**application form**

 **CONFIDENTIAL WHEN COMPLETE**

 **Directorate:**

 **Job Title:** Grade 2 Teaching Assistant

 **Job Reference:** 140521TA2

 **Form Serial number:**

#####  Applicant’s name

Thank you for requesting an application form for the above vacancy. We will use this form to help decide your suitability for the job so please make sure that it is accurate and complete. You should complete all sections in black ink or typeface to assist with photocopying the form. Please do not send any curriculum vitae or testimonials unless asked to do so.

If you would like a copy of the form in large print, Braille, on audiotape or in Word computer format please contact the person named on the accompanying details.

Please return your completed form no later than the closing date to the address shown below. Late applications may not be considered.

**Please return this application form directly to the school address as stated within the advert**

**1** **Personal Details**

 Surname/Family Preferred form of

 Name: address e.g.

 Mr. Mrs. etc.

 Date of Birth:

 Forename(s)

 Home Mobile

 Telephone: Telephone:

 E-Mail: NI Number:

 Address:

 Disability

 The County Council undertakes to interview disabled people who meet the minimum/essential criteria

 detailed on the person specification. For these purposes, disability is defined as any physical or mental

 impairment which has a substantial and long term (over 12 months) adverse effect on your ability to

 carry out normal day to day activities.

 Please confirm therefore whether you have a disability Yes No

 If you need any particular arrangements to be made for interview e.g. access, sign interpreter,

 induction loop system, taping of documents etc., please specify:

 Canvassing and relationships

If you are related to or have a close personal relationship with an elected Member or an employee of

the Council please state their name and relationship to you.

***Canvassing may lead to disqualification for appointment***

 Health

 Please state the number of days sickness absence in last 24 months, with reasons:

2 Education, Training and Qualifications

###### Please give brief details of all training and other courses you have undertaken which are relevant to this post

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/College/University attended | From-To | Qualifications including grades | Date obtained |

 1 Schools (after age 11)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 2 Further or higher education (Full and Part-time)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 3 Professional or other courses including training courses attended, NVQs etc.

|  |  |  |
| --- | --- | --- |
|  | Duration | Name of any qualification awarded and date |

 **4** **Current membership of professional organisations**

|  |
| --- |
|  |

 **5** **Driving Qualifications**

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

 Please describe eg Car/LGV/PCV

 Do you own a car? Yes No

 Do you have access to one? Yes No

3 Employment / Work Experience

Please include any previous experience either paid, unpaid or voluntary starting with the most recent.

 **3a Current**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer's name and address including work base address if different | Position Held | Present Salary | Start date | End date (if applicable) | Period ofNotice |
|  |  |  |  |  |  |
| Duties |

 **3b Previous**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer/Organisations (most recent first)  | Position held and brief description of duties/responsibilities | DatesMonths/YearFrom - To | Reasons for leaving and final salary |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**4 Additional Information**

1. **Please explain any gaps in your education/employment history**:

**b) Please explain how your skills, abilities, experience and achievements to date (including leisure and voluntary) would make you a suitable candidate for this post. Please refer to the criteria on the person specification. Continue overleaf if necessary.**

5 Convictions/Disqualifications

*Please give details and dates of any criminal convictions or driving offences.*

**EXPLANATORY NOTE**

Because the work of this job will involve vulnerable people the County council will check with the Criminal records Bureau to see if you have any criminal convictions. You **must** tell if you have any convictions, bind-overs or cautions even if they are spent under the terms of the Rehabilitation of Offenders Act 1974. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from any job offer in relation to this form.

You must tick one of the boxes below

I have a criminal conviction or a bind-over or a caution, even if this was a long time ago and

even if it would be regarded as spent under the terms of the Rehabilitation of Offenders Act

and I attach an additional sheet providing details and dates

 Or

 I do not have any convictions or disqualification

**Driving Offences**

I have the following number of penalty points on my driving licence

6 References

*Please give details of two people, one of which should normally be your current line manager, who are able and willing to comment on your suitability for this job.*

 Name: Name:

 Address: Address:

 Email: Email:

 Telephone number: Telephone number:

 Relationship to you e.g. Manager, colleague etc: Relationship to you e.g. Manager, colleague etc:

 Do you wish to be consulted Yes No Do you wish to be consulted Yes No

 before this referee is before this referee is

 approached approached

7 Declaration

I confirm that I have read the information given to me about this job and that I do not have any physical or medical impairment, which, without reasonable adjustment would prevent me from carrying out the duties of this job. I declare that all the information given in this application is correct and complete. I understand that if any information I have provided is found to be untrue any offer may be withdrawn or any contract of employment may be terminated.

I also consent to the council recording and processing the information detailed in this application form. I understand that this information may be used by the Council in pursuance of its business purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998.

 **Signature:** **Date:**

If you have any queries or concerns ring the contact number contained in the details for the post.

|  |
| --- |
| **Form Serial Number ………………….**  |
|  | LOGO3 |  |
| Equal Opportunities Monitoring FormWorcestershire County Council is committed to the elimination of all forms of unjustifiable discrimination. The County Council will actively pursue equality of opportunity for all by seeking to ensure that allprospective and existing employees are treated fairly. Personal circumstances and characteristics will onlybe taken into account when they can be justified as being relevant to employment. To enable the CountyCouncil to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** tocomplete the questions detailed below**This information will be treated as completely confidential and will be used for monitoring purposes****only. This information will be detached from the application form on receipt and will not be****considered during the selection process.** |
|  | **Please tick as appropriate:****1. Which of the following do you consider to be your ethnic origin?** (tick only one box), see below for explanatory notes. |  |
|  |  | **[ ]** White British (AWB) | [ ]  White and Black Caribbean (BWBC) | [ ]  Indian (CIN) |  |
|  | [ ]  White Irish (AWI) | [ ]  White and Black African (BWBA) | [ ]  Pakistani (CP) |
|  | [ ]  White Other (AWO) | [ ]  White and Asian (BWA) | [ ]  Bangladeshi (CB) |
|  | [ ]  Chinese (ECH) | [ ]  Mixed Other (BMO) | [ ]  Asian Other (CAO) |
|  | [ ]  Caribbean (DBC) | [ ]  African (DBA) | [ ]  Black Other (DBO) |
|  | [ ]  Other Ethnic Group (EOE) (Please describe) ........................ |
|  | **2. Are you** **[ ]** Male **[ ]** Female **3. Do you have a disability?** **[ ]** Yes **[ ]** No |  |
|  |  **4. Please tick the age band currently applicable to you** |  |
|  | [ ]  i. up to 19 | **[ ]**  ii. 20-29 | [ ]  iii. 30-39 | [ ]  iv. 40-49 | [ ]  v. 50-65 | [ ]  vi. Over 65 |  |
| **Where did you see this post advertised?**  |
| **Monitoring Form Explanatory Notes**The ethnic groups set out above are those recommended by the Commission for Racial Equality and used inthe 2001 Census.Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broadethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than oneethnic group, please tick the group to which you consider you belong or tick the ‘other ethnic group’ box andgive details in the space provided above.© Worcestershire County Council, County Hall, Spetchley Road, Worcester, WR5 2NP |