**STRICTLY PRIVATE AND CONFIDENTIAL**

**APPLICATION FORM - SUPPORT**

**PLEASE COMPLETE THIS FORM ELECTRONICALLY OR IN BLACK INK AND RETURN IT TO:**

**Allerton Bywater Primary School**

**Leeds Road**

**Allerton Bywater**

**Castleford**

**WF10 2DR**

Completed applications must be returned to **Tara Ainsworth** at: ainswot01@brigshawtrust.com

|  |  |  |
| --- | --- | --- |
| POST TITLE: | | |
| Surname: | Forename (s) |  |
| Address: | Telephone No. Home:  Telephone No. Work:  Mobile No:  E- mail address: | |

|  |  |
| --- | --- |
| **PRESENT EMPLOYMENT** | |
| Post title: | |
| **Name and Address of Employer:** | **Grade:**  **Salary / Wage:**  **Date of Appointment:**  **Period of notice required:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT** (please account for any gaps in employment) | | | | | |
| FROM | TO | EMPLOYER | POSITION | SALARY | REASON FOR LEAVING |

|  |  |  |
| --- | --- | --- |
| **EDUCATION** | | |
| SECONDARY EDUCATION | | |
| **Schools attended** | **Dates** | **Qualifications (including subjects and grades)** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FURTHER AND HIGHER EDUCATION** | | | | |
| Establishment attended | **Dates** | | **Course** | **Result** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **MEMBERSHIP OF PROFESSIONAL / TECHNICAL BODIES** | | |
| **MEMBERSHIP REFERENCE NO.** | | |
| Professional / Technical body | Class of Membership | Date obtained |
|  |  |  |

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| --- |
| PERSONAL STATEMENT |
| Please use this space to give further details of career, experience and private interests relevant to your application. Please continue on a separate sheet if necessary. |

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| --- | --- |
| **REFEREES**  Please give the names and addresses of two persons who are not related to you and from whom references can be obtained. One of these MUST be your current of last employer. Referees may be contacted prior to interview. Please ensure you provide all the details required below (if applicable) and your referees are aware they will be contacted if you are offered the position. | |
| Status:    Name:    Address:    Telephone No:    Fax No:    E-mail address: | Status:    Name:    Address:    Telephone No:    Fax No:    E-mail address: |

### ADDITIONAL INFORMATION

|  |  |
| --- | --- |
| **Disclosure Information** | |
| The amendmentsto the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.  Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?  Yes  No  If yes, please specify giving dates:  Do you hold a DBS Certificate?  Yes  No  Have you subscribed to the update service?  Yes  No  If yes:  Please indicate level of check: Standard  Enhanced  Please indicate workforce: Child  Adult  Child and Adult  Other | |
| Have you ever been disqualified under DCCR (Disqualification of Care of Children Regulations 1991) | |
|  | |
| **Driving Ability** | |
| Do you hold a current driving licence in accordance with the requirements of the post?  Have you had any endorsements within the last 5 years? | |
|  | |
| **Eligibility to Work in the United Kingdom** | |
| To ensure the Brigshaw Learning Partnership complies with legislation, you will be required to provide documentary evidence showing that you are entitled to work in the United Kingdom. | |
| National Insurance Number: |  |
| Are there any restrictions regarding your right to work in the UK?  Yes  No | |
| If yes, please give details: | |
|  | |
|  | |
| Are you currently employed by the Brigshaw Learning Partnership? | |
|  | |
| **DECLARATION**  If you submit this form via email you are declaring that the information stated is true and accurate.  I declare that the information given in this application is true. I understand that any falsification of information will be judged as serious misconduct and may result in dismissal.  Name       Date | |

PART TWO

**Recruitment Equality Monitoring Form**

### Please complete this form and return it with your completed application form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Origin:** (Please indicate your ethnic origin) | |  | **Gender:** MaleFemale | | | |
| If you prefer not to say please tick | |  | **Marital Status:** (Please indicate your marital status) | | | |
| White:  English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy or Irish Traveller    Any other White background, please specify: | |  | Single  Married/Civil Partnership  Separated | Widow/Civil widow  Widower/Civil widower  Divorced | | |
|  | **Date of Birth:**  **Age:** |  | | |
| Black/African/Caribbean/Black British:  Caribbean  African  Any other Black/African/Caribbean background, please specify: | |  |  |  | | |
| **The following questions are optional:** | | | |
| Are you currently pregnant or on maternity leave?  Yes  No | | | |
| Has your gender identity changed from the gender you were assigned at birth? | | | |
| Asian/Asian British:  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please specify: | |  | Yes  No  Prefer not to say | | | |
|  | | | |
| **Sexual Orientation** (Please mark one box only) | | | |
| Heterosexual/Straight  Bisexual | | | Gay/Lesbian  Prefer not to say |
|  | | |  |
| **Religion & Belief** (Please mark one box only) | | | |
| Other ethnic groups:  Arab  Any other ethnic background, please specify: | |  | Buddhist | | Christian | |
| Hindu | | Jewish | |
| Muslim | | Sikh | |
| None  Prefer not to say | | Other | |
| Mixed /multiple ethnic groups:  White and Black Caribbean  White and Black African  White and Asian  Any other mixed/multiple ethnic background, please specify: | |  | | | |
| **Disability** | | | |
| We are positive about disability and welcome applications from disabled people. Please answer the section on disability which we include to establish whether we need to make adjustments to enable you to take part in the selection process; take positive action in supporting employment for disabled people; establish | | | |
|  | whether you will be able to carry out a function that is intrinsic to | | | |
|  | the work concerned and/or establish that you have a disability where this is an occupational requirement (Section 60 of the | | | |
| Country of Birth:  Nationality:  Dual Nationality: | If yes, please specify |  | Equality Act 2010 refers). The Brigshaw Learning Partnership undertakes to interview any applicant who declares a | | | |
| disability as detailed on the Application for Employment and who | | | |
| meets the essential (minimum) criteria for the Job. | | | |
|  | | | |
| Do you consider yourself to be a person with a disability as described by the Equality Act 2010?  Yes  No | | | |

THIS PAGE WILL BE REMOVED BEFORE THE SELECTION PROCESS COMMENCES