



Wessex
Learning Trust
We Learn Together!

APPLICATION FOR SUPPORT STAFF APPOINTMENT

Applicant's Name:

Post Applied for:

Name of School:



Axbridge C of E First School Academy

Wessex Learning Trust. Registered in England. Company Number 7348580.

This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process.
 Please refer carefully to the information you have been provided for this post.
 Please ensure you complete all sections of the application form in black print/ink. Your application will be treated in the strictest confidence.

1. PERSONAL DETAILS

Title (e.g. Mr, Mrs, Dr)	
Full Name	
Previous Surname (s)	
Home Address	Alternative Address
Postcode	Postcode
Home Telephone No.	Work Telephone No.
Mobile Telephone No.	Email address
Date of Birth	National Insurance Number

2. CURRENT EMPLOYMENT

Name and Address of Organisation	Date Appointed	Position	Full/Part-Time	Current Salary	Employee Benefits
	mm/yy				
Key Responsibilities					

Please state when you would be available to take up employment if offered this position.

Please state your reason for seeking other employment.

3. SECONDARY EDUCATION

Please include all public examinations passed and indicate whether you have achieved Grade C or above at English and Maths GCSE/O Level. Original documentation of qualifications will be required prior to appointment.

Name of Institution	Full/Part-Time	Dates from		To		Qualification	Subjects	Grades	Date of Award
		Month	Year	Month	Year				

Please indicate if you have Grade C or above at GCSE/O Level in the following subjects:

English Yes No

Maths Yes No

4. FURTHER/HIGHER EDUCATION

Please clearly state the month and year you commenced and ended your studies at each institution

Name of Institution	Full/Part-Time	Dates from		To		Qualification	Subjects	Grades	Date of Award
		Month	Year	Month	Year				

5. OTHER EMPLOYMENT HISTORY

Please list in chronological order clearly stating the month and year you commenced and ended your employment with each organisation. Please note any gaps in employment should be documented within the chronology including the reason for the gap.

Name and Address of Organisation	Dates of Employment	Position and Key Responsibilities	Full/Part-Time	Salary on leaving	Reason for Leaving
	From: mm/yy To: mm / yy From: mm/yy To: mm / yy From: mm/yy To: mm / yy From: mm/yy To: mm / yy From: mm/yy To: mm / yy From: mm/yy To: mm / yy				

6. OTHER SKILLS AND INTERESTS

Please provide details of any skills and interests.

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7. DISABILITY

The Wessex Learning Trust aims to be a fair employer and is committed to equal opportunity for people with disabilities. Applications from people with disabilities are welcome. If you are offered an interview, we have a policy of providing appropriate access and equipment to ensure that people with disabilities are considered on an equal basis. If you would like any further assistance or advice about this application we will try to help.

1. Do you consider yourself to be disabled? If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
The Disability Discrimination Act to Equality Act 2010 defines disability as “A person (P) has a disability if P has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” (Section 6(1), EqA 2010)”	
2. Is there anything you would particularly like to tell us about your disability?	

8. PROTECTION OF CHILDREN

You are required to give details of all spent or unspent convictions and cautions, including road traffic offences as this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order 1986. Failure to disclose information will result in your dismissal by the Wessex Learning Trust. *A subsequent offer of appointment will be dependent upon the completion of a satisfactory Enhanced Disclosure & Barring Service check.*

1. Have you ever been convicted or cautioned of a criminal offence? If yes, please provide details of the offence, the sentence and the date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are there any restrictions to your residence in the UK, which might affect your right to take up employment in the UK? If yes, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. If you are successful in your application, would you require a work permit prior to taking up employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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9. PENSION SCHEME

1. Do you contribute to the Local Government Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If you contribute to another scheme, please provide details.	

10. REFERENCES

Please indicate two people who can provide references – one of whom should be your current or most recent Employer. References will be taken up before an offer of employment is made and may be taken up prior to interview.

Name	Name
Address	Address
Telephone number	Telephone number
Email	Email
Position	Position

11. DATA PROTECTION STATEMENT

I hereby give my consent for the Wessex Learning Trust to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. This information may be shared with third party organisations including, but not exclusive to, payroll providers, the DBS, the Police and other third parties as defined by the Data Protection Act 1998 and related legislation. All information will be dealt with in accordance with Data Protection legislation.

12. DECLARATION

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment; OR, if appointed, may result in my dismissal.

Signature:

Date: