**Recruitment Application Form**

**Non-Teaching**

**Post Title:** Click or tap here to enter text.

**Post Ref:** Click or tap here to enter text.

**Closing Date:** Click or tap here to enter text.

In the following sections you will be asked to provide data about yourself for the purpose of applying for this vacancy.

This data will be used by the school to evaluate your suitability for this role as part of the recruitment process. Please be advised we may keep your application data for up to 6 months after the recruitment ends, after which time it will be destroyed. However, you may ask for your application data to be destroyed at any time. You have the right, on written request, to access personal data held about you.

As part of the updated KCSIE guidance, the school reserves the right to conduct online searches as part of their due diligence on the shortlisted candidates to identify any publicly available information about the candidate that may be relevant to their suitability to work with children.

In order to comply with the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended 2013 & 2020) and the Keeping Children Safe in Education (statutory guidance); you will be asked to provide information about any criminal history if you are shortlisted. This data will only be used to assess your eligibility for the role.

In order to comply with the organisation’s Equality Policy, to monitor or identify any required improvements, you will also be asked to complete a monitoring form. This is entirely optional and your information will be kept confidentially and has no part in the shortlisting process.

**I understand how my data may be used and agree to the privacy policy**

Please complete this form in black ink or type. Additional information should be limited to one sheet of A4.

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  Click or tap here to enter text. | Forenames  Click or tap here to enter text. | Any previous names  Click or tap here to enter text. | National Insurance Number  Click or tap here to enter text. |
| Title for correspondence  (eg Mr/Mrs/Ms/Dr) | Choose an item. |  |  |
| Address:  Landline Telephone: Click or tap here to enter text.  Mobile Number:Click or tap here to enter text.  Email Address: Click or tap here to enter text.  Preferred method of contact:Click or tap here to enter text.  Can you provide one of the following: a British passport, a UK residence permit or a legal document that proves you have the right to work in the UK? This will be required later in the recruitment process.  Choose an item. | | | |

## Current or last employment (if applicable)

|  |  |
| --- | --- |
| Employer’s name, address and nature of business  Telephone Number:Click or tap here to enter text. | |
| Position Held  Click or tap here to enter text. | Salary, grade and benefits |
| Date started employment Click or tap to enter a date. | Notice period required Click or tap here to enter text. |
| Main duties and responsibilities | |
| Reason for leaving | |

Full Employment History (Employment and Voluntary Work).

Please provide the reason for any gaps in employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s name and nature of business | Position held | Dates employed  From Click or tap here to enter text. ToClick or tap here to enter text. | Reason for leaving |

## Education History

|  |  |  |  |
| --- | --- | --- | --- |
| Secondary School Attended | Dates Attended | Qualifications Gained | Grade |
| College / University Attended | Dates Attended | Qualifications Gained | Grade |

Membership of Professional Bodies (if applicable)

|  |
| --- |
| Name of body, level and date of membership obtained (state whether by examination) |

References

|  |  |
| --- | --- |
| **External candidates only** – Please give details of two persons who will provide a reference for you.  Neither should be a relative and one should be your present or last employer.  One of which should be your current or most recent employer and completed by a senior person with appropriate authority (if the referee is school or college based, the reference should be confirmed by the headteacher/principal).  Please note, in accordance with the organisation’s Safer Recruitment processes, the right is reserved to contact any organisation detailed on the application form and the right is reserved to clarify content where information is vague or considered insufficient. To discuss this, please contact the recruiting organisation direct.  Can you indicate whether we may contact your referees before interview?  **Existing employees –** Please insert details of your current line manager, it should be noted that they will be asked to supply a work report prior to interview**.**  **Referee 1** Choose an item. **Referee 2** Choose an item. | |
| Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Address: Click or tap here to enter text.  Telephone No:Click or tap here to enter text. | Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Address: Click or tap here to enter text.  Telephone No: Click or tap here to enter text. |

Protection of Children

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| --- |
| **Disclosure background checking for those with substantial access to children is required.**  **Please note that shortlisted candidates will be asked to complete a self-declaration of their criminal record or information that would make them ineligible to work with children.**  **Please note that it is an offence to apply for a role if an applicant is barred from engaging in regulated activity relevant to children.**  **The school reserves the right to conduct online searches as part of their due diligence on the shortlisted candidates to identify any publicly available information about the candidate that may be relevant to their suitability to work with children.** |

Relationships

|  |
| --- |
| Are you related to any member of staff or a governor? |

Declaration

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| CANVASSING - Any candidate, who canvasses a governor or employee of the recruiting organisation, either directly or indirectly, will be disqualified from appointment. The sending of copies of, or extracts from, the application or testimonials will be regarded as canvassing.  **I declare that the information given in this application is true. I accept that giving false information will disqualify me from being appointed or, if appointed, may result in my dismissal.**  **Signature: Date:** |

