work?:

Is a member of your family or any person you have a close association to a Councillor or Employee of Leeds City Council ? YES/NO (If yes, give details)

Rehabilitation of Offenders Act 1974

All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are 'protected'. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website or see here.

Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of the interview. You may be asked for further information about your criminal history during the recruitment process. If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.

Address:

References

Address:

Please give the names and addresses of two referees. One should be your present employer or, if not employed, your last employer. If you have not been employed before, you will need to supply referees who are able to comment on your ability to do the job.

1. Title:	Mame:	2. Title:	Name:	
Occupation:		Occupation:		

Postcode: Postcode: Telephone No: Telephone No: Fax No:

Fax No: Fax No: Email:

Capacity in which known: Capacity in which known:

Referees will be automatically contacted if shortlisted for an interview

	EMPL	OYMENT	EXPERIENCE			
Current or last occupation / position /scheme Date Started: Permanent/Temporary (Please delete as appropriate)						
Salary: Grade/Scale:		Date left (if applicable):	(Please delet	e as appropriate)		
Galai y.	Grade/Scale.		Reason for leaving:			
Employer:						
Address:						
Briefly describe your duties:						
P	revious job	s or work ex	perience (Most recen	nt first)		
Name of Employer	Date from Month Year	Date to Month Year	Position held and ma		Reason for Leaving	
	Month real	Month Tear			Leaving	
	Training a	nd qualifica	tions relevant to the	job		
			cations asked for in the emip of Professional or Techr		Year Awarded	
	•					

Knowledge Please show that you have the knowledge asked for in the Employee Specification gained either through work, education, home or voluntary activities.
Please show that you have the knowledge asked for in the Employee Specification gained either through work, education, home or voluntary activities.
Experience
Please show that you have the experience asked for in the Employee Specification gained either through work, home or voluntary activities.
Skills
Please show that you have the skills asked for in the Employee Specification gained either through work, home or voluntary activities.

Additional Information
You must not exceed two sides of A4 paper (this does not apply to Disabled Applicants). CV's are NOT allowed.

Please show how you meet the additional factors on the Employee Specification and use this section if there is any other information you wish to add in support of your application.	Discouring the second discouring the Fourier Court of the second
	Please show now you meet the additional factors on the Employee Specification and use this section if there is any other information you wish to add in support of your application.

Additional Information (continued)
Privacy Notice
The information detailed in this application form will be used in order to process your application and in line with the school's Recruitment and Selection process. The lawful basis for processing this information is with a view to entering into a contract with you.
Your information may be shared may be shared with Leeds City Council HR in their role as data processor under the terms of the service level agreement where they have a legitimate business need to access it, and externally where required for the recruitment process, for example, in order to obtain references or where background checks are required. Your information will only be shared where necessary, and in accordance with data protection law.
If successful, this form will be retained on your personnel file and kept for a period of 6 years after the termination of your employment.
Application forms submitted by unsuccessful candidates will be destroyed after six months from the date the post was appointed to.
For more detailed information about how your information will be processed, and for details of their Data Protection Officer, contact the school direct.
Information regarding your rights in relation to your personal data are available via the Information Commissioner's Office: www.ico.org.uk .
Declaration

I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references which are satisfactory to the school b) a satisfactory DBS certificate and check of the Barred list c) the entries on this form proving to be complete and accurate and d) a satisfactory medical report, if appropriate. I confirm that I have not been disqualified from working with children, cautioned or

Signature Date

sanctioned in this regard.