**Please ensure that you read the guidance notes enclosed with this form. Curriculum Vitae will not be accepted. You must complete all sections of the Application Form unless otherwise indicated.**

|  |  |  |  |
| --- | --- | --- | --- |
| Position applied for: |  | Post Reference Number: |  |
| Name of School: |  | | |

**Personal Details and Contact Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Surname: |  | | | Forenames (in full): |  | |
| Please also provide details of any former names (if applicable) | | | | | | | | |
| Home Address: | | | | | Daytime Telephone No: | | |  |
| Evening Telephone No: | | |  |
| Mobile No: | | |  |
| National Insurance No: | | |  |
| Post Code: | | | |  | e-mail: | | |  |

**Entitlement to work in the UK**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All applicants will be asked at interview to provide documentary evidence of their right to work in the UK. Do you have any restrictions that apply to you? | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | |
| \*If yes – please give details of any restrictions: |  | |

**References**

Please provide details of two referees who can comment on your suitability for this job. The referee must be a line manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you have not worked previously, then please give details of a school/college/university official. Keeping Children Safe in Education Statutory Guidance states that references for shortlisted candidates should be sought prior to interview. If you think there are exceptional circumstances which mean you wish to request that your present employer is not contacted until after interview, please contact the school to explain what these are prior to the application deadline.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referee 1 (current or most recent employer)** | | | | |  | | --- | |  | | **Referee 2** | | | | |  | | --- | |  | |
| Name: |  | | | | Name: |  | | | |
| Relationship to applicant: | | |  | | Relationship to applicant: | | |  | |
| Position: |  | | | | Position: |  | | | |
| Employer/University/College Name: | | | | | Employer/University/College Name: | | | | |
| Address: | | | | | Address: | | | | |
| Post Code: | |  | | | Post Code: | |  | | |
| Telephone No: | |  | | | Telephone No: | |  | | |
| E-mail: | |  | | | E-mail: | |  | | |

**Current Employment** (or last employment if not currently employed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | | |
| Employer Address: |  | | | | |
| Job Title: |  | | | | |
| Start date (dd/mm/yyyy): | |  |  |  | | --- | --- | --- | |  |  |  | | | End date (dd/mm/yyyy): (if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | |
| Please give a brief description of current duties, responsibilities and achievements: |  | | | | |
| Reason for leaving this post: |  | | | | |
| What is your contractual period of notice? |  | Current Salary: | | |  |

**Previous Employment (**please continue on an additional sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of Employer | Job Title | Start Date (dd/mm/yyyy) | End Date (dd/mm/yyyy) | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Gaps in Employment**

Please indicate and explain any gaps in employment since first leaving secondary education. Include specific dates and be sure to account for all gaps, whatever their length. Continue on another sheet if necessary.

|  |  |  |
| --- | --- | --- |
| Dates from: | Dates to: | Reason for gap |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Education**

If the job requires a particular qualification, you will be asked to produce original evidence at your interview if shortlisted

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary and Further Education (please list in chronological order) | Level | Subjects | Grade/  Result | Year  Obtained |
|  |  |  |  |  |

**Other training and development (including professional, vocational or job related training)**

|  |  |
| --- | --- |
| Title and brief description of course | Date |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Membership of Professional Associations**

|  |  |
| --- | --- |
| Organisation Name | Level of Membership/Role/Registration No. (if applicable) |
|  |  |
|  |  |
|  |  |

**Reasons for applying for this job**

|  |
| --- |
| This section is the most vital part of the form. We need you to give us specific information to support your application so that we can shortlist in a fair and unbiased way. We recommend that you provide as much evidence as possible to show how your skills, abilities, knowledge and experience meet the selection criteria in the job description and person specification (where provided). These documents describe the essential experience and knowledge required for the job and may include competencies required. Please provide examples which relate directly to the job you are applying for:  **Continue over page if necessary** |
| **Reasons for applying for this job continued …….**  Use additional sheets (if necessary) and attach to this form |

**Additional Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you licensed to drive any of the following? | Private Car | |  | | --- | |  | | Motor Bike | |  | | --- | |  | | PCV | |  | | --- | |  | | Other (give details) | |  |
| Please confirm whether this will be your only employment? | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | | |
| \* If no, provide details including days and hours worked and whether full or part-time: | | | | | | | | | |
| Have you previously received a redundancy payment or a pension from a Local Authority or from Teachers’ Pensions?  \*If yes, please state Employer’s Name and month/year that the payment or pension started. | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | | |
| Date(s): | |
| Have you been dismissed from any previous employment? | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | | |
| \* If yes, please indicate which employment and specify the reasons for your dismissal (use a separate sheet if necessary): | | | | | | | | | |
| If you are related to an employee, Governor or Councillors, please provide details (refer to notes below):  NOTE: Canvassing Council employees, Governors or Councillors directly or indirectly will disqualify the candidate for any appointment. A candidate who fails to disclose any relationship will be disqualified for the appointment and, if appointed, will be liable to dismissal without notice. | | | | | | | | | |

**Criminal Convictions and Safeguarding Declaration**

|  |  |
| --- | --- |
| This appointment is exempt from the Rehabilitation of Offenders Act 1974 and subject to an Enhanced DBS Certificate in accordance with the requirements of the Disclosure and Barring Service and the Police Act 1997. You must declare all convictions, cautions, reprimands and final warnings that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended i). For further information on filtering please refer to the DBS website. In the event of employment, failure to disclose a conviction, caution or bind-over could result in dismissal or disciplinary action by the Authority and possible referral to the Police. | |
| Do you have any unprotected / unfiltered convictions, cautions, reprimands or final warnings to declare? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | |
| Are you currently the subject of any police investigations following allegations made against you? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | |
| \****If yes, please give details on a separate sheet and attach it to this form in a sealed envelope marked Confidential Disclosure or bring it with you to interview if shortlisted*** | |

**Convictions/Disqualifications DBS CLEARANCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Safeguarding Declaration**:  I declare that the information I have given on this form is complete and accurate and that:   * I am not barred or disqualified from working with vulnerable groups, children or young people * I am not subject to any sanctions or conditions on my employment.  |  |  |  |  | | --- | --- | --- | --- | | Signed |  | Print Name |  |  |  |  | | --- | --- | | Date |  | | |
| **General Declaration**  I understand that to knowingly give false information or to leave out any relevant information could result in:   * the withdrawal of any offer of appointment, or * my dismissal at any time in the future, and possible criminal prosecution  |  |  |  |  | | --- | --- | --- | --- | | Signed |  | Print Name |  |  |  |  | | --- | --- | | Date |  | | |
| **Availability:**  Are there any dates when you are not available for interview (if yes please provide dates)? | |  | | --- | |  | |
| **Data Protection**  In accordance with the Data Protection Act 1998, the Council will only use the information given on this application form to determine your suitability for this job and to monitor equal opportunities. We will keep application forms of unsuccessful candidates for six months before being destroyed.  However, as the Council has a duty to protect public funds, we may use the information you have provided on this form to prevent and detect fraud, especially in relation to benefits, Council Tax, Business Rates, Housing/Rents, salaries, employment, pensions and Councillors’ Allowances. | |

**EQUAL OPPORTUNITIES MONITORING FORM**

**This section to be completed by all applicants - (this form will not be used as part of any selection process)**

**Please help Bath and North East Somerset Council monitor its equalities policies and prevent unfair discrimination by answering ALL of the following questions and ticking the appropriate box. This information will be treated in the strictest confidence and only used to enable us to monitor our performance as an equal opportunities employer. It will not be seen or used by anyone involved in selecting candidates for interview.**

**Personal Details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post Title: | | | | |  | | --- | |  | | | | | | | | | | Post No: | | | | | | |  | | --- | |  | | | | | | | | | | | |
| First name(s): | | | | |  | | --- | |  | | | | | | | | | | Surname: | | | | | | |  | | --- | |  | | | | | | | | | | | |
| Date of Birth: | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | | | | | Male: | | | | | | |  | | --- | |  | | | | | | Female | | | | |  | | --- | |  | | |
| Nationality: | | | | |  | | --- | |  | | | | | | | | | | My Ethnic Origin is:  Please quote a number from the list given below | | | | | | | | | | | |  | | --- | |  | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **White** | | **Mixed** | | **Asian** | | | 01 | British | 21 | Black and White Caribbean | 41 | Indian or British Indian | | 02 | Irish | 22 | Black and White African | 42 | Pakistani, British Pakistani | | 19 | Other white | 27 | Chinese and White | 43 | Bangladeshi, British Bangladeshi | |  |  | 28 | Any other mixed background | 44 | Other Asian, British Asian | | **Black** | | **Other** | |  | | | 61 | Caribbean | 81 | Chinese | 99 | Prefer not to say | | 62 | African | 85 | Any Other |  | | | 63 | Other Black or Black British | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender Identity:**  Is your gender identity different to that assigned to you at birth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | |  | | --- | |  | | | | | | No | | | | | |  | | --- | |  | | | | | | Prefer not to say | | | | | | |  | | --- | |  | | | | |
| **Sexual Orientation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bisexual | | |  | | --- | |  | | | | | | Gay | | | | | |  | | --- | |  | | | | | Heterosexual | | | | | |  | | --- | |  | | | | | | |  | | |
| Other | | | |  | | --- | |  | | | | | | Lesbian | | | | |  | | --- | |  | | | | | | Prefer not to say | | | | | |  | | --- | |  | | | | | |  | | |
| **Religion** (please tick one box only; categories determined by Office of Population Census and Surveys) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian | |  | | --- | |  | | | | | | Buddhist | | | |  | | --- | |  | | | Hindu | | | |  | | --- | |  | | | | | Jewish | | | | | |  | | --- | |  | | | Muslim | | | | |  | | --- | |  | |
| Sikh | |  | | --- | |  | | | | | | All other religions, beliefs or faiths | | | | | | | | |  | | --- | |  | | | | | No religion | | | | | |  | | --- | |  | | | Prefer not to say | | | | |  | | --- | |  | |

|  |  |  |
| --- | --- | --- |
| **Disability:**  The Equality Act 2010 defies disability as a physical or mental impairment which has a substantial and long term adverse effect on hi s/her ability to carry out normal day to day activities. | | |
| Do you consider yourself to be disabled? | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | |
| If Yes what is the nature of your disability? | |  | | --- | |  | | |
| If you are disabled, are there any arrangements we can make for you at interview (e.g. ground floor venue, hearing loop, sign language interpreter, audio tape or other adjustments). Please detail requirements below: | | |
| |  | | --- | |  | | | |
| The Council will interview all disabled applicants who meet the minimum (i.e. essential) criteria for a job vacancy and consider them on their skills and experience. Please sign here if you are happy for your details to be passed to the interviewing manager so that you can be considered under the Disability Confident Scheme.   |  |  |  |  | | --- | --- | --- | --- | | Signature |  | Print Name in full |  | | | |
| It would also help us to know any barriers you have faced when dealing with us and we would be grateful if you would also use this space to make suggestions on how we can improve. | | |
| |  | | --- | |  | | | |