



# You make the difference...

**Please complete in black ink**

<p><b>Job Application</b></p> <p>Job Reference Number:</p> <p>Job Title:</p> <p>Closing Date:</p> <p>Please say if you wish to be considered for this position on a job share basis. All applications for job share will be considered on their merit and if operationally possible.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>Return Address:</b></p>
<p><b>Personal Details – Please complete this section in capital letters</b></p> <p>Title: <input type="checkbox"/> Mr    <input type="checkbox"/> Mrs    <input type="checkbox"/> Miss    <input type="checkbox"/> Ms</p> <p>Last name: _____ First Name(s): _____</p> <p>Address: _____</p> <p>Post Code: _____</p> <p>Daytime Telephone Number: _____ Evening Telephone Number: _____</p> <p>Mobile Telephone Number: _____</p> <p>E-mail Address: _____</p> <p>Please indicate if you are happy to receive correspondence via your email address, e.g. invite to interview letter? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>National Insurance Number: _____</p> <p>Are you eligible to work in the UK? <input type="checkbox"/> Yes    <input type="checkbox"/> No      Do you require a work permit? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>Are you currently, or have you previously been, employed by Coventry City Council? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide dates from and to and reasons for leaving (if applicable):</p> <p>Date from: _____ Date to: _____</p> <p>Reason for leaving: _____</p>	
<p>Please provide two referees, one of whom must be your current or most recent employer. Family members may not be used as referees. Any offer of appointment will be subject to references which are satisfactory for our purposes.</p>	
<p><b>First Reference (Current or most recent employer)</b></p> <p>Name: _____</p> <p>Job title: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>Postcode: _____</p> <p>Telephone No: _____</p> <p>E-mail Address: _____</p> <p>Relationship to you: _____</p> <p>Do you wish to be consulted before this referee is approached? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Second Reference</b></p> <p>Name: _____</p> <p>Job title: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>Postcode: _____</p> <p>Telephone No: _____</p> <p>E-mail Address: _____</p> <p>Relationship to you: _____</p> <p>Do you wish to be consulted before this referee is approached? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Do you hold a current, valid, full diving licence?  Yes  No

If yes, please state type (e.g. PSV, HGV1):

Please state any dates you are unavailable for interview:

**Present or most recent employment**

Name:

Job Title:

Address:

Postcode:

Telephone number:

Date from:

Date to (if applicable):

Salary and benefits:

Notice Required:

Reason for leaving (if applicable):

Please provide brief details of duties and responsibilities:

**Employment history**

References may be sought from your previous employers. Please indicate if you wish to be consulted before they are approached:

Yes  No

Date from:	Date to:	Name and address of employer:	Job Title:	Reason for Leaving:

**Relevant education and qualifications**

Relevant qualification:

Result/grade:

Date obtained:

**Relevant training**

Date:

Course title:

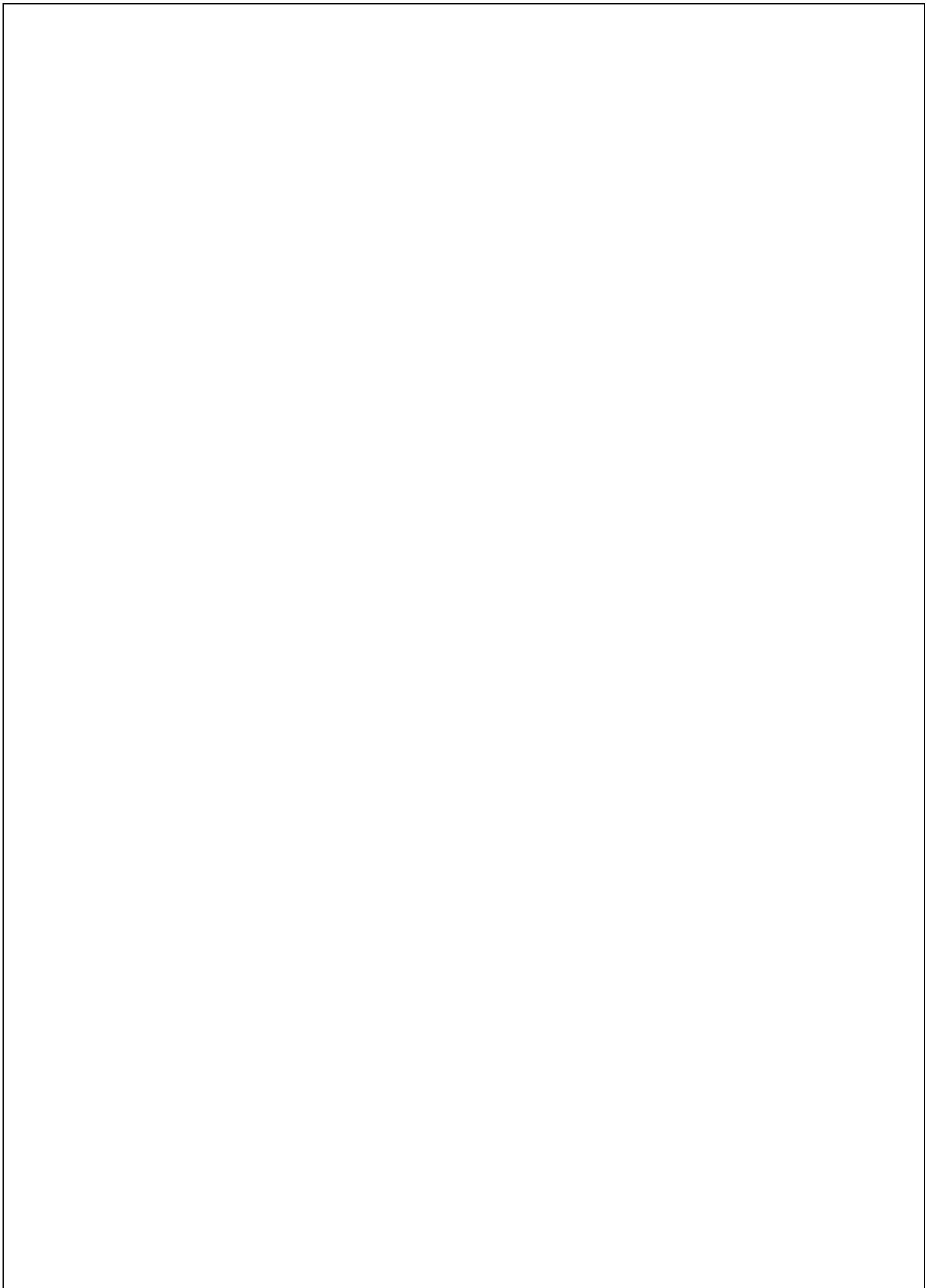
Organising body:

**Membership of relevant professional bodies:**

Name of professional body:	Type of membership:	Date of membership:	Membership number:

**Relevant skills and experience**

Please demonstrate below how you meet the criteria on the person specification. You can include experience or knowledge you have gained through paid or unpaid work. Please ensure that your personal statement has been fully aligned to the requirements of the job, otherwise we will be unable to consider you for the post. This statement will be used to assess whether you will be invited to interview/assessment.



**Working Time Directive** - Are you intending to hold additional jobs?  Yes  No

If yes, please state the number of hours you will be working in other jobs in this box  
This information is required to ensure we comply with Working Time Regulations.

Are you related to a Councillor, School Governor or employee of this organisation?  Yes  No

If yes, please provide details. Name:

Relationship to you:

If you fail to disclose such information, you may be disqualified from consideration or, if appointed, liable to dismissal without notice. Canvassing of Councillors, Governors or employees in relation to this application will disqualify any applicant.

### Convictions/Disqualifications

If you have a conviction, which is **not spent** under the terms of the Rehabilitation of Offenders Act 1974, you must indicate below. However, if you are applying for a post which requires a DBS check all convictions **remain unspent** and you must declare them.

I have convictions or disqualifications which are **unspent**:  Yes  No

If yes, please give details and dates of any **unspent\*** criminal convictions, disqualifications, cautions or driving offences:

**\*Please note unspent convictions will only be taken in to account if thought relevant to the job and would preclude you from being considered.**

### Disclosure and Barring Service checks (DBS)

If you are applying for a post where a **DBS** check is requested you will be required to declare all convictions whether they are **spent** or **unspent**. **DBS checks are required where a post is in contact with children and vulnerable adults.**

### Disability

Do you consider yourself to have a disability within the terms of the Equality Act 2010?

Yes  No

This organisation has made a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements of the job as contained in the person specification.

Please specify any arrangements we can make to assist you if you are invited to attend for interview/assessment (e.g. wheelchair access, BSL interpreter or information in alternative format):

### Declaration

I confirm that the information contained in this application is, to the best of my knowledge, correct and understand that my application may be rejected or that I may be dismissed without notice for withholding, or giving false information. I also give my consent to the processing of data contained or referred to in this application in accordance with the Data Protection Act 1998 and subsequent legislation.

Signature:

Date:

Please note: If you return this form by e-mail, your signature confirming the above will be requested if you are invited to attend an interview. If you are printing this form out and returning it by post, please sign in black ink before returning it.

[www.coventry.gov.uk](http://www.coventry.gov.uk)



You make the difference...

# 1) Equal Opportunities Monitoring Form

**Confidential**

Coventry City Council is committed to equal opportunities in employment and service delivery. To help us do this, **it is mandatory that all applicants complete this monitoring form. Failure to do so will result in your application being withdrawn from the recruitment process.**

The information contained in the form is for **monitoring purposes only** and is **not** provided to the short listing panel.

**Tape**

**Large Print**

**E-mail**

**Braille**

Job Ref:		Job Title:	
<b>Gender</b>			
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Date of Birth		/	/
		DD/MM/YYYY	
<b>Ethnic Group (These groups are from the 2001 National Census)</b>			
<p>1) Choose one section from a) to f)</p> <p>2) Then select the box that best describes your cultural or ethnic background.</p> <p>3) If you select the last box within any category, please detail your ethnicity in the space provided underneath.</p>		<p><b>a) White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other</p> <p>Please state</p>	<p><b>b) Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p>Please state</p>
<p><b>c) Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Please state</p>	<p><b>d) Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other</p> <p>Please state</p>	<p><b>e) Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other</p> <p>Please state</p>	
<p><b>f) Prefer not to state ethnicity</b></p> <p><input type="checkbox"/> Prefer not to state ethnicity</p>			



**Sexual orientation**

- Heterosexual
- Gay Man
- Gay Woman / Lesbian
- Bisexual
- Prefer not to state

Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No
- Prefer not to state

**Religion/Belief**

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Other
- Prefer not to state

**Equal Opportunities Monitoring Form****Confidential****2) Equality (Disability) Act 2010**

The Council is required by the government to record numbers of applicants protected by the Disability Discrimination Act 1995. This information is also important in monitoring the success of Council policies and initiatives that aim to attract more applications from people with disabilities.

- The Equality (Disability) Act 2010 protects people who:
  - have an impairment
  - are disabled
  - have long-term health conditions

This is providing that this has a "substantial and long term\* adverse effect on a person's ability to carry out normal day-to-day activities".

Long term is defined as 12 months or longer (or, if the condition is a new one, the expectation that it will be 12 months or longer).

**Disability Act 2010**

Do you think that you have a disability in accordance with the terms of the Equality Act 2010?

- Yes
- No

If yes, please indicate which category best describes your disability:

- Hearing impairment
- Visual impairment (not corrected by spectacles or contact lenses)
- Physical impairment
- Mental health
- Learning difficulties
- \*Other (please specify)
- Prefer not to state

**Media:** Where did you hear about this vacancy?

- |   |   |
|---|---|
| <input type="checkbox"/> School / College / Careers Service | <input type="checkbox"/> Information from existing employee |
| <input type="checkbox"/> Job Centre                         | <input type="checkbox"/> Job Vacancy Circular               |
| <input type="checkbox"/> Casual Enquiry                     | <input type="checkbox"/> Website                            |
| <input type="checkbox"/> Advertisement *                    | <input type="checkbox"/> Recruitment Event                  |
|   | <input type="checkbox"/> Open Day                           |

\*Please specify where the advert was seen

**Our School does not discriminate between candidates on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The School is mindful of the requirements relating to the recruitment of ex-offenders.**

**If a candidate's application is considered to be fraudulent or contains false information, Sherbourne Fields School will report the matter to the Secretary of State, via the DfES and also the Police as appropriate.**



...We're behind you all the way

**Data Protection Act 1998** – The personal data that you provide will be used in connection with your application for vacancies at the Council. Your information will not be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and it may be also used to meet our statutory obligations under the Disability Discrimination Act 1995. Unsuccessful candidate's application forms will be destroyed after 6 months.

I agree to the processing of the information I have provided:

Signature:

Date:



### **APPLICANT AUTHORISATION**

I \_\_\_\_\_, authorize Sherbourne Fields School to contact my referees to investigate my past employment and professional activities.

I also agree to release from liability all persons and companies providing this information. I understand and acknowledge that any offer of employment is conditional upon Sherbourne Fields being completely satisfied with the information provided as a result of this reference check.

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**