

application form



Post Title:

Closing Date:

*Please complete this form in black ink or type. All information is kept confidential.
The decision to shortlist for interview will be based solely on the information provided in this application.
CVs will not be accepted. Additional information should be limited to one sheet of A4.*

PERSONAL DETAILS

SURNAME	FORENAMES	NATIONAL INSURANCE NUMBER
<i>TITLE (eg Mr/Mrs/Ms/Dr)</i>		
ADDRESS		
TELEPHONE NO (please include mobile number).		
EMAIL ADDRESS		

PRESENT EMPLOYMENT

EMPLOYER'S NAME, ADDRESS AND NATURE OF BUSINESS	
TELEPHONE NO.	
POSITION HELD	PRESENT SALARY
DATE OF APPOINTMENT	NOTICE REQUIRED
MAIN DUTIES AND RESPONSIBILITIES	

EMPLOYMENT HISTORY

EMPLOYER'S NAME AND NATURE OF BUSINESS	POSITION HELD AND SALARY/GRADE ON LEAVING	DATES EMPLOYED FROM TO		REASON FOR LEAVING

PLEASE EXPLAIN ANY GAPS IN YOUR EDUCATION AND EMPLOYMENT HISTORY;

HAVE YOU EVER HAD EMPLOYMENT OUTSIDE OF THE UK. IF SO, PLEASE PROVIDE DETAILS:

EDUCATION HISTORY

SCHOOL/COLLEGE/UNIVERSITY/ TRAINING ESTABLISHMENT	DATES ATTENDED FROM TO		QUALIFICATIONS OBTAINED

TRAINING COURSES ATTENDED	DATES ATTENDED
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MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF BODY, LEVEL AND DATE OF MEMBERSHIP OBTAINED (state whether by examination)

REFERENCES

PLEASE PROVIDE TWO PROFESSIONAL REFEREES (WHO ARE NOT FRIENDS OR RELATIVES). AT LEAST ONE REFEREE SHOULD BE YOUR PRESENT OR LAST EMPLOYER OR SCHOOL. PLEASE NOTE IF YOU ARE SHORTLISTED, WE WILL CONTACT ONE OF YOUR REFEREES PRIOR TO INTERVIEW.

REFEREE 1 *Contact before interview: Y / N* **REFEREE 2** *Contact before interview: Y / N*

NAME POSITION ADDRESS	NAME POSITION ADDRESS
TELEPHONE NO. EMAIL ADDRESS	TELEPHONE NO. EMAIL ADDRESS:

REHABILITATION OF OFFENDERS ACT 1974

All posts involving direct contact with vulnerable children are exempt from the Rehabilitation of Offenders Act 1974. These amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring website.

Have you ever been convicted of a criminal offence which is not ‘protected’?
 Yes: No:

If you have answered yes, please supply details of all convictions in a sealed envelope marled ‘confidential’ and attach to this form. If your application is successful, this information will be checked against information from the Disclosure and Barring Service before your appointment is confirmed.

RELATIONSHIