



## **Application Form**

# **Support Staff**

Candidate's Name
School/Establishment
Post
Form Serial No.

Thank you for requesting an application form for the above vacancy. Please ensure that you complete all sections of this form in black ink or typeface to enable photocopying of the form. Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested.

Forms will only be acknowledged if a stamped addressed envelope is enclosed on return. If you do not receive a letter within six weeks from the closing date, you should assume that your application has been unsuccessful.

### 1. Personal Details

Surname / Family Name		Forenames(s):	
Former Surname/ Family Name			
Preferred Title:			Date of Birth: (DD/MM/YY) / /
Home Address:		Contact Address (if different)	
DfES Reference No:		National Insurance No:	
Telephone No: (Home)		Telephone No: (Work)	
Email Address: (Home)		Email Address: (Work)	
Relationships			
Are you related to ar	n employee or governor of the school or the Edu	icational Trust?	☐ Yes ☐ No
If yes, please state r	relationship:		

Note: Canvassing will lead to disqualification for appointment.

## 2. Education, Training and Qualifications

Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post.

Name of School/College/University attended		From - To Month/Year)	(*) Qualific		Date Obtained (Month/Year)
Schools (after age 11)					
Further or Higher Education (Full or Part Time)					
Professional or other courses including training					
courses attended, NVQs etc.					
Membership of Professional Bodies (excluding Teache	ers' Professional	associations)			
* Applicants invited for interview will	be required to p	produce documentary evid	ence of their q	ualification	าร
Driving Qualifications					
Do you hold a current, valid full driving licence?	)		Yes	☐ No	
Please describe eg Car/LGV/PCV					
Do you own a car?			Yes	☐ No	
Do you have access to one?			Yes	☐ No	

## 3. Employment/Work Experience

Please include any previous work experience, either paid, unpaid or voluntary starting with the most recent.

Position Held:			Full or Part Time:	
Present salary and point on pay spine:  Date Started:  Employing Authority:		Date em	ployment ceased if a	pplicable:
Duties and Responsi	bilities:			

Previous schools or other employers/employer and	Position held and responsibilities (and		tes	Reasons for
employers/employer and Employing Authority	full time or part time)	From	То	Leaving

,	sure and voluntary) wou	

### 5. Convictions/Disqualifications

#### **EXEMPT EMPLOYMENT**

As the work of this post involves working with children, other vulnerable groups or in a position of trust it is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. The County Council will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions.

If this post meets 'Regulated Activity' (as defined in the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012) the relevant barred list(s) for children and adults will also be checked.

You must disclose details of all unspent and unfiltered spent reprimands, formal warnings, cautions and convictions as these will be supplied by the DBS. Please see: <a href="www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates">www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates</a> for information regarding filtering of convictions.

Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from any job offer in relation to this form.

Please give details and dates of any unspent and unfiltered spent criminal convictions, disqualifications, cautions or driving offences (or alternatively state "none" if that is the case):

### 6. References

Please give details of two people who are able and willing to comment on your suitability for this job. If you are or have been employed, one should be your present or most recent employer.

Please remember to include a church referee if requested in the post details.

A.	Name:	B.	Name:
	Address:		Address:
	Telephone number:		Telephone number:
	Contact email:		Contact email:
	Relationship to you e.g. Headteacher:		Relationship to you e.g. Headteacher:
Note	: Unless you specify otherwise, we will not consult you prior to approac	ching	these referees.

#### 7. Declaration

I declare that the information given in this application form is correct and complete.

Signature: Date: / /

**Note:** False statements or failure to disclosure any information requested in this application form may disqualify a candidate. Discovery after appointment may lead to dismissal or disciplinary action by the Authority.

### Data Protection Act 1998 - Consent and Certification of Details

As part of the process of appointing a new teacher, the Authority may disclose information to, and request information from, third parties for the purpose of undertaking pre employment checks. In accordance with the Data Protection Act 1998, your consent is required before approaching third parties for information in relation to pre-employment checks.

Signature:	Date: / /	!
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Form Serial Number	
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### **Equal Opportunities Monitoring Form**

Mercian Educational Trust is committed to the elimination of all forms of unjustifiable discrimination.

The Trust will actively pursue equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. Personal circumstances and characteristics will only be taken into account when they can be justified as being relevant to employment. To enable the Trust to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** to complete the questions detailed below

This information will be treated as completely confidential and will be used for monitoring purposes only. This information will be detached from the application form on receipt and will not be considered during the selection process.

Please tick as appropriate:							
<ol> <li>Which of the following do you consider to be your ethnic origin? (tick only one box), see below for explanatory notes.</li> </ol>							
White British (AWB) White Irish (AWI) White Other (AWO)	White and Black Caribbean (BWBC) White and Black African (BWBA) White and Asian (BWA) Mixed Other (BMO)	☐ Indian (CIN) ☐ Pakistani (CP) ☐ Bangladeshi (CB) ☐ Asian Other (CAO)					
Caribbean (DBC) African (DBA) Black Other (DBO)	Chinese (ECH) Other Ethnic Group (EOE) (Please desc	cribe)					
2. Are you	☐ Male ☐ Fen	nale					
3. Do you have a disabili	ty?						
For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.							
4. Please tick the age band currently applicable to you							
☐ i. up to 19 ☐ ii. 20-29	☐ iii. 30-39 ☐ iv. 40-49 ☐	v. 50-65 vi. Over 65					

### Where did you see this post advertised?

### **Monitoring Form Explanatory Notes**

The ethnic groups set out above are those recommended by the Commission for Racial Equality and used in the 2001 Census.

Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than one ethnic group, please tick the group to which you consider you belong or tick the 'other ethnic group' box and give details in the space provided above.

Please ensure that you have completed all sections of this form. Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested.