**Millbrook Infant School**

Application Form for **Support Staff Appointments**

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| **Application for the post of -** | |  | | | |
| **Where did you see this post advertised?** | |  | | | |
| **PERSONAL DETAILS** | | | | | |
| Surname | |  | | | |
| Forename(s) | |  | | | |
| Previous Surname(s) and date changed | |  | | | |
| Previous Forename(s) and date changed | |  | | | |
| Title (Mr, Mrs, Miss, Ms etc) | |  | | | |
| Address | |  | | | |
| Post Code | |  | | | |
| Home telephone | |  | | | |
| Work telephone | |  | | | |
| Mobile telephone | |  | | | |
| Email address | |  | | | |
| National Insurance Number | |  | | | |
| **CURRENT OR MOST RECENT EMPLOYMENT** | | | | | |
| Name of Employer | |  | | | |
| Address | |  | | | |
| Post Code | |  | | | |
| Telephone Number | |  | | | |
| Position Held | |  | | | |
| Date Appointed | |  | | | |
| Notice required | |  | | | |
| Current Scale Point (if in education post) | |  | | | |
| Current Salary (non education employment) | |  | | | |
| Please give a brief description of the main duties of this post: | | | | | |
| **PREVIOUS EMPLOYMENT HISTORY**  Starting with your most recent employment (apart from that detailed above), list all paid employment, periods of unemployment and time spent out of employment whilst undertaking caring responsibilities since leaving school, college or university. **You must provide explanations for any gaps or periods not in employment, training or education since leaving secondary education. Please include a continuation sheet if necessary.** | | | | | |
| Employer | Position Held and brief description of responsibilities | | Start date  Month/ Year | End date  Month/ Year | Reason for Leaving |
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**We reserve the right to approach any of the previous employers/organisations listed in this section to confirm the details you have supplied**

