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Application for Employment – Education Support Staff

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| We are committed to equal opportunities in employment and service delivery, and are only interested in your ability to do the job. |

**Please complete in clearly written or typed black ink, continuing on separate sheets where necessary.**

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| --- | --- |
| Post applied for: | Job reference: |
| School: | Closing Date: |

1. PERSONAL DETAILS

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| --- | --- |
| First name/s: | Last name: |
| Address: | Previous or other name(s): |
|  | National Insurance Number: |
|  | Telephone (Daytime): |
|  | Telephone (Mobile): |
|  | Date of Birth: |
| Postcode: | Email address: |

2. EMPLOYMENT HISTORY - Present or most recent employment

|  |  |
| --- | --- |
| Name of employer: | |
| Job title: | Salary: |
| Dates from / to: | |
| Period of notice / date available to start: | |
| Key responsibilities:  Reason for seeking new position/leaving: | |

NB. If you have more than one employment please provide the same information for each job, if necessary on a separate sheet.

3. PREVIOUS EMPLOYMENT from age 18

**Please start with the most recent** *including any unpaid or voluntary work. Continue on separate sheet if necessary.*

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| Even though this post does not require any teaching qualifications, please confirm if you are or have ever been a teacher. | YES/NO |
| **If yes**, please give enter your 7 digit Teaching Number/DfE Number | TRN : |

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| --- | --- | --- | --- |
| Job title and brief outline of duties | Name and address of employer | Dates  From - to  (month & year) | Reason for leaving |
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Please give details and an explanation for any gaps in your employment history: **Please note: failure to do so will result in your application being withdrawn from the selection process**

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4. EDUCATION, TRAINING AND DEVELOPMENT

**Secondary school/college/university/apprenticeship** *including current studies, with the most recent first.*

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| --- | --- | --- | --- |
| Name of institution | Dates  From – To  (month & year) | Courses/subjects taken | Qualifications/  grade |
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NB. Please note: original certificates relating to academic qualifications plus photo ID will be required to be brought to interview if shortlisted.

We reserve the right to contact employers or educational establishments to verify details given.

**Details of any relevant learning and development.** Please include dates.

(e.g. short courses, first aid, computer skills, work-based NVQ etc., and any current courses.)

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**Professional / Technical membership**

|  |  |
| --- | --- |
| Name of professional / technical body | Grade of membership |
|  |  |
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5. SUPPORTING STATEMENT

Please read the job description and person specification. Using examples, **show how your knowledge, skills and experience meet each of the essential requirements of the person specification and as many desirable requirements as possible.** Please draw on your relevant experiences; including paid employment, voluntary work, family experiences and leisure activities as evidence.

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***Please continue on a separate sheet if necessary.***

6. ADDITIONAL INFORMATION

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| **Equality Act** | |
| We are committed to interviewing people with a disability who meet the essential criteria of the person specification. The Equality Act defines a person as having a disability if he or she has, ‘a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities’. | |
| Do you have a disability? | YES / NO |
| We will make reasonable adjustments to help a person with a disability through the application and selection process and, if successful, to assist you in carrying out the duties of your job. If you require assistance please contact the Human Resources Adviser or provide details below: | |
| **Permit to Work** | |
| In order to prove evidence of your eligibility to work in the UK, as required by the Immigration and Asylum Act, you will be required to provide two of the following documents if you are shortlisted for this post: Birth Certificate or Extract, Passport, evidence of National Insurance Number, Driving Licence. If applicable you will also be required to produce your Work Permit. | |
| Are you eligible to work in the UK? | YES / NO |
| Do you require a Work Permit? | YES / NO |
| **Residing/Working abroad**  It is recognised as good safe recruitment practice to request a **Certificate of Good Conduct** (CGC) where an applicant has resided in a permanent overseas address for 6 months or more during the last 5 years. | |
| **Affiliations**  A candidate for any appointment with Westcounty Schools Trust who knows he or she is related or has a close relationship to any Member of staff or Governor is required to disclose that relationship when submitting an application. In educational establishments, this includes Headteachers, Principals, Directors, Vice-Principals and Heads of Department. | |
| Are you related to any member of staff / governor at the academy? | YES / NO |
| If Yes, give name and relationship  Please note that soliciting support or information to give an unfair advantage may disqualify your application. | |
|  | |
| Are you, your partner or family related, have a close relationship or have any interests (financial, professional or otherwise) that may conflict with your employment?  If yes, please provide details below: | YES / NO |
| **General** | |
| You will be required to provide original certificates relating to academic qualifications plus photo ID if you are shortlisted for this post.  Application must be fully completed in order for it to be considered | |

7. EMPLOYMENT CHECKS FOR THE SAFEGUARDING OF CHILDREN

We are committed to safeguarding and promoting the welfare of children and young people and expect all staff to share this commitment. As part of our commitment, we need to ensure that all potential employees satisfy our employment checks. Please note that where appropriate, shortlisted and/or potentially suitable applicants will be required to undertake further checks, including references, and will be required to provide a Disclosure from the DBS.

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| **DISQUALIFICATION DECLARATION– CONFIDENTIAL** | | | | |
| In an update to the statutory guidance “Keeping Children Safe in Education” published in October 2014 (subsequently revised in September 2016) the Department for Education published advice indicating that the Childcare (Disqualification) 2009 Regulations apply to school/academy settings as well as to childcare settings.  This means that, in order to comply with these Regulations, schools are now required to ensure that members of staff (including volunteers) are not disqualified from working with children who have not yet reached the age of 8. All staff responsible for the provision of childcare or for the management of that provision (including new appointees) must therefore complete the declaration below and will be asked to do so again periodically in the future.  If a member of staff / volunteer is disqualified, there may be an impact on their ability to remain working with the relevant age group. A disqualified person is not permitted to continue to work in a setting providing care for children under age 8, unless they apply for, and are granted, a waiver from Ofsted.  A person may be disqualified through:   * Inclusion on the Children’s Barred List; * Being cautioned for, or convicted of, certain violent and sexual criminal offences against children and adults; * Grounds relating to the care of children (including where an order is made in respect of a child under the person’s care); * Having registration refused or cancelled in relation to childcare or children’s homes or being disqualified from private fostering; * Living in the same household where another person who is disqualified lives or works (disqualification ‘by association’).   Details of what constitutes disqualification can be found in the following schedules to the Regulations (hard copies can be obtained via the school office if required):  [www.legislation.gov.uk/uksi/2009/1547/schedule/1/made](http://www.legislation.gov.uk/uksi/2009/1547/schedule/1/made)  [www.legislation.gov.uk/uksi/2009/1547/schedule/2/made](http://www.legislation.gov.uk/uksi/2009/1547/schedule/2/made)  [www.legislation.gov.uk/uksi/2009/1547/schedule/3/made](http://www.legislation.gov.uk/uksi/2009/1547/schedule/3/made)  Please note that you do not need to declare any minor cautions or convictions which are ‘protected’ under the Rehabilitation of Offenders ‘Exceptions Order’ (and which are removed or ‘filtered’ from DBS certificates). For more information visit <https://www.gov.uk/government/collections/dbs-filtering-guidance> | | | | |
| **Declaration in relation to you:** | | | **Please indicate YES or NO below** | |
| Have you been barred from working with children by the Disclosure and Barring Service (or its predecessors)? | | | YES / NO | |
| Have you been subject to any order relating to the care of children (e.g. care order, child protection order, exclusion order)? | | | YES / NO | |
| Have you been refused registration or approval to care, foster or look after children or had such registration cancelled (e.g. in relation to childcare provision, children’s homes or private fostering)? | | | YES / NO | |
| Have you been cautioned\* or convicted of any offences against a child (including overseas)? | | | YES / NO | |
| Have you been cautioned\* or convicted of any violent or sexual offences against an adult (including overseas)? | | | YES / NO | |
| \* For these purposes, only cautions given on or after 6 April 2007 need to be declared; a caution includes reprimands or warnings | | | | |
| **Provision of information** | | | | |
| If you have answered **YES** to any of the questions above you should provide details below. You may supply this information separately if you so wish, but you must do so without delay. | | | | |
| **Other Sanctions** | | | | |
| Please provide details below if you are subject to sanctions imposed by a regulatory body, e.g. the General Teaching Council (GTC). If there are none please write ‘none’: | | | | |
| **Declaration** | | | | |
| I confirm that the information I have provided is true to the best of my knowledge.  I understand I must notify the Headteacher immediately of anything that might affect my suitability to work with children, including if my answers to any of the questions above change at any time. | | | | |
| Signed |  | | | |
| Print Name |  | Date | |  |

8. REFERENCES

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| Please give details of two referees, one of whom should be your current or most recent employer. If you are in, or have just completed full-time education, one referee should be from your school, college or university. Referees must not be related to you, or writing solely in the capacity of a friend, and must be able to comment on your skills and abilities in relation to the post.  References will be taken up before an interview or offer of employment, unless you request otherwise.  Please note; if you are not currently working with children, you must include a reference from your last employer where you did. | |
| Name: | Name: |
| Address: | Address: |
| Tel no: | Tel no: |
| Email: | Email: |
| Occupation/Relationship: | Occupation/Relationship: |
| How long have they known you? | How long have they known you? |
| I agree to this reference being taken up before an interview or offer of employment is made: | I agree to this reference being taken up before an interview or offer of employment is made: |
| YES / NO | YES / NO |

We will seek references as detailed above and may approach other previous employers for information to verify particular experiences or qualifications. We may also ask previous employers for information about disciplinary offences relating to children or young people, including any in which the penalty is ‘time expired’ (that is where a warning could no longer be taken into account in any new disciplinary hearing for example) and whether the applicant has been the subject of any child protection concerns. Please provide any details below of any issues, such as those described above that may be raised by any potential references. If there are none please write ‘none’:

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I declare that the information given in this application is, to the best of my knowledge, complete and accurate and that it may be used for purposes registered by the academy under the Data Protection Act. I understand that if, after appointment, any information is found to be inaccurate, this may lead to dismissal without notice.

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| --- | --- |
| Signature: | Date: |

Where did you see the advertisement for this post?

**DATA PROTECTION ACT 1998.** INFORMATION FROM THIS APPLICATION MAY BE PROCESSED FOR ANY PURPOSES REGISTERED BY THE ACADEMY UNDER DATA PROTECTION LEGISLATION. INDIVIDUALS HAVE THE RIGHT OF ACCESS TO PERSONAL DATA HELD ABOUT THEM BY THE ACADEMY. THIS INFORMATION WILL BE DISCLOSED ONLY TO THOSE PERSONS AUTHORISED TO SEE IT, WILL BE USED FOR THE SELECTION PROCESS AND, FOR SUCCESSFUL CANDIDATES WILL BE RETAINED ON THEIR PERSONNEL FILE, USED FOR PAYROLL AND ADMINISTRATIVE PURPOSES AND MAY BE DISCLOSED TO GOVERNMENT DEPARTMENTS WHERE THERE IS A LEGAL OBLIGATION TO DO SO. INFORMATION HELD ABOUT UNSUCCESSFUL CANDIDATES WILL BE DESTROYED AFTER 12 MONTHS.

**YOUR COMPLETED APPLICATION SHOULD BE SENT TO THE ADDRESS/EMAIL ADDRESS AS SPECIFIED IN THE APPLICATION MATERIAL**

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| --- | --- | --- | --- |
| **FOR ACADEMY USE ONLY** | | | |
| Application received: | / / 20 | Application acknowledged: | / / 20 |
| Diversity questionnaire removed and recorded anonymously: / /20 | | | |
| **Shortlisting** | | | |
| Interview date: | / / 20 |  | |
| Shortlisted - Notified of interview date: | / / 20 | Not shortlisted - Informed of decision: | / / 20 |
| **Selection** | | | |
| Yes: offered employment: | / / 20 | No: Informed of decision: | / / 20 |
| **Employment checks** | | | |
| Evidence of qualifications received: | / / 20 | Evidence of eligibility to work in the UK received: | / / 20 |
| References requested: | / / 20 | References received: | / / 20 |
| References satisfactory? | Y / N |  |  |
| Online DBS check: | / / 20 | DBS check received: | / / 20 |
| DBS check satisfactory? | Y / N |  |  |
| Medical check sent: | / / 20 | Medical check received: | / / 20 |
| Medical check satisfactory? | Y / N |  |  |
| **Appointment** | | | |
| Start date: | / / 20 | Statement of Particulars sent: | / / 20 |

*Version date: 5/2016*

Valuing Diversity

**Please complete the form that follows on the next page.**

Westcountry Schools Trust welcomes and encourages applications regardless of age, gender, sexual orientation, race, religion or disability.

To make valuing diversity work we need to monitor the effectiveness of our policies. This is why we ask you to please complete the attached form.

**The form is not part of our selection process and will be separated from your application form.**

**Guidance Notes on Disability**

Under the Equality Act 2010 you are considered to have a disability if you have *‘a physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities’.*

People who have had disabilities in the past are included. Progressive conditions, such as cancer, multiple sclerosis, muscular dystrophy and HIV infection, are covered by the Act from the point of diagnosis.

**Physical and mental impairments** include sensory impairments, such as those affecting sight or hearing, learning disabilities, and mental illness if it has a substantial effect on normal day to day activity.

**Substantial adverse effect** is more than a minor or trivial effect and goes beyond the normal differences between people. Substantial effects of a disability, which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

**Long term effect** is one which has lasted, or is likely to last, 12 months or more.

**Normal day to day activities** are those which are carried our by most people on a fairly regular and frequent basis. An impairment has a substantial adverse effect if it affects:

* Mobility
* Ability to lift, carry or otherwise move everyday objects
* Manual dexterity
* Speech, hearing or eyesight (excluding those who wear glasses/contact lenses)
* Physical co-ordination
* Continence
* Memory or ability to concentrate, learn or understand
* Perception of the risk of physical danger.

Anyone who is certified as **blind or partially sighted** by a consultant ophthalmologist, or who is registered as such by a Local Authority, is deemed to be disabled within the meaning of the Equality Act 2010.

Further details are available from the Equality and Human Rights Commission at [www.equalityhumanrights.com](http://www.drc-gp.org), Phone: 0808 800 0082 or Textphone: 0808 800 0084

**First Name(s):**…………………………………………………

**Surname:** …………………………………………………..

**1. GENDER:** Male  Female

**2. AGE:** 16-24  25-29  30-34  35-39  40-44

45-49  50-54  55-59  60-64  65+

**3. ETHNIC GROUP:**

To which of these groups do you consider that you belong? (tick appropriate box)

**Asian or Asian British Mixed**

Indian  White and Black Caribbean

Pakistani  White and Black African

Bangladeshi  White and Asian

Any Other Asian Background  Any other Mixed background

**Black or Black British White**

Caribbean  British

African  Irish

Any Other Black Background  Any other White background

**Chinese or Other Ethnic Group**

Chinese  **If you have answered ‘any other’ in any group**

Any Other  **please specify below**

…………………………………………………….

**4. DISABILITY**

Do you consider yourself to have a disability? Yes  No

(Please see guidance on the previous page)

**For internal use only**

Job Title: ……………………………………………………..

Vacancy Ref: …………………………………………………….