**Application for Appointment (Support Staff)**

All applicants are considered on the basis of their suitability for the post irrespective of their sex, age, marital status, pregnancy or maternity, race, gender reassignment, sexual orientation, religion and belief or disability.

If you have a disability that affects the written completion of this form please tell us and an alternative format may be arranged.

Please complete this form in full, please do not include a CV.

Please note correspondence regarding your application will be sent by email, HCAT acknowledges all applications so if you have not heard from us within 7 days please check your junk email.

|  |
| --- |
| Post applied for: HCAT Stockwell Academy – Site Facilities Officer How did you hear about this vacancy?  |

# Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname:  |  |  | First names: |  |
| Former name(s) (if applicable)\*  |  |  | Preferred title: Mr/Mrs/Miss/Ms/Other:  |  |
| Address: |  | Telephone Number |
|  | Daytime:  |  |
|  | Evening: |  |
| Post Code: |  |  | Mobile: |  |
| e-mail address:  |  |
| National Insurance Number:\* |  |  |  |  |
| \* Required for full identification purposes |

# Education, Training and Qualifications

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| Secondary and further education, plus training courses relevant to the job for which you are applying.Please continue on a separate sheet if necessary. |
| **School, College, University****and/or Training Course.** | **Dates from - to.**(Please account for any gaps in the date range) | **Examinations, Subjects, Course****qualifications, Certificates awarded, Awarding body and date of award.** |
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# Membership of Professional Organisations

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| --- | --- |
| **Professional organisation** | Grade and date of membership |
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|  |  |
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# Participation in Voluntary, Recreation or General Interest Groups

|  |  |
| --- | --- |
| **Name of organisation** | **Offices held** |
|  |  |
|  |  |
|  |  |

# Current/Most Recent Position Held

|  |  |
| --- | --- |
| Position/Job title:  |  |
| Name and address of school/college:  |  |
|  |
| Post code:  |  | Tel No:  |  |
| Web address:  |  |
| Type of establishment: |  |
| No on roll (approx) and age range: |  |
| Name and address of Authority (or employing body):  |  |
|  |
| Post code:  |  | Tel No:  |  |
| Key tasks, responsibilities, and achievements:  |
| Starting date:  |  | Starting salary:  |  |
| Leaving date:  |  | Spinal point:  |  |
| Allowances:  |  | Current/leaving salary:  |  |
| Period of notice required or available start date:  |  | Reason for leaving: |  |

**Previous Employment/Voluntary and/or Domestic Activities**

|  |
| --- |
| Starting with the job before the current/most recent one, give details of your employment history including any periods of time not spent in employment (any gaps must be accounted for). |
| Employer – Name, address and nature of business | Job title and key tasks/responsibilities | Date from | Dateto | Reason for leaving |
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**Continue on a separate sheet if necessary*.***

# Experience, Skills, Abilities and Career Aspirations

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| --- |
| Please tell us how you think you meet the requirements for this job. You may wish to use details of your previous jobs, voluntary work, other activities or your personal interests. This is your opportunity to tell us more about your achievements and your aspirations for your future career. |
| **Relevant Experience****Skills****Knowledge****Communication skills****Any further information****Continue on a separate sheet if necessary.** |

# Other Information

|  |  |
| --- | --- |
| Do you have a partner or any family or relatives working for the Trust? | YES / NO |
| (If yes please give their name and where they work) |  |
| Would you be willing to undergo a medical examination following conditional appointment? | YES / NO |
| If you have a disability will you require any form of assistance to enable you to participate in the recruitment process equally and fully?  | YES / NO |
| If YES please describe any reasonable adjustments we need to be aware of in advance. |
| Are you able to travel during the course of your work? | YES / NO |
| Do you have a driving licence? |  | YES / NO |
| If YES, is it; | PROVISIONAL / FULL / HGV / PSV |
| Are you entitled to work in the UK? | YES / NO |
| Every applicant will be asked for proof of their eligibility to work in the UK at interview stage. |
| (Please contact us in advance if you need us to sponsor you under the UK Border agency points based scheme for skilled workers). |

**References**

|  |
| --- |
| Please give details of two referees - one must be your present or most recent employer. |
| Name: |  |  | Name: |  |
| Address: E mail address: |  | Address: E mail address: |
| Telephone Number:  |  |  | Telephone Number:  |  |
| Position:  |  |  | Position:  |  |
| May we approach them now? | YES/NO |  | May we approach them now? | YES/NO |

**Data protection statement**

In line with current Data Protection regulations, and the new General Data Protection Regulations (GDPR) we have a duty to inform you that the information you provide on this form will be used to process your application for employment.

If you succeed in your application for employment, the information will be used in the administration of your employment with us, and to enable us to monitor our recruitment processes to establish that we have complied with Equality regulations.

We may check the information collected with third parties, or with any other information held by us. We may also use or pass to third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by law. This information will only be shared in accordance with the Academy’s GDPR Data protection policy.

By signing this application form, you agree to the processing of sensitive personal data (as described above), in accordance with our registration with the Information Commissioner’s Office.

**DBS**

This post is exempt from the Rehabilitation of Offenders Act 1974 and the amendments to the Exceptions Order 1975, 2013 and 2020. It is an offence to apply for the role if the applicant is barred from engaging in regulated activity relevant to children. For further information please view our Child Protection Policy and Policy on the Employment of Ex-Offenders here.

**Declaration**

I declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form, are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to summary dismissal. If I am not successful in my application, in accordance with the GDPR I understand that my application will be retained and securely stored for 6 months in accordance with the Trust’s GDPR Data Protection Policy, after which time it will be securely disposed of.

***I understand that this organisation reserves the right to verify claims made in this application process and I consent to the organisation requesting an enhanced DBS check on me.***

Signed by ……………………………………….. Name …………………………………..

Date ………………………………………………..

**Please return your completed application form to Ms G Nixon at** **Admin.Stockwell@hcat.org.uk**

**Thank you for your application.**