

SUPPORT STAFF APPLICATION FORM

Completing Your Application Form

- The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.
- Ensure that you have completed the top section of the application form stating the job you are applying for, closing date and reference number if applicable
- You may find enclosed with the application form the Job Description and the Person Specification which you should refer to, but more particularly the essential criteria, to give as much information as you can about why you think you are suitable for the job, giving clear examples
- You must complete ALL sections of the application form as clearly as possible in black ink or type, it can be hand-written or typed CV's can only be accepted as additional information
- You can use additional sheets of paper as necessary and make sure they are securely attached to your application form
- Applicants must complete the reference section of the form and unless otherwise indicated references will be taken up before the interview. Your completed form must be returned before the closing date - applications received after the closing date will not usually be considered
- If you have any queries about completing your application form, please telephone the contact person identified in the advert
- The Declaration must be signed. If you submit this form electronically you will be required to provide a signed copy of your completed application before any employment decision can be confirmed.

NOTES FOR GUIDANCE

References

- a) All referees should be professional rather than personal ones. The Academy may contact other previous employers for a reference with your consent.
- b) If you are applying from outside the maintained sector of education, your most recent employer should be given as a referee.
- c) References will not be accepted from relatives or from people writing solely in the capacity of friends.
- d) If you do not wish confidential references to be sought, it is essential that you state this and the reasons why, when returning this form.
- e) If you have not previously held a teaching post, the name and address of the principal of your institution should be given as the first referee. Heads of Departments and other persons may be given as a second referee.

General

- a) The canvassing of any governor or member of the Academy, directly or indirectly, for any post in the Academy's service will disqualify the applicant from the appointment.
- b) Please return this form to the addressee specified in the vacancy advertisement.
- c) In the interest of the economy, it is not the Academy's policy to notify candidates who have been unsuccessful. Nevertheless, the Academy is appreciative of your interest in this appointment.



Position applied for:

School:

Closing Date:

Interview Date:

Personal Details – Please use BLOCK CAPITALS

Preferred Title (e.g. Mr, Mrs, Miss, Ms)	First Name(s)	Surname
Address (including post code)		
Daytime telephone number (including code)	Evening/weekend/mobile telephone number (including code)	NI Number
Date of Birth	Email address	
Are you legally entitled to work in the UK?		Are you required to hold a work permit?
<p><i>The Asylum and Immigration Act 1996 requires us to seek proof of your right to work in the UK. If you are invited for an interview and are successful you will need to provide the relevant documentation.</i></p>		

Present/Most Recent Employer

Name and Address of present/most recent employer	Date of appointment:
Notice required to terminate present employment	Salary and Grade
Post Held:	
Details of present post, including main duties and responsibilities.	
Reason for leaving:	

Details of Previous Employment

Name of Employer:	Job Title:	From	To	Reason for leaving

Please give details of any gaps in employment and reasons why.

Secondary & Continuing Education (University/College/Apprenticeships etc)

Name of Educational Establishment:	Dates: From	To	Qualification:	Subjects and grades:

Relevant Experience and Skills

Please read 'Completing your Application Form' before completing this section. Please use additional sheets if needed.

Referees (please refer to the guidance notes)

Please provide the name, position, address, telephone number and e-mail address of your **two most recent employers** (if applicable). If you are unable to do this, please clearly outline who your referees are.

Name & Address:

Address:

Position:

Name & Address:

Address:

Position:

Telephone: Email:	Telephone: Email:
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Close Personal Relationships

If you are the parent, grandparent, partner, child, stepchild, brother, sister, uncle, aunt, nephew or niece of any employee or Governor of the Academy, or the partner of such persons, please state the name(s) of the person(s) and relationship.

If you are appointed and have any business, financial and/or political interests which might conflict with the duties or responsibilities of this post please give details

Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Signed: Date:

Declaration

Please confirm the following statements are true by signing below

Declaration
I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the event of employment, in disciplinary investigation by the Academy and is likely to result in dismissal.

Disclosure of Criminal Convictions
Short listed candidates will be asked to complete a Self Disclosure Form (SD2) and, where appropriate, a disclosure/status check will be sought from the Disclosure and Barring Service in the event of a successful application. A conviction/caution/reprimand will not necessarily be a bar to obtaining employment.

Safer Recruitment
I certify that I am not disqualified from working with children or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post.

Short listed candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2009 ("the Regulations") will be asked to complete a Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. By signing this application form you acknowledge and consent to completing the Disqualification Declaration Form if you are shortlisted for a relevant post in a setting covered by the Regulations.

Data Protection Act 1998
I hereby give my consent for personal information (including Recruitment Monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Correspondence
Thank you for applying for this post. Your interest in working for us is very much appreciated. It is not our practice to acknowledge receipt of postal applications. However, if you would like to be

informed of the outcome of your application once the selection process has been completed, then please enclose a stamped addressed envelope.

Signed:

Date:

The Frances Bardsley Academy for Girls

Recruitment Monitoring Information

Please complete all mandatory fields and in addition those fields that you are able. All data will be kept in line with the Data Protection Act

We are committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only and will not be seen by the shortlisting panel. This section will be detached from the application form prior to shortlisting. If you do not wish to share this information, you can select the “prefer not to say” option.

To complete the Form:

Check boxes (☐): Enter a cross in the check box to mark your selected option as applicable.

Age:

- 15-19 20-24 25-29 30-34 35-39 40-44
 45-49 50-54 55-59 60-64 65-69 70+
 prefer not to say

Gender

- Male Female Prefer not to say

Sexual Orientation

Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Other <input type="checkbox"/>				

Ethnicity Monitoring: This data is needed to enable us to fulfil our duties under the Equality Act 2010

Asian & Asian British:	<input type="checkbox"/> Bangladeshi	Mixed:	<input type="checkbox"/> White & Asian
	<input type="checkbox"/> Chinese		<input type="checkbox"/> White & Black African
	<input type="checkbox"/> Indian		<input type="checkbox"/> White & Black Caribbean
	<input type="checkbox"/> Pakistani		<input type="checkbox"/> Other
	<input type="checkbox"/> Other		<input type="checkbox"/> British
Black & Black British:	<input type="checkbox"/> African	White:	<input type="checkbox"/> Irish
	<input type="checkbox"/> Caribbean		<input type="checkbox"/> Gypsy / Irish Traveller
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
Other	<input type="checkbox"/> Arab	Prefer Not To Say:	<input type="checkbox"/>
Other (Please specify)			

Disability

Before ticking the appropriate box below, please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

To be protected under the Act

- An individual must have an impairment which can be physical or mental
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) and
- It must affect their day to day activities on a regular basis (day to day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people. The effect of your impairment on everyday activities is considered as it would be without medication or aids. The only exception is eyesight which should be judged when an individual is wearing their usual lenses or spectacles.

- I do consider myself to have a disability as defined by the Equality Act 2010 (as detailed above)
- I do not consider myself to have a disability as defined by the Equality Act 2010 (as detailed above)
- I prefer not to say

Data Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1988.

Signed: Date: