

Springwell School Application Form

Private and Confidential

# Post Applied For

[Post]

# Personal Details

|  |  |  |
| --- | --- | --- |
| Title: | [Title] | This form should be completed electronically and in full. If you wish to submit a paper copy, please contact the school office. The school does not accept CVs.  Your application will be judged solely on the information provided **in accordance with the person specification**.  Please email this form in Word format to:  recruitment@springwellschool.net  Text in orange are form control guidance. |
| Surname: | [Surname] |
| Forenames: | [Forenames] |
| Home Address: | [Address Line 1] |
| [Address Line 2] |
| [Address Line 3] |
| Postcode: | [Postcode] |
| NI Number: | [NI Number] |
| Email Address: | [Email Address] |

|  |  |  |
| --- | --- | --- |
| Telephone Numbers: | Home: | [Home Telephone] |
|  | Work: | [Work Telephone] |
|  | Mobile: | [Mobile Telephone] |
| May we contact you at work? | Yes  No *Please note we will exercise the utmost discretion should you authorise us to contact you at work.* | |

# Education, Training and Non-Vocational Experience

Please give relevant information about education received, and qualifications obtained with dates.

*You will be asked to produce the certificates where your qualifications are a requirement of the job*

When in a cell, click the plus symbol on the right to add more attendances.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary Schools, Colleges & Universities attended | Dates | | Qualifications gained or pending (please state subject, level and date obtained) | Grade |
| From Month/Year | To Month/Year |
| [Attendance] | [From] | [To] | [Qualification] | [Grade] |

|  |  |
| --- | --- |
| Do you have any non-vocational experience/skills which may be relevant to your application? e.g. family duties, voluntary work, leisure interests. If yes, please state. | Yes  No |
| [Click here to enter text] | |
| Do you have any language skills? If yes, please state languages and level of skill (including sign language interpretation). | Yes  No |
| [Click here to enter text] | |

# Membership of Professional Bodies

When in a cell, click the plus symbol on the right to add more memberships.

|  |  |  |  |
| --- | --- | --- | --- |
| Body | Grade of Membership | By Examination | Date |
| [Body] | [Grade] | Yes  No | [Date] |

# Attendance at Training Courses

When in a cell, click the plus symbol on the right to add more courses.

|  |  |  |
| --- | --- | --- |
| Course | Duration | Date |
| [Course] | [Duration] | [Date] |

# Present Employment *(if applicable)*

|  |  |
| --- | --- |
| Employer: | [Employer] |
| Job Title: | [Job Title] |
| Date Appointed: | [Date] |
| Notice Period Required: | [Notice Period] |
| Current wage/salary & grade *(if applicable):* | [Current Wage] |
| Please also list any other jobs you current have *(paid or unpaid):* | |
| [Click here to enter text] | |
| Reason for wishing to leave present employment: | |
| [Click here to enter text] | |

# Employment History

Previous paid employment (if applicable). List all other employers (most recent first). Account for any gaps in employment (subject to provisions relating to disclosure under the Rehabilitation of Offenders Act 1974).

When in a cell, click the plus symbol on the right to add more employers.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s Name, Address and type of business | Post Held | From Month/Year | To Month/Year |
| [Employer] | [Post] | [From] | [To] |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you previously worked for Southampton City Council?If yes, please provide details of your most recent appointment: | | Yes  No | |
| Dates: | [From] | | [To] |
| Position: | [Position] | | |
| Location *(Directorate and Division):* | [Location] | | |

# Other Relevant Information

Other relevant information and experience including current duties. The information you provide in this section will be used in assessing your application. Please use this space to state your reasons for applying for the post relating your skills, experience and personal qualities to the person specification and requirements of the job. If you are a disabled person, but are unable to meet some of the job requirements because of your disability, please document this in this section.

Enter as much as necessary, the text box will automatically expand.

|  |
| --- |
| [Click here to enter text] |

# Miscellaneous

## Southampton City Council

When in a cell, click the plus symbol on the right to add more names.

|  |  |  |
| --- | --- | --- |
| Are you the parent, grandparent, partner, child, stepchild, adopted child, grandchild, brother, sister, aunt, uncle, nephew or niece of an existing Councillor or employee of the Council. If yes, please provide details: | | Yes  No |
| Name | Place of Work | |
| [Name] | [Location] | |

All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a Councillor or Officer of the Council to use their influence to help you gain this job.

|  |  |
| --- | --- |
| Are you currently an elected member of a Local Authority? | Yes  No |
| Have you been nominated for a forthcoming Local Election? | Yes  No |

## Driving Licence

Driving Licence - Only complete, if according to the person specification, driving is a requirement of the job.

|  |  |
| --- | --- |
| Do you have a full current driving licence? | Yes  No |
| If yes, please indicate which class of vehicle this covers *(please use the letters detailed on your licence):* | [Vehicle Class] |

## Job Share

|  |  |
| --- | --- |
| Do you wish to apply for this post on a job share basis? | Yes  No |
| If yes, specify days/hours you can only work: | [Hours/Days] |
| If there are no other applicants wishing to job share would you be willing to consider the post on a full time basis? | Yes  No |

# References

Give the name and address of two referees of whom confidential enquiries may be made regarding your suitability for the post. One should be your present or last employer, the other preferably a previous employer or someone who has known you in a professional capacity. If you are a School, College or University leaver, your Headteacher or Tutor.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | [Name] | |  | Name: | [Name] | |
| Post Title: | [Title] | |  | Post Title: | [Title] | |
| Organisation: | [Organisation] | |  | Organisation: | [Organisation] | |
| Address: | [Address Line 1] | |  | Address: | [Address Line 1] | |
| [Address Line 2] | |  | [Address Line 2] | |
| Postcode: | [Postcode] | |  | Postcode: | [Postcode] | |
| Telephone: | [Telephone] | |  | Telephone: | [Telephone] | |
| Email: | [Email] | |  | Email: | [Email] | |
| Capacity in which known to you: | [Capacity] | |  | Capacity in which known to you: | [Capacity] | |
| It is normal for us to contact both referees after shortlisting. May we contact your referees at this stage? | | Yes  No |  | It is normal for us to contact both referees after shortlisting. May we contact your referees at this stage? | | Yes  No |

# Declaration

I confirm to the best of my knowledge that the information given in this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment. (WARNING: Any person appointed to the Authority having given false information will be liable to summary dismissal)

Type your full name to provide an electronic signature.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | [Enter Full Name] | Date: | [Today’s Date] |

|  |
| --- |
| Please give any dates on which you would not be available for interview: |
| [Click here to enter text] |

# Equality of Opportunity Guidance Notes

Southampton City Council is an Equal Opportunities Employer. Its aim is to ensure that it does not discriminate in the selection for employment or retention and promotion in employment against, or in favour, of any person on the grounds of their race or ethnic origin, marital status, sex, sexual orientation, gender reassignment or religion, and shall actively promote ways of employing a higher proportion of disabled people amongst its workforce.

Within the Application Form you have been asked to indicate whether you are a disabled person. Please read the following notes in conjunction with the application form.

Southampton City Council recognises its responsibilities in respect of disabled people and undertakes to:

* comply with the employment provisions of the Disability Discrimination Act 1995
* give disabled applicants full and fair consideration for all vacancies
* provide, as practical, suitable facilities and accommodation for disabled people
* provide full and fair opportunities in general for the training, career development and promotion of disabled employees

To ensure that its Equal Opportunities Employment Policy is working and does not discriminate, the Council supported by the Trade Unions considers it essential to keep up to date information about job applicants. Accordingly all applicants are requested to complete the information on ethnic origin which will be treated as strictly confidential and used for statistical purposes only. To help you complete the ethnic information the following categories apply:

## WHITE

### British

Persons born in the United Kingdom whose recent forebears came from the United Kingdom.

### Irish

Persons born in Ireland whose forebears came from Ireland

## BLACK OR BLACK BRITISH

### Caribbean

Persons whose forebears originated in, or came from, a Caribbean island.

## AFRICAN

Persons whose forebears originated in, or came from, an African country.

## CHINESE OR OTHER ETHNIC GROUP

### Chinese

Persons whose forebears originated in, or came from, the Chinese sub-Continent including China, Vietnam etc.

## ASIAN OR ASIAN BRITISH

### Indian

Persons whose forebears originated in, or came from, India.

### Pakistani

Persons whose forebears originated in, or came from, Pakistan.

### Bangladeshi

Persons whose forebears originated in, or came from, Bangladesh.

## OTHER

Self-defined groups not included in the other categories.

# Equal Opportunities Monitoring Form

The following information is required in order that the Council’s Equal Opportunities Policy can be monitored effectively. (Please refer to guidance notes)

## Ethnic Information

Please tick the box from the list below which best describes the ethnic group to which you belong:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: | [Date of Birth] | Sex: | Male  Female |
| White British | | Black Caribbean | |
| White Irish | | Black African | |
| Other White Background\* | | Other Black Background\* | |
| Asian or Other British: Indian | | White & Black Caribbean | |
| Asian or Other British: Pakistani | | White & Black African | |
| Asian or Other British: Bangladeshi | | White & Asian | |
| Other Asian Background\* | | Other Mixed Background\* | |
| Chinese | | Any Other Background\* | |

|  |  |
| --- | --- |
| \*If Other, please specify: | [Specify] |

## Disability Information

|  |  |
| --- | --- |
| Do you consider yourself to have a disability? | Yes  No |
| Is there anything we need to know about your disability in order to offer you a fair selection interview? (For example a BSL interpreter or an accessible interview room)? | [Specify] |

# Vacancy Information

How did you hear about this vacancy?

|  |  |  |
| --- | --- | --- |
| Job Centre | Word of Mouth | Website |
| Advertisement *(please specify):* | [Specify] | |
| Other *(please specify):* | [Specify] | |

## Declaration

I agree that, if necessary, the information I provide may be checked against police records.

I understand that an offer of appointment may be withdrawn or dismissal may result if previous convictions for any criminal offences are not disclosed.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | [Enter Full Name] | Date: | [Today’s Date] |