

APPLICATION FORM Strictly Confidential

Job Reference:

Teaching Assistant Oct 2024

Please use black ink – An application form MUST be completed/submitted for each vacancy.

The completed form to be posted or delivered to:

St Mary's CE Primary School, Yew Tree Road, Slough SL1 2AR or e-mailed to recruitment@stmarys.slough.sch.uk

Application for the post of: Support Assistant (Experience with Send Children)

Personal Details			
First Name(s):	Surname:		
Address:			
**E-mail address:	Home Tel. No:		
Post Code:	Daytime Tel. No:		
How long have you lived At this address? years	Mobile Tel No:		
Do you need a work permit? (a) Yes, and I already have one. (b) Yes, but I do not have one*. (c) No.			
*(For further guidance please contact the school)			
**If you have provided an e-mail address, this will be the m However, if you <u>DO NOT</u> wish to be contacted by e-mail pla			
Present Employment (if now unemployed g	ve details of last employer)		
Present Employment (if now unemployed g Name and address of school / establishment:	, , ,		
Name and address of school / establishment:	, , ,		
Name and address of school / establishment:			
Name and address of school / establishment:	. Date of Appointment:		
Name and address of school / establishment: Post Title:	. Date of Appointment:		
Name and address of school / establishment: Post Title: Name of LA / employing body:	. Date of Appointment:		
Name and address of school / establishment: Post Title:	. Date of Appointment:		
Name and address of school / establishment: Post Title: Name of LA / employing body:	. Date of Appointment:		

Period of Notice:				
Reason	for leavin	g (if no longer employed):		
Salary I	Details			
Pay Scal	e:		Spine / Scale Point:	
Basic Sa	lary (per	annum):	Full Time or Part Time	(FTE):
Additiona (Please s	tate all all	nces (per annum):owances received individually)		
Previo	us Em	ployment Start with the mos	st <u>recent</u> employer first. obs <i>(all periods/gaps must l</i>	be accounted for).
Dat From	es To	Name of Employer (state nature of business - if not a school)	Position Held/ Title of Post	Reason for Leaving
Voluntary/Unpaid Activities				
Dat		Position Held	Organisation	Brief Details of Duties
From	То			

Training and Professional Qualifications (to include teaching qualification/degree and Alevels) Candidates may be required to provide certificates/awards as proof of evidence.				
Name of Awarding Body	Date Gained	Examinations Passed, Qualifications/Level	Grades	
Professional Membership				
Are you a member of a professional body? Yes No				
If yes, please specify:				
References				

Please give the names and addresses of two referencent employer who will be able to comment on you someone who knows you well but they should not be may be taken up on receipt of application).	
Name:	Name:
Address:	Address:
Tel. No:	Tel. No:
E-mail:	E-mail:
Occupation:	Occupation:
Capacity in which known to you:	Capacity in which known to you:
Date of Employment:	Date of Employment:(if applicable)
Have you any objection to this referee being contacted prior to interview?	Have you any objection to this referee being Contacted prior to interview?
Yes No C	Yes No No
Yes No Supporting Information	Yes No No
Supporting Information	Yes No No no not be a series of the Job Description and Person Specification.
Supporting Information Please provide a letter of application, making reference.	
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(please continue on separate sheet if necessary)
IMPORTANT INFORMATION
Disclosure and Barring Service (The Rehabilitation of Offenders Act 1974) This post is exempt from the Rehabilitation of Offenders Act 1974, therefore job applicants must disclose details of all criminal convictions and cautions whether 'spent' or not. Successful applicants will be required to apply for and Disclosure and Barring Service check when an offer of employment is made in writing. Any information provided will be strictly confidential and will be considered only in relation to this or a similar position within the school.
If you do not disclose any conviction you have it could lead to your application being rejected, or, if you are appointed may lead to your dismissal. If between completion of this application form and taking up a job within the school you are convicted of a criminal offence you must inform the school of this.

Qualified Teacher Status (QTS)		
Do you hold Qualified Teacher Status? Yes No		
If Yes, please give date of award		
Have you successfully completed a period of induction as a qualified teacher in this country where the DfE required this? Yes No		
If Yes, please give date of completion		
Teacher Reference number (DfE number) e.g. 12/34567:		
Are you subject to any conditions or prohibitions placed on you?		
Yes No If Yes, please give details:		
Medical Clearance		
Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.		

Disability Discrimination Act 1995 (Completion of this section is optional).
This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has: A physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.
Do you have a disability which is relevant to your application? Yes \Box No \Box
If yes, please state the type of disability you have:
If it is not obvious please give brief details of how it affects you:
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.
Do we need to make any specific arrangements in order for you to attend the interview?
Yes □ No □
If Yes, please state:
General
 Do you hold a current driving licence? Yes □ No □
• If you have any personal relationship with any of the following please declare their details below: Councillor, Member of a Committee, Panel or other group of the Council or School, employee of the Council or Schools or Governor of the School, staff member at the school
Name/s: Relationship/s:
Post Title/s or Position/s held:
This does not stop a person named above providing a reference. However, any approach, direct or indirect, to Councillors, Governors, employees or those named above, to influence a selection decision will disqualify you.
Declaration I certify that the information given on this form is correct and complete to the best of my knowledge. I have not canvassed either directly or indirectly any member of a Governing Body or any officer or member of Slough Borough Council in connection with this appointment. False or withheld information may lead to the termination of employment. Under the provisions of the Local Government Act 1972, I confirm that I am not, nor have been for twelve months prior to this application a serving elected member of Slough Borough Council. I agree to the school carrying out pre-employment screening on my application for this post. I also acknowledge and agree to have the above information processed in accordance with the Data Protection Acts 1984 and 1998. Under this Act you have a right of access to information we hold about you. The application form is used for shortlisting, interviewing and monitoring purposes. If you are not appointed the form will be kept for a period of 12 months. The successful applicant's application form will form part of a Personal File, which will be kept securely by the school. Mark box to agree and sign below : □
Signature: Date:



RECRUITMENT MONITORING FORM Strictly Confidential

Job Reference:

Teaching Assistant Oct 2024

This sheet will be separated from your application form/CV upon receipt and does not form part of the selection process. It will be retained by the school purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. The information you provide will solely be used for monitoring purposes. It will not be made available to those involved in the selection process.

A. W		D.	Black or Black British
	ritish		Caribbean
lri	sh		African
Ar	ny other White background, please write in:		Any other Black background, please write in:
3. M		E.	Chinese or other ethnic group
W	hite and Black Caribbean		Chinese
W	hite and Black African		Other, please write in
W	hite and Asian		
Ar	ny other Mixed background, please write in:	F.	I do not wish to provide this information.
C. A:	sian or Asian British		
In	dian		
Pa	akistani		
Ва	angladeshi		
Ar	ny other Asian background, please write in:		

Disability - Do you have a disability? Pleas	se tick one box.	
00 - None	06 - You have mental health difficulties.	
01 - You have a specific learning difficulty (for example dyslexia)	07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition	
02 - You are blind or partially sighted.	08 - You have two or more of the above.	
03 - You are deaf or hard of hearing.	09 - You have a disability, special need or medical condition that is not listed above.	
04 - You use a wheelchair or have mobility difficulties.	10 - I do not wish to provide this information.	
05 - You have Autism or Asperger Syndrome.		
Present Status		
Internal Applicant Ext	ternal Applicant	
Date of Birth		
(dd/mm/yyyy)	Age	
Media		
Please state where you saw this post advertised		
For School Use Only:		