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| **EDUCATION AND QUALIFICATIONS**  Please give details of your education and any qualifications obtained with most recent first. This should include any qualifications which you are currently studying for. **You will be required to produce original documents, a certified copy, or letter of confirmation from the awarding authority for all your qualifications and accreditations.** Qualifications obtained overseas must be supported by NARIC accreditation. | | | | | | | | | | | |
| Institute/University/College/Secondary School | | | Qualifications and Grades Achieved | | | | | Date Awarded | | | |
|  | | |  | | | | |  | | | |
| **PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP**  Please include memberships of any professional bodies. You will be required to produce original documents, a certified copy, or letter of confirmation from the awarding authority for all your qualifications and accreditations. Please list most recent award first. | | | | | | | | | | | |
| College or Department of Education Attended (with dates) FT/PT | | | Qualifications and Grades Achieved | | | | | Date Awarded/Membership Number | | | |
|  | | |  | | | | |  | | | |
| **PROFESSIONAL DEVELOPMENT RECORD (IN-SERVICE TRAINING COURSES)**  **You will be required to produce original documents, a certified copy, or letter of confirmation from the awarding authority for all your qualifications and accreditations at your interview.** Qualifications obtained overseas must be supported by NARIC accreditation. Please continue on a separate sheet if necessary. | | | | | | | | | | | |
| Title of Training Programme/Course | | | Date | | | | | Awarding Body | | | |
|  | | |  | | | | |  | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | |
| **RIGHT TO WORK IN THE UK** | | | | | | | | | | | |
| Are you eligible to work in the UK? | | | | Yes | | No | | | | | |
| Do you need a work permit to work in the UK? | | | | Yes | | No | | | | | |
| If yes, please give the date your current work permit expires? | | | |  | | | | | | | |
| **EQUALITY AND REASONABLE ADJUSTMENTS**  The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. We will consider reasonable adjustments to enable disabled applicants to have equal access to employment opportunities. We are committed to the development of positive practices to promote equality in employment. If you would like to declare your disability, please tick the appropriate box below. You are not obliged to complete this section. | | | | | | | | | | | |
| Do you consider yourself to be disabled? | | | | Yes | | No | | | | | |
| Is there any information that we need in order to offer you a fair selection interview/process? | | | |  | | | | | | | |
| **RESTRICTIONS**  Certain restrictions apply to the appointment in the same establishment of persons who are related to or have a close relationship with existing members of staff. | | | | | | | | | | | |
| Are you related to any Employee/Governor? | | | | Yes | | No | | | | | |
| If you have answered yes to either of the last two questions, please give full details here | | | | | | | | | | | |
| **DECLARATION OF INTEREST / CODE OF CONDUCT**  Employees must not allow personal and/or private interests to influence their conduct as employees. In particular, all applicants (and existing employees) are required to inform the Governing Body if they have any other current employment and also if they, their partner or close relatives have an interest in a private enterprise that may represent a conflict of interest. If the Governing Body considers that there is a conflict of interest (as a result of information disclosed) you will not be considered for employment. Non disclosure of a possible conflict of interest could also result in any employment being terminated. Please detail any such information below.  **Important: Even if you have nothing to declare, please indicate this by writing “None” in the space below.(Should you require more space to write, please continue on a separate sheet of paper)** | | | | | | | | | | | |
| **Signed Date** | | | | | | | | | | | |
| **SAFEGUARDING OF CHILDREN**  The School is required to check the criminal background of all employees. Decisions to appoint will be subject to consideration of an enhanced disclosure from the Disclosure and Barring Service.  You must provide information about ALL convictions, as the post is automatically exempt from the Rehabilitation of Offenders Act 1974 and rules relating to 'spent' convictions do not apply.  Please answer the following questions. | | | | | | | | | | | |
|  | | | | | | | | | Yes | | No |
| Have you ever been convicted of a criminal offence? | | | | | | | | |  | |  |
| Have you ever been cautioned for a criminal charge? | | | | | | | | |  | |  |
| Are you at present the subject of a criminal charge or investigation? | | | | | | | | |  | |  |
| Is there any other relevant information that you wish to disclose? | | | | | | | | |  | |  |
| **If yes, please attach details including dates in a sealed envelope marked confidential with your name and post applied for on the front and hand this in with your application form or bring this with you to interview.**  We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and we expect all staff and volunteers to share this commitment. Successful applicants will receive the Safeguarding Policy that outlines the duties and responsibilities of the employer and all employees. Successful candidates will also be required to complete a declaration in respect of the disqualification from childcare requirements. | | | | | | | | | | | |
| **REFERENCES**  References will only be required for candidates shortlisted for interview. Candidates must give names and addresses of two referees (not relatives, friends or people with whom you live). **If you have been in employment, one referee must be your present or most recent employer.** We reserve the right to ask you for further referees or contact previous employers if necessary. | | | | | | | | | | | |
| **REFEREE DETAILS (1)** | | | | | **REFEREE DETAILS (2)** | | | | | | |
| Name of referee |  | | | | Name of referee | |  | | | | |
| Name of business, school or organisation |  | | | | Name of business, school or organisation | |  | | | | |
| Telephone Number |  | | | | Telephone Number | |  | | | | |
| Position in organisation  (if applicable) |  | | | | Position in organisation  (if applicable) | |  | | | | |
| Address  Postcode |  | | | | Address  Post code | |  | | | | |
| Email |  | | | | Email | |  | | | | |
| May we contact this referee prior to interview? | Yes | No | | | May we contact this referee prior to interview? | | Yes | | | No | |
| **It is best practice to obtain references for shortlisted candidates prior to interview.**  If you have indicated NO above, please note that satisfactory references will be required if you are the preferred candidate after interview and before starting employment. | | | | | | | | | | | |
| **SUPPORTING STATEMENT**  Your application form is the only means we have to judge your capability and potential and the information in it will be assessed against the criteria listed on the person specification to draw up a shortlist for the next stage of selection. No assumptions will be made about your experience.  Please describe below how your experience, skills and knowledge, meet the criteria for the post as described in the person specification. Make sure you address all the criteria on the person specification. (Please continue on a separate sheet if necessary) | | | | | | | | | | | |
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| **DECLARATION** | | | | | | | | | | | |
| I declare that the information I have provided is a complete and true statement.  I understand that any offer of appointment and subsequent employment is conditional on this declaration and if my application is incomplete, untrue or inaccurate, then the Governing Body shall be entitled to withdraw any offer of appointment or terminate any contract of employment.  I will not approach any Governor or employee of the School in order to advance my appointment, as I understand this will disqualify me from consideration, other than if the advertisement invites me to contact a named individual.  Signature Date  Print Name | | | | | | | | | | | |