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| **Application Form for Support Staff Appointment** | |  |
| **Post Applied for** |  |
| **Post Reference** |  |

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| **Personal Details** | | | | |
| Family Name |  | Previous Names |  | |
| Forenames |  | Title |  | |
| Address |  | | | |
| Contact Number 1 |  | Contact Number 2 |  | |
| Which numbers are you happy to be contacted on? **Contact 1 Contact 2 Both** | | | | |
| Email Address |  | NI Number | |  |

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| **Present Employment** | | | |
| Post Title |  | Date Appointed |  |
| Employers Name |  | | |
| Employer Address |  | | |
| Salary |  | Allowances |  |
| Outline Key Responsibilities and Duties. | | | |

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| **References**  (One reference should be your current employer) | | | |
| Name |  | Name |  |
| Organisation Address |  | Organisation Address |  |
| Contact Number |  | Contact Number |  |
| Email |  | Email |  |
| Job Title |  | Job Title |  |
| Relationship to  Applicant |  | Relationship to  Applicant |  |

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| **Education** | | |
| **Dates From / To** | **Establishment** | **Qualification and Grade** |
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| **Membership of Relevant Organisations** | | |
| **Date of**  **Membership** | **Professional Body/Association** | **Membership Level** |
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| **Relevant Professional Development in the last 5 years** | | | | |
| **Date Achieved** | **Organising Body** | **Subject** | **Award** | **Duration** |
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| **Previous Experience**  **(Please include all paid, unpaid and voluntary work, most recent first)** | | | | |
| **Dates From / To** | **Employers Name & Address** | **Post Title** | **Reason For Leave** | **Salary & Allowances, Unpaid or Voluntary** |
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Please add more lines if required

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| **Break in Experience (If required please detail)** | |
| **Dates From / To** | **Reason for Break** |
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| **Interview Arrangements** |
| **Please indicate below any dates when you would not be available for interview.** |

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| **Summary of Experience, Skills, Knowledge and Competencies** |
| **Please detail your relevant experience, skills, knowledge and competencies which you feel make you the best person for the job. Always give examples of things you have done in your work/home life to fulfil the person specification. Please use additional paper if required.** |

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| **Disability / Health Conditions** |
| The Equality Act 2010 defines disability as ‘A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.  **Do you consider yourself to be disabled? Yes/No** (Please delete as appropriate) |
| Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable you to attend an interview, or which you wish us to take into account when considering your application. |

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| **Data Protection Act** |
| The information you supply when requesting a job pack will be held for monitoring and evaluation purposes and in connection with any future contact. This information will be kept for a maximum of 18 months from last contact. When you sign and return this form you are giving your permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive, If your application is unsuccessful, the form will be held for up to 6 months and then destroyed. |

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| **Applicant Declaration** | |
| I confirm that the statements in this application are true, correct and accurate and that I have not omitted any facts which may have any bearing on my application. By signing this form I agree to this Academy  using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information. | |
| I understand that if I don’t tell you about any relationships with any employees of this Academy, or Governor of the Academy, or I neglect to tell you about any unspent criminal convictions including cautions, reprimands, warnings or that I am under investigation or have pending prosecutions and this is discovered after appointment, I could be dismissed without notice. | |
| I can produce the original documents of my qualifications, prior to any appointment | |
| I understand that any canvassing, directly or indirectly, will be a disqualification. | |
| I understand I am required to provide documents proving eligibility to work in the UK, prior to any appointment. | |
| I am prepared to undergo a medical examination, prior to any appointment. | |
| **Signature:** | **Date:** |

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| Additional Information, if required (Max 500 words) |
| **Please detail any further information you feel is relevant to your application that has not already been already covered on this application.** |

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| **Monitoring Section** | | | | | | | | | |
| **Post Applied for:** | |  | | | **Post Reference** | |  | | |
| It would be really helpful if you could complete this section for us. The Academy is committed to equality of opportunity in employment and service delivery and the information you provide will help us to ensure fair and equal treatment of applicants and employees alike. The details you supply will be stored separately to the information on the rest of the application form and will not be used as a basis for decision-making within the selection process. | | | | | | | | | |
| **1) How would you describe your ethnicity?**  (a) White (b) Mixed (c) Asian & British Asian British White and Black Caribbean Indian  Irish White and Black African Pakistani Any Other White White and Asian Bangladeshi  Background \* Any Other Mixed Background\* Any Other Asian  Background\*  \*(please write in below) \*(please write in below) \*(please write in below) | | | | | | | | | |
|  |  | |  | | | | |  |  |
|  | (d) Black or Black British (e) Chinese or other ethnic group (f) Gypsy/Traveller Caribbean Chinese Irish Traveller  African Any Other ethnic group\* Romany Gypsy Any Other Black background\* Any Other  Background\*  \*(please write in below) \*(please write in below) \*(please write in below) | | | | | | | |  |
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| Prefer not to state   1. **My sex is Male Female Prefer not to state** 2. **My date of birth is (DD/MM/YY) Age:** 3. **The Equality Act 2010 defines disability as:**   *'A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.'*  I consider myself to be  Disabled Non Disabled Prefer not to state   1. **My religion is:**   Buddhist Christian (all denominations) Hindu Jewish Muslim Sikh None Prefer not to state Other Please specify   1. **My sexual Orientation is:** Bi-sexual Gay Lesbian Heterosexual Transgender Prefer not to state Other Please specify 2. **My Nationality is:** | | | | | | | | | |
| **Family Name** | |  | | **Forenames** | |  | | | |
| **Office Use Only** | | Short listed | | Interviewed | | | | Appointed | |