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**Application Form**

(Teaching/Leadership)

**Please complete in black pen.** Do not enclose a C.V. or additional documents as these will not be considered

**All sections of the form must be completed. You may attach continuation sheets if necessary.**

**This form is available, on request, in large print, Braille, on tape or in electronic format**

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| Post applied for: |  | Ref number: |  |

Please ensure you read the City of York Council’s policy statement on the Recruitment of Ex Offenders, included in the ‘How to apply’ guidance, before submitting your application:

I confirm I have read the [Recruitment of Ex Offenders policy statement](https://www.york.gov.uk/downloads/file/10906/0_recruitment_of_ex_offenders_policy)

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| **Personal Details** |

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | | | |
|  | |  | |  | |  |
| Forename | |  | | Forename 2 | |  |
|  | |  | | | | |
| Preferred name | |  | | Previous  names |  | |
|  | |  | | | | |
| NI number | |  | | | | |

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| **Address Details** |

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| --- | --- | --- | --- | --- | --- | --- |
| House Name/Number | |  | | | | |
|  | |  | | | | |
| Street | |  | | | | |
|  | |  | | | | |
| Area |  | | Town/City | |  | |
|  | |  | | | | |
| County |  | | | Postcode | |  |
|  | |  | | | | |
| Country | |  | | | | |

**Contact Details –** our preferred method of contact is email. Please provide an email address and contact telephone number.

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Email address

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Telephone number

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| **Employment history** |

* Please provide your full employment history starting with your present or most recent position.
* All periods of unemployment/gaps must be accounted for in the 'Gaps in Employment' section.
* If you do not have any previous employment history, please enter n/a.
* Use additional sheets to add further entries.

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| --- | --- | --- | --- |
| **Current or last job title** |  | | |
|  |  | | |
| Employment start date |  | Employment end date |  |
|  |  | | |
| School/company name and address |  | | |
|  |  | | |
| If school, type of School (primary/secondary etc.) |  | | |

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| --- | --- |
|  |  |
| Local Education Authority |  |
|  |  |
| Number of pupils on roll |  |
|  |  |
| Age range of pupils |  |

|  |  |
| --- | --- |
| Job details  (please provide a brief description of the role) |  |

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| --- | --- |
| Reason for leaving |  |

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| Salary on leaving |  |

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| --- | --- | --- | --- | --- | --- |
| **Start date** | **Date of leaving** | **Name and address of employer. If a school please state:**   * **LEA** * **No. of pupils on roll** * **Age range of pupils** | **Brief description of role** | **Reason for leaving** | **Salary on leaving** |
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| **Employment history (contd)** | | |
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Please use continuation sheet(s) if necessary.

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| **Employment history gaps** |

Please account for any gaps with dates, of three months or more, in your employment history including any travel abroad below. State the start and end date of the gap and details:

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| **Education and Qualifications** |

* Enter details from the **most recent to the earliest.**
* Include any professional qualifications in this section

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| --- | --- | --- | --- | --- |
| **Place of learning and institution type** | **Subject** | **Qualification level (e.g.GCSE/A Level)** | **Grade** | **Date of attainment** |
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* Qualifications will be verified on appointment.

Please use continuation sheet(s) if necessary.

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| **Professional memberships** |

Please give details of any professional memberships that are relevant to the post applied for, stating:

* professional body name
* your level of membership
* the date obtained and expiry or renewal date
* your membership or registration number

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| Membership details |  |

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| **Teaching information** |

Please confirm your teacher reference number. This will be verified on appointment.

Teacher registration number (Dfe number): ...............................................................

If you gained qualified teacher status (QTS) after 1999 please state the date of successfully completing the induction period or details of outstanding period if relevant. You will be asked to provide your QTS certificate on offer of appointment.

Date: ......................................................................

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| **Professional Standing** |

Teaching staff only: Do you hold a letter of professional standing for any countries where you have worked as a teacher? Yes  No

If yes, please provide the country and date of issue:

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| **Time spent abroad** |

Do you hold a Certificate of Good Conduct for any time spent outside of the UK (for a period of 3 months or more) in the last 5 years Yes  No

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| **Training** |

Please provide details of training and/or development courses you are undertaking or have completed. Please include the date attended and where applicable, if you passed or failed the course.

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| **Supporting Information** |

* Please use the following section to address each point on the skills and knowledge section of the Job Description. You should provide information, examples and evidence to illustrate how you feel you meet the criteria for the job.
* The length of this statement should be no longer than one A4 page of text.

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| **References** |

* Please enter details of two referees who can provide a reference. ***One of the referees must be your present employer, or if you are not currently employed, your most recent employer****.*
* Referees should not be a relative and, ideally, should both be able to comment on your suitability for this post.
* As this position involves working with children any number of previous employers may be contacted, ***without seeking further permission*** from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

**Reference 1 *(present or most recent employer)***

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | | | |
|  | |  | |  |  | |
| Forename | |  | | Reference Type | Employment | |
|  | | | | | |
| Email address | |  | | | | |
|  | |  | | | | |
| Telephone | |  | | | | |

|  |  |
| --- | --- |
| Company Name |  |
|  |  |
| Position in company |  |
|  |  |
| Contact address |  |
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**Reference 2**

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | | | |
|  | |  | |  |  | |
| Forename | |  | | Reference Type (delete as applicable) | Employment/Character | |
|  | | | | | |
| Email address | |  | | | | |
|  | |  | | | | |
| Telephone | |  | | | | |

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| --- | --- | --- |
| Company Name |  | |
|  |  | |
| Position in company |  | |
|  |  | |
| Contact address |  | |
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| **Declarations of criminal records, cautions and convictions** | | |

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA).

This means that you must disclose information about spent or unspent convictions or cautions when applying for this post, *except* where they are protected convictions and cautions as described in article 2A of the ROA Act 1974 (Exceptions) Order 1975. If you are shortlisted for this position, you will be asked to complete a self-declaration form of your criminal record and any information which may make you unsuitable to work with children.   
  
CYC will check information relating to prospective employees through the Disclosure & Barring Service (DBS). Having a criminal record will not necessarily prevent your employment.

**Investigations**

Have you ever been the subject of any proven/unproven investigations (other than those that were investigated and proven to be unsubstantiated) in relation to your work with children or young people, whether in a paid or voluntary capacity or carried out privately?

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| Yes No | If yes please give details |  |

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| **Additional details** |

**Guaranteed interview scheme**

We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria for the job. You must provide us with evidence in your application form which demonstrates that you generally meet the level of competence required for each element within the skills and knowledge section of the job description.

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| Are you a disabled person applying on that basis? Yes No |

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**Job share** *(Job sharing is different to part time working – see the How to Apply guidance for further information)*

The City of York Council welcomes individuals to apply on a job share basis (unless it has been specified within the job advert that the role is unsuitable for job share). Please indicate below if you are applying on a job share basis.

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| Are you applying for this post on a job share basis? Yes No |

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**Relationship with the council**

Are you related to any employee of City of York Council or do you have any substantial connection with any employee of City of York Council? Yes  No

Please give details

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**Applicant status**

For monitoring purposes please indicate if you are already an employee of the City of York Council (If you work for Explore or Veritau you are not a CYC employee) Yes No

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**Availability for interview**

Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.

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| Unavailable dates |  |

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**Eligibility to work in the UK**

Do you need permission to work in the UK?

Yes No

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If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.

**How did you hear about this job?**

Internal advertising LinkedIn

City of York Council jobs website  Facebook

Jobs fair  Twitter

Universal Jobmatch/Job centre National Apprentice Website

Word of mouth NHS jobs

Community Care  Children’s Social Work Matters

School website  School website

Other – please give details

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| **Declaration** |

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK, registrations and for the release by other people or organisations of necessary information to verify the content.

I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

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| --- | --- |
| Signed |  |
|  |  |
| Print name |  |

|  |  |
| --- | --- |
| Date |  |

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| **Consent** |

**Under General Data Protection Regulations we are obliged to ask for your consent for us to contact you via the details you have supplied on your application form.**

Please indicate if you are happy for us to contact you about your application, via the details provided on your application form, for purposes of the Recruitment & Selection process.

Yes No

On occasions we may need to contact you for feedback regarding the Recruitment & Selection process. Please indicate if you are happy for us to do this.

Yes No

You have the right to withdraw your consent for us to process your data at any time.

**Equal Opportunities Monitoring**

**The equal opportunities information provided will be treated in confidence and used only for monitoring purposes. It is not used as part of the selection process and the recruiting panel do not have access to any of this information.**

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| **Equal Opportunities Monitoring (confidential)** |

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

**Thank you for helping us to continue to improve our policies and practices.**

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| --- | --- | --- | --- |
| Post applied for |  | Ref Number |  |

**Sexual identification:** Male  Female  Unspecified

Do you identify yourself as trans? Yes  No  Prefer not to say \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** **Nationality:**

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| **Sexual orientation:**  Heterosexual / Straight  Lesbian / Gay woman  Homosexual / Gay man  Bisexual  Not specified  Prefer not to say  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Marital status**  Married  Partner  Civil Partnership  Single  Divorced  Separated  Widowed  Prefer not to say  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Religion**  Baha’i  Buddhist  Christian  Hindu  Jain  Jewish  Muslim  Sikh  No Religion  Other  Prefer not to say  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ethnic Origin:** Prefer to not say | |
| **White:**  British  Irish  Other White background  **Mixed Race:**  White and Black Caribbean  White and Black African  White and Asian  Other Mixed background | **Asian or Asian British:**  Indian  Pakistani  Bangladeshi  Other Mixed background  **Black or Black British:**  Caribbean  African  Other Mixed background |
| **Other Ethnic Groups:**  Any other background  Chinese or other ethnic group Chinese |  |
| |  | | --- | | **Equal Opportunities Monitoring (contd)** | | | |

**Disability information**

The Disability Discrimination Act 2010 states that someone is disabled if they have a 'physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.

**Do you consider yourself to be disabled?**

Yes  No Prefer to not say

If you tick “Yes” , please tick as many boxes below as apply:

**Physical impairment** (such as using a wheelchair to get around and / or difficulty using arms, legs etc)

**Sensory impairment** (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

**Mental health condition** (such as depression or bipolar)

**Learning disability** (such as Down’s syndrome or dyslexia or cognitive impairment such as autism or one resulting from head-injury)

**Long-standing illness or health condition** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

**Other** please give details

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**Carer responsibilities**

City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).

Are you a carer for family/friends? Yes  No  Prefer not to say

If yes please tick the appropriate box:

Carer for:  Elderly relative  Friend  Relative  Young relative (under 18yrs)

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**Armed Forces Community**

To enable us to monitor applications from the Armed Forces community please indicate if you are part of this. Are you a member of the armed forces community?

Yes  No  Prefer not to say  If yes please tick the appropriate box:

Reservist  Regular personnel

Veteran  Family of regular personnel, reservists or veterans

Bereaved