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| Applicant Ref |  |  | | | | | | |
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| **DBS-NT 2020** | |
| Application for employment | | | | | | | | |
| Bolton Council values diversity and is striving to be an equal opportunity employer | | | | | | | | |
| We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff and volunteers to share this commitment  Please complete in black ink or type | | | | | | | | |
| Post applied for: | | | | |  | School: | | |
| Job Reference: | | | | |
|  | | | | | | | | |
| Surname: Dr/Mr/Mrs/Miss/Ms    Previous names: | | | | |  | Forename(s): | | |
|  | | | | | | | | |
| Address: | | | | |  | Date of Birth: | | |
|  | | |
| E-mail: | | |
|  | | |
| Post Code: | | | | |  | Work telephone:  Home telephone: | | |
| NI Number: | | | | |  |
| **Education, job related qualifications & specialised training** | | | | | | | | |
| School/College | | |  | Qualifications/training - Proof of job related qualifications will be required | | |  | From To |
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| How did you find out about this job, e.g. which publication? | | | | | | | | |

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| **Present/most recent appointment** | | | | | |
|  | | | | | |
| Job title: |  | | |  | Employer's name/address/e-mail: |
|  | | | |
| Date started/ left  if applicable: | |  | |
|  | | | |
| Weekly wage/salary: | | |  |
|  | | | |
| Notice required: | |  | |

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| Purpose of job: | | | | | | | | | | | | | | | | | | | | |
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| **Employment background** Please detail chronologically all previous work experience, unpaid and paid, voluntary, non-teaching as well as teaching, since leaving secondary/further education and explanations for any gaps (if applicable) | | | | | | | | | | | | | | | | | | | | | |
| From month/year | To month/year | | | Place of work/employer (if applicable) | | | | | | Scale/grade | | | | | Title/responsibility | | | | Reason for leaving | | | |
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| Have you ever been dismissed by any of the above employers? | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, further details may be required from you. **Yes** | | | | | | | | | | |  | | | **No** | |  | (please tick) | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | | | | | | | |
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| Please give the name and address of two persons from whom references may be obtained, **one of these should be your current employer/Head Teacher**. Applicants for voluntary aided schools may wish to include a referee from their relevant Church background. If not currently working with children or vulnerable adults, then one reference should be from a previous employer in a role related to this client group, if applicable. **References from friends or relatives will not be accepted**. | | | | | | | | | | | | | | | | | | | | | | |
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| (1) Name: | |  | | | | |  | (2) Name: | | | | |  | | | | | | | | | |
| Employer |  | | Non-Employer | |  | (please tick) | Employer | | | |  | | Non-Employer | | | |  | | (please tick) | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Address: (including Post Code) | | | | | | |  | | Address: (including Post Code) | | | | | | | | | | | | | |
| Telephone No: | | | | | | | Telephone No: | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
| E-mail | | | | | | |  | | E-mail | | | | | | | | | | | | | |
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| **References will be sought prior to interview**. | | | | | | | | | | | | | | | | | | | | | | |

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| **Rehabilitation of Offenders Act 1974** | | | | | | | | |
| Owing to the nature and location of the work, the post is exempt from the previous provisions of the above Act, therefore, applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. **The Authority will check information provided under this heading.**  The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. | | | | | | | | |
| Do you have any convictions or cautions (excluding youth cautions, reprimands **Yes**  or warnings) that are not ‘protected’ as defined by the [Ministry of Justice](https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974)? | | | |  | **No** |  |  | |
| Are you disqualified from working with children or vulnerable adults or **Yes** subject to any sanctions imposed by a regulatory body e.g. GSCC? | | | |  | **No** |  |  | |
|  | | | | | | | | |
| In order to comply with Equal Opportunities legislation **Yes**  please indicate if you have a disability? | | | |  | **No** |  |  | |
| If YES, do you require any adjustments to the selection process? **Yes** | | | |  | **No** |  |  | |
| If YES, please give details in your application | | | | | | | | |
|  | | | | | | | | |
| Do you wish to **job share?** (if available) **Yes** | | | |  | **No** |  |  | |
|  | | | | | | | | |
| Current legislation means that you will need to provide documentary evidence (for example National Insurance Number) showing your entitlement to work in the UK. You should be aware that you will be asked to provide this prior to appointment. | | | | | | | | |
|  | | | | | | | | |
| Are you related to any member of the Council, Senior Officer or Governing Body? | | | | | | | | |
| If Yes, please give details **Yes** | | | |  | **No** |  |  | |
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| **Data Protection Act**  In accordance with the Act, you should be aware that personal details submitted with this application form, will be used only for selection and interview procedures, and for employment records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties. | | | | | | | | |
|  | | | | | | | | |
| **Declaration**  I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate. | | | | | | | | |
| **Signature:** |  | **Date:** |  | | | | | |
| **Your application, when completed, should be returned to the address stated in the advertisement.** | | | | | | | |
| Your application, when completed, should be returned to the address stated in the advertisement. | | | | | | | | |

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| **Relevant skills, knowledge and experience** |

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| Please use this page to show how you meet items on the Person Specification.  (Continue on an additional sheet if necessary) |