Job Application Form

POSTION APPLIED FOR:

Teaching Assistant

Please complete all sections in black ink or typed. Please delete as appropriate where \* indicates. Refer to Job Description / Person Specification / Application guidance for help. Please note, if you have not heard from us within 4 weeks of the closing date, you should assume that your application has been unsuccessful.

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| **1. PERSONAL DETAILS** |

TITLE (please tick)

Mr  Mrs  Miss Ms  other

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| --- | --- | --- |
| SURNAME: |  | FIRST NAME(S) |

|  |
| --- |
| KNOWN AS: |

|  |
| --- |
| CURRENT ADDRESS: |

|  |  |
| --- | --- |
| POSTCODE: | EMAIL: |

|  |  |  |
| --- | --- | --- |
| HOME TELEPHONE NUMBER: | WORK TELEPHONE NUMBER: | MOBILE TELEPHONE NUMBER: |

|  |
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| **2. WORKING IN THE UK** |

Are you eligible to work in the UK/EEA? Yes  No

Do you need a work permit or sponsorship certificate to work in the UK?

Yes  No

Do you require leave to remain? Yes  No

National Insurance Number

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| **3. CURRENT EMPLOYMENT** |

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| --- |
| Employer’s Name |

|  |  |  |
| --- | --- | --- |
| Address: |  | Postcode : |
|  |  |  |
|  |  | Telephone Number: |

|  |
| --- |
| Position Held: |

|  |  |  |
| --- | --- | --- |
| Grade: |  | Salary/Wages: |
|  |  |  |
| Date From: |  | Leaving Date or notice required: |

|  |
| --- |
| Reason for Leaving: |

|  |
| --- |
| Please describe briefly the main duties of this post: |

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| **4. PREVIOUS EMPLOYMENT continue on separate sheet if necessary** |

Starting with your most recent job, paid and/or unpaid, please list previous employment, providing all of the details requested. It is important that you include periods of unemployment, detailing which office you may have received benefits from, and if you have been self-employed you will need to provide proof.

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| --- | --- | --- | --- |
| Name of employer/organisation and full address | Job Title | From  Month/Year | To  Month/Year |
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| **5. REFEREES** |

If you are successful we will obtain references which may cover a full five year history, they could include time spent in education. Your first referee must be your current or last employer (if you have one). If you are a school/college leaver give the details of your Head teacher or Tutor. Relatives will not be accepted as a referee.

Questions will be asked in relation to ability and performance. In relation to work with children we will also be seeking information about any past disciplinary issues and/or allegations relating to children and/or child protection which you may have been subject to. If you have any concerns about this please contact the Recruiting Officer.

Please note that in accordance with requirements under the safer recruitment guidelines if you are applying for a position working with children and/or vulnerable adults and are shortlisted, references will be automatically requested so as to be available to the panel at interview stage.

**FIRST REFEREE**

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| --- |
| NAME: |

|  |
| --- |
| POSITION IN ORGANISATION: |

|  |
| --- |
| BUSINESS ADDRESS: |

|  |  |  |
| --- | --- | --- |
| TELEPHONE NUMBER: |  | FAX NUMBER: |

|  |  |  |
| --- | --- | --- |
| RELATIONSHIP TO APPLICANT: |  | EMAIL ADDRESS: |

**SECOND REFEREE**

|  |  |  |
| --- | --- | --- |
| NAME: |  | POSITION IN ORGANISATION: |

|  |
| --- |
| BUSINESS ADDRESS: |

|  |  |  |
| --- | --- | --- |
| TELEPHONE NUMBER: |  | FAX NUMBER: |

|  |  |  |
| --- | --- | --- |
| RELATIONSHIP TO APPLICANT: |  | EMAIL ADDRESS: |

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| **6. EDUCATION** |

Please state the name(s) of the Secondary School, Colleges and University attended.

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| Name of Secondary School: |

|  |  |  |
| --- | --- | --- |
| Date from : |  | Date to: |

|  |
| --- |
| Qualifications and grades obtained: |
| Name of College/University/other: |

|  |  |  |
| --- | --- | --- |
| Date from: |  | Date to: |

|  |
| --- |
| Qualifications and training with grades obtained (if applicable): |

|  |
| --- |
| Name of College/University/other: |

|  |  |  |
| --- | --- | --- |
| Date from: |  | Date to: |

|  |
| --- |
| Qualifications and training with grades obtained (if applicable): |

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| **7. PROFESSIONAL QUALIFICATIONS/REGISTRATIONS (EG GSCC, DFES)** |

Please provide details of any professional qualifications and membership of professional institutes that you hold.

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| --- |
| Name of qualification and professional body: |

|  |  |  |
| --- | --- | --- |
| Membership grade and number: |  | Date obtained: |

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| --- |
| Name of qualification and professional body: |

|  |  |  |
| --- | --- | --- |
| Membership grade and number: |  | Date obtained: |

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| **8. TRAINING** |

Please give details of any training that you have received, which supports your application. Include any on the job training as well as formal courses.

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| Name of course: |

|  |  |  |
| --- | --- | --- |
| Date from: |  | Date to: |

|  |
| --- |
| Name of College/University/other: |

|  |
| --- |
| Name of course: |

|  |  |  |
| --- | --- | --- |
| Date from: |  | Date to: |

|  |
| --- |
| Name of College/University/other: |

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| **9. SUPPORTING STATEMENT continue on separate sheet if necessary** |

Please use this space to tell us how you meet each of the points on the Personal Specification – you will find it useful to refer to the Guidance Notes to help you complete this part of the form. We need to have this information in order to consider your application.

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| **10. Equal Opportunities Monitoring** |

In accordance with our policy on equal opportunities in employment, we will provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

In order to assess how successful this policy is we have set up a system of monitoring all job applications. We would therefore be grateful if you would complete the questions on[**this form**](https://forms.office.com/Pages/ResponsePage.aspx?id=QojE8T5ac0qY2c3UtfAImR0aPgyE3QlPjI9qHUVi5XJUQ0NCVlpTWjRaMDFaTFJVTklKRE85TEdKVi4u) **(click on link)**. We have asked for your name to enable us to monitor applications at shortlisting and appointment as well as application stage.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be stored separately and used only to provide statistics for monitoring purposes. There is no obligation on you to provide information. All applicants will be treated the same regardless of whether or not they provide this information, but we would be very grateful if you could complete the form.

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| **11. DECLARATION** |

Are you related to, or have a close personal relationship with, any Compass Partnership of Schools staff or governors (including local governors, trustees or members)?

Yes  No

If YES, please state their name and the position they hold.

|  |  |  |
| --- | --- | --- |
| Name: |  | Position held: |

|  |  |  |
| --- | --- | --- |
| Name: |  | Position held: |

**Canvassing of employees or governors directly or indirectly will disqualify candidates from appointment.**

**Data Protection**

The Compass Partnership of Schools intends to fulfil all its obligations under the Data Protection Act 1998 (the Act). The Trust will ensure that all processing of data falling within the scope of the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by the Trust can be assured the information will be maintained in confidence and treated with all due care. The Trust endeavours to keep information held about you accurate and up-to-date. However if you find any inaccuracies you have the right to have them corrected.

The Trust is under a duty to protect the public funds it administers, and to this end may use the information you have provided in your application within the Trust, for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

**Declaration**

I will declare if appointed, my intention to continue to work for any other employer or on a self employed basis (under the Working Time Directive).

I understand that providing misleading or false information/qualifications will disqualify me from appointment or if appointed, may lead to disciplinary action and dismissal.

**I authorise the Compass Partnership of Schools to check this information supplied.**

|  |  |  |
| --- | --- | --- |
| SIGNED: |  | DATE: |