**APPLICATION FORM - SUPPORT STAFF POST**

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| **APPLICATION FOR APPOINTMENT AS:** |
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| **APPLICATION REFERENCE NUMBER (to be completed by HR):** |
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| **CONTACT DETAILS** | |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Previous name (if applicable)** |  |
| **Permanent address** |  |
| **Daytime telephone** |  |
| **Mobile telephone** |  |
| **Email address** |  |

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| **PERSONAL DETAILS** | | | | | | | | | |
| **Date and Place of birth** |  | | | | | | | | |
| **National Insurance no** |  |  |  |  |  |  |  |  |  |
| **Do you require a work permit to work in the UK?** | **YES  NO** | | | | | | | | |

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| **DISCLOSURE OF A relationship** | |
| **Canvassing members of Staff or the Governors of the School, either directly or indirectly, is forbidden and will disqualify applicants. Please give details if you are related to, or have a personal relationship with a member of the governing body, a member of staff or a student at Prenton High School for Girls. A candidate who fails to disclose any such relationship shall be disqualified from the appointment and, if appointed, shall be liable to dismissal without notice.** | |
| **Name** |  |
| **Relationship** |  |
| **Position held by that person** |  |

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| ADVERTISING MONITORING |
| Please indicate how you came to know about this post |
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| MEDICAL FITNESS & HEALTH RECORD |
| With reference to your application for a post with this School. In order to assist in establishing that you are medically suitable and satisfy the health standards required please answer the questions set out below. The information provided will be treated in confidence and used only to determine whether it will be necessary to refer you for a medical examination prior to confirming your appointment with this School. |
| 1. **Has there been any cause for concern regarding your health during the period of employment with your present Employer?**     **YES / NO**   1. **Over the last three years, have you been absent from your place of work for reasons of ill-health?**   **YES / NO**   1. **If the answer to (2) above is ‘YES’, please indicate the dates you were absent:** 2. **Has a medical examination or medical referral been required at any time in connection with your employment?**   **YES / NO**   1. **If the answer to (4) above is ‘YES’, was the medical request on:** 2. **Appointment, or YES / NO** 3. **Following a Special Referral during your employment YES / NO** 4. **What was the result of such medical examination?** |
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| CRIMINAL INVESTIGATION |
| THE APPOINTMENT FOR WHICH YOU ARE APPLYING INVOLVES WORK WITH CHILDREN AND IS THEREFORE EXEMPT FROM THE REHABILITATION OF OFFENDERS ACT 1974. YOU ARE REQUIRED TO DECLARE ANY CONVICTIONS OR CAUTIONS YOU MAY HAVE, EVEN IF THEY WOULD OTHERWISE BE REGARDED AS SPENT UNDER THAT ACT. THE INFORMATION YOU GIVE WILL BE TREATED IN CONFIDENCE. FAILURE TO DISCLOSE ANY CONVICTION COULD LEAD TO AN APPLICATION BEING REJECTED OR MAY LATER LEAD TO THE DISMISSAL OF A SUCCESSFUL APPLICANT. ANY INFORMATION DISCLOSED WILL, OR COURSE, BE KEPT IN STRICT CONFIDENCE AND USED ONLY IN CONSIDERATION OF THIS APPLICATION. |
| Have you ever been convicted of a criminal offence or received a caution or bind-over? If YES, please list all convictions, cautions and bind-overs including any which are spent under the Act. Failure to declare a conviction may disqualify you from appointment or result in summary dismissal when the discrepancy comes to light.  Have you ever been convicted of a criminal offence or are you currently undergoing criminal investigations?  YES  NO  If YES please give details and dates of convictions and sentence:  **I have previously been known by the following names:**  **My last two previous addresses were:**  **Address From To**  **Address From To** |

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| PUPIL SAFEGUARDING DECLARATION |
| **I am not aware of any reason, behaviour or impediment which would prevent me being appointed to a post and having substantial and unsupervised access to children on a sustained or regular basis.**  **Signature of Applicant...................................................................................................** |

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| DECLARATION |
| *I declare that to the best of my knowledge and belief, all statements contained above are correct and I understand and acknowledge that should I conceal any material fact I will be liable to the termination of my contract of service, with such notice as may be appropriate and I may be refused benefits under the sickness payments and superannuation schemes.*  *I consent to undergo a medical examination or examinations if required and I have no objection to the School or their advisers communicating with my own Doctor or obtaining any hospital records concerning my health or medical history.*  *All statements given above by me are true and correct to the best of my knowledge.*  *Signature*  *Date* |

**Note: To ensure, as far as possible, that the staff recruitment process is fair and equitable,**

**the front sheets are detached from the rest of the application form before it is passed**

**to the shortlisting panel.**

**Equal Opportunities Monitoring Form**

Prenton High School for Girls is an equal opportunities employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, sexual orientation, marital status, race, religion, colour, nationality, ethnic or national origins or disability or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Recruitment, selection and promotion procedures will be monitored to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

To assist us in monitoring the operation of its equal opportunities policy, and for no other reason, please answer the following questions by ticking boxes as appropriate. This information will be detached before your application is passed on for shortlisting.

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| **EQUAL OPPORTUNITIES MONITORING** | | | | | |
| **Name of Applicant** | |  | | | |
| **Position Applied For** | |  | | | |
| **Age** | |  | | | |
| **Date of birth** | |  | | | |
| **Gender** | | **Male  Female** | | | |
| *If you are currently undergoing the process of gender reassignment please tick your future gender*  **Male  Female** | | | |
| **Marital Status** | |  | | | |
| **Nationality** | |  | | | |
| **Ethnic Group** | | | | | |
| **White**  [ ] British  [ ] Irish  [ ] Traveller of Irish  Heritage  [ ] Gypsy/Roma  [ ] Any other White  background *(please*  *give details)* | Mixed [ ] White and Black  Caribbean  [ ] White and Black  African  [ ] White and Asian  [ ] Any other mixed  background *(please*  *give details)* | | Asian or Asian British [ ] Indian  [ ] Pakistani  [ ] Bangladeshi  [ ] Any other Asian  background *(please*  *give details)* | Black or Black British [ ] Caribbean  [ ] African  [ ] Any other Black  background *(please*  *give details)* | **Chines or other ethnic group**  [ ] Chinese  [ ] Any other ethnic  background *(please*  *give details)* |
| [ ] I do not wish an ethnic background category to be recorded | | | | | |
| A disabled person is defined under the Equality Act 2010 as someone with a ‘physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities.’  Do you consider yourself to be disabled under the Equality Act 2010? | | **YES  NO** | | | |
| *The information on this form is for monitoring purposes only. If you require any reasonable adjustments to be made in the recruitment process or at work subsequently if appointed, please make sure you tell us separately from this form. We will use reasonable adjustments wherever possible to support people with disabilities during the recruitment process and in the workplace.* | | | | | |

**Thank you for your assistance in completing this form.**

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| 1. **EMPLOYMENT RECORD** | | | | | |
| **PRESENT OR MOST RECENT EMPLOYER** | | | | | |
| **Name and address:** | | **Date commenced** | |  | |
| **Number on roll**  **(if applicable)** | |  | |
| **Period of notice** | |  | |
| **Post held and nature of responsibilities** | | **Present salary** | |  | |
| **Pay scale** | |  | |
| **Local Authority**  **(if applicable)** | |  | |
| **PREVIOUS EMPLOYMENT** List **all** previous employers, **start with the most recent employer first**. Please include any gaps in employment and give reasons. (*Please continue on a separate sheet if necessary.)* | | | | | |
| **Employer’s name and address** | **Position held and brief summary of duties** | **Dates** | | | **Reason for leaving** |
| **From** | **To** | |
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| **APPLICATION REFERENCE NUMBER (to be completed by HR):** |  |

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| **2. QUALIFICATIONS** | | | | | | | |
| **SCHOOL, FURTHER EDUCATION** | | | | | | | |
| **GCSE,**  **O Level, CSE or equivalent** | **Subject** | | **Awarding Body** | **Grade** | **Date Awarded** | | **School/College of Further Education** |
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| **A Level** | **Subject** | | **Awarding Body** | **Grade** | **Date Awarded** | | **School/College of Further Education** |
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| **Other** | **Subject** | | **Awarding Body** | **Grade** | **Date Awarded** | | **School/College of Further Education** |
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| **HIGHER EDUCATION** | | | | | | | |
| **University/College of Higher Education** | **Period of**  **Attendance** | | **Date of**  **Examination** | **Qualification** | **Date Awarded** | | **Grade, Honours Class, Division** |
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| **PROFESSIONAL TRAINING (if not included above)** | | | | | | | |
| **University/College of Higher Education** | **Period of**  **Attendance** | | **Date of**  **Examination** | **Qualification** | **Date Awarded** | | **Grade, Honours Class, Division** |
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| **EDUCATION QUALIFICATION(S) CURRENTLY BEING PURSUED** | | | | | | | |
| **Qualification being undertaken** | | **Expected date of completion** | | | | **University/College** | |
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| **CONTINUING PROFESSIONAL DEVELOPMENT** |
| **Please give details of significant aspects of your continuing professional development over the last three years and your expectations for the future, examples may include; courses attended, courses provided, school improvement work, school based learning activities, how you hope to develop your professional expertise.** |
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| **3. TRAINING: other relevant qualifications and training** | | |
| **Course title and subjects covered** | **Date and duration** | **Training organisation** |
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| **4. PROFESSIONAL BODIES/ORGANISATIONS OF WHICH YOU HAVE MEMBERSHIP** |
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| **5. DRIVING LICENCE (if applicable)** | |
| **Do you hold a current driving licence?** | **YES  NO** |
| **Do you own or have the use of a car?** | **YES  NO** |

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| **6. interests** |
| **All staff are expected to play a full part in the life of the School. Please indicate your particular interests, qualifications and other ways in which you might be able to support the School.** |
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| **7. Your REASONS for APPLYING for this post** |
| **Please use this space to tell us about your reasons for applying for this post.** |
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| **8. SUPPORTING STATEMENT** |
| **The information contained within this part of the application provides the basis on which we shortlist candidates for the next stage of the selection process** |
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| **9. REFERENCES** | | | |
| **In line with our safer recruitment procedures, we will contact both your referees if you are shortlisted for interview unless you inform us formally in writing that you do not wish us to do so.** | | | |
| **CURRENT/MOST RECENT EMPLOYER, UNIVERSITY OR COLLEGE DEPARTMENT:** | | **OTHER REFEREE:** | |
| **Name** |  | **Name** |  |
| **Job title** |  | **Job title** |  |
| **Organisation** |  | **Organisation** |  |
| **Address** | **Postcode** | **Address** | **Postcode** |
| **Telephone** |  | **Telephone** |  |
| **Email** |  | **Email** |  |
| **Fax** |  | **Fax** |  |

**Please return to: Mrs Jenny Gaughan**

**HR Manager**

**Prenton High School for Girls**

**Hesketh Avenue**

**Birkenhead**

**Wirral**

**CH42 6RR**

[**gaughanj@prentonhighschool.co.uk**](mailto:gaughanj@prentonhighschool.co.uk)