**Applicant Statement**

**Please give your reasons for applying together with details of any previous relevant knowledge, experience, or skills and how they meet the requirements of the job. Please note that CV’s will not be accepted without a fully completed application form.**

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|  | **EQUALITY & DIVERSITY MONITORING FORM** |  |

The information that you provide on this form will be used for monitoring and will not be used for any other purpose or stored electronically. Information will be used in aggregate form only and where there are less than 3 people providing a response this will not be reported.

|  |  |  |
| --- | --- | --- |
| **AGE** | 16 – 19 |  |
| Please choose one option | 20 - 29 |  |
| only. | 30 - 39 |  |
|  | 40 - 49 |  |
|  | 50 - 59 |  |
|  | 60 - 69 |  |
|  | 70 + |  |
| I prefer not to answer this question | |  |

|  |  |  |
| --- | --- | --- |
| **CARING RESPONSIBILITIES**  Do you have caring responsibilities (for children, parents or others)?  Please choose one option only. | | |
| Yes | No | I prefer not to answer this question |

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| --- | --- | --- | --- | --- | --- | --- |
| **DISABILITY STATUS** | | | | | | |
| **Do you consider yourself to be a disabled person i.e. may experience discrimination on grounds of impairment or long-term health condition?  Please choose one option only.** | | | | | | |
| Yes | No | | | I prefer not to answer this question | | |
| If yes, please choose all the relevant options. | | | | | | |
|  | | | | | | |
| Physical impairment |  | Sensory impairment | | | |  |
| Mental health condition |  | Learning disability / difficulty | | | |  |
| Memory impairment |  | Visibly different | | | |  |
| Long-standing illness or health condition | | |  | | | |
| Any other impairment  - please specify below | | | | |  | |
|  | | | | |  | |
| I prefer not to answer this question | | | | |  | |

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| --- | --- | --- |
| **LEGAL GENDER**  Please tick one box only | Male | Female |
| I prefer not to answer this question | |  |

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| --- | --- | --- |
| **MARITAL / CIVIL PARTNERSHIP STATUS**  Please choose one option only (the one that best describes your status). | | |
| Married or in a  civil partnership | Divorced or dissolved  civil partnership | Separated, but still  legally married or in  a civil partnership |
| Widow or widower | Surviving partner from  a civil partnership | Living with someone |
| Single |  |  |
| I prefer not to answer this question | |  |

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| --- | --- | --- | --- | --- |
| **POST CODE**  Please write your Post Code | | …………………………… | | |
| **RACE AND ETHNICITY**  Please choose one option only (the one that best describes your racial/ethnic origin). | | | | |
| White | British | |  |  |
|  | Irish | |  |  |
|  | Any other White background | |  | - please specify below |
|  |  | | | |
| Multi-Ethnic | White & Black Caribbean | |  | White & Black African |
|  | White & Asian | |  |  |
|  | Any other Multi-Ethnic background | |  | - please specify below |
|  |  | | | |
| Asian or Asian British | Indian | |  | Pakistani |
|  | Bangladeshi | |  | Chinese |
|  | Any other Asian background | |  | - please specify below |
|  |  | | | |
| Black or Black British | Caribbean | |  | African |
|  | Any other Black background | |  | - please specify below |
|  |  | | | |
| Other | Arab | |  |  |
|  | Gypsy/Romany/Traveller of Irish Heritage | |  |  |
|  | Any other Ethnic background | |  | - please specify below |
|  |  | | | |
| I prefer not to answer this question | | | |  |

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| **RELIGION AND BELIEF**  **Do you belong to a particular religion or hold a particular belief? Please choose one option only.** | | |
| Yes | No | I prefer not to answer this question |
| If Yes, which option best describes your religion or belief? Please choose one option only. | | |
| Agnostic | Hindu | Pagan |
| Atheism | Humanist | Sikh |
| Buddhist | Jewish |  |
| Christianity (all | Muslim |  |
| denominations) |  |  |
| Other religion/belief  - please specify below | |  |
|  | | |
| I prefer not to answer this question | |  |

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| **SEXUAL ORIENTATION**  Please choose one option only (the one that best describes your sexuality). | | |
| Bisexual | Gay woman/Lesbian |  |
| Gay man | Heterosexual/Straight |  |
| Other | please specify below |  |
|  | |  |
| I prefer not to answer this question | |  |

**Protecting your personal information**

The school will keep the information provided above as confidential. Access to, retention and disposal of this information will be strictly in accordance with data protection requirements. It will be used solely to ensure that the School meets its obligations under equality legislation. Individuals will not be identifiable in any reporting.