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| Application Form  for non-teaching/support posts  Kisharon School is committed to protecting and  safeguarding children and vulnerable adults.  We apply stringent safer recruitment practices. |
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| Vacancy title: |  |
| Closing date: |  |
| Ref. number: |  |

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| Please ensure that all sections are completed (using black ink or type), otherwise your application will not be considered. All information that you provide will be treated as confidential. The Declaration of Criminal Offences form must be completed. If you require any reasonable adjustments as part of the application or selection process please contact us. |

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| 1. About you | | | | |
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| Title: |  | | | |
| First names: |  | | | |
| Previous names: |  | | | |
| Surname: |  | | | |
| Previous surnames: |  | | | |
| National Insurance No. |  | | | |
| Address: |  | | | |
| Town: |  | | | |
| Postcode: |  | | | |
| Email: |  | Daytime telephone number | |  |
| Mobile: |  | Evening telephone number | |  |
| May we contact you at work? | | Yes | | No |
| Where did you see this vacancy advertised? (publication/website) | | |  | |

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| Please return this form to: |  |

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| 2. Employment history  Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used if required. |

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| Employers’ names, addresses and type of business | Job title, Key responsibilities, final salary and any allowances | Dates of employment | | Reason for leaving |
| From | To |
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| 3. Other relevant experience  Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependants/family. Your experience should be related to the skills, abilities and knowledge outlined in the person specification and job description/role profile. |

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| Type of experience | Dates |
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| 4. Education, qualifications and training – any gaps must be explained and a continuation sheet used if required. | |

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| Name of school, college, university etc. | Name of course | Dates | | Qualification/grade achieved |
| From | To |
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| 5. Professional association membership |

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| Name of professional association | Year of membership | Grade/level |
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| 6. Personal statement  Relevant abilities, skills, knowledge and experience  Tell us how you meet all of the short listing criteria set out in the enclosed Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work. |

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| Are you required to have a UK work visa/permit? | Yes  No | |
| If yes, do you have a valid visa/permit? | | Yes  No |
| If yes, when does it expire? | | dd/mm/yyyy |
| Do you have a full current driving licence valid in the UK? | | Yes  No |

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| 7. References  Please give details of at least two referees from whom confidential enquiries may be made. Your referees should be from your current or most recent employer or your current educational establishment. References are normally taken up following interview. We reserve the right to contact any of your previous employers. Educational referees should only be given where this will be your first employment following qualification. As you are applying for a post which involves working with children or vulnerable adults you will be required to supply references which go back 5 years. |

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| Name of referee: |  | Name of referee: |  |
| Job title: |  | Job title: |  |
| Organisation: |  | Organisation: |  |
| Address: |  | Address: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| Capacity in which known to you: |  | Capacity in which known to you: |  |
| Please indicate if you do not want your referee to be contacted prior to offer | | Please indicate if you do not want your referee to be contacted prior to offer | |

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| 8. Declaration |

I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the Council’s registration under the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up.

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| Signed – Applicant: | Date: |

**Please note that successful candidates will be required to sign their application form prior to appointment.**

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| **Declaration** of criminal offences  **for jobs involving substantial access to children  and vulnerable people which are subject to  Criminal Records Bureau disclosure** |

**Your application will not be considered without completion of this form.**

# DECLARATION OF CRIMINAL OFFENCES

Please list all your cautions and criminal offences. Do not forget to include any pending convictions and indicate that they are pending in the column ‘Place & date of judgement(s)’. If you have no convictions please write none and sign the form.

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| Nature of offence | Details of offence(s) | Place and date  of judgement(s) | Sentence(s) |
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All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to instant dismissal without notice.

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| SIGNED:  **Please note that you will be asked to sign this application form if you are invited to an interview.** |
| NAME: (PLEASE PRINT)       DATE: |
| JOB APPLIED FOR:       REF NO: |

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| cid:image002.jpg@01D0A36E.160794B0  Diversity Monitoring Form | | | | | | | | | |
| Kisharon School aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities.  We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the School does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you. | | | | | | | | | |
| Name: | | | | | Job ref | | | | |
| Post applied for: | | | | | | | | | |
| Are you applying on a job share basis? | | | | | | | Yes  No | | |
| Are you applying with a job share partner? | | | | | | | Yes  No | | |
| Where did you see this job advertised? | | | | | | | Date of Birth: | | |
| Age | Under 20 | 20-29 | 30-39 | | | 40-49 | 50-59 | 60 and over | |
| **Disability**  The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems. | | | | | | | | | |
| Do you consider that you have a disability under the Disability Discrimination Act definition? Yes  No  If you have answered ‘Yes’, please select the definition/s from the list below that best describes your disability/disabilities: | | | | | | | | | |
| Hearing (such as: deaf, partially deaf or hard of hearing) | | | |  | Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) | | | |  |
| Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) | | | |  | Severe disfigurement | | | |  |
| Speech (such as impairments that can cause communication problems) | | | |  | Learning difficulties (such as dyslexia) | | | |  |
| Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) | | | |  | Mental illness (substantial and lasting more than a year, such as severe depression or psychoses) | | | |  |
| Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy) | | | |  |  | | | |  |
| Other disability (please specify) | | | |  |  | | | |  |

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| **Ethnicity** | | | | | | |
| **Asian or Asian British** | **Black or Black British** | **Mixed** | | **Other** | | **White** |
| Bangladeshi | African | White and Asian | | Chinese | | British |
| Indian | Caribbean | White and Black African | |  | | Greek |
| Pakistani |  | White and Black Caribbean | |  | | Greek Cypriot |
|  |  |  | |  | | Irish |
|  |  |  | |  | | Turkish |
|  |  |  | |  | | Turkish Cypriot |
| Other | Other | Other | | Other | | Other |
| If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself | | | | | | |
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| **Faith (Optional Information)** | | | | | | |
| Agnostic | Atheist | Baha’i | Buddhist | | | Christian |
| Hindu | Humanist | Jain | Jewish | | | Muslim |
| Sikh | No religion | Other faith (please specify) | | | | |
| **Gender** | | | | | | |
| Female | Male | | | | | |
| **Sexuality (Optional Information)** | | | | | | |
| Bisexual | Gay | Heterosexual | Lesbian | | | |
| In addition, if you prefer to define your sexuality in terms other than those used above, please let us know. | | | | | | |
| Declaration:  I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998. | | | | | | |
| Signed - Applicant: | | | | | Date (dd/mm/yy) | |
| **Please note that successful candidates will be required to sign their application form prior to appointment.** | | | | | | |

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| For office use only | | |
| Application withdrawn | Post withdrawn | Shortlisted Yes  No |
|  |  | Appointed Yes  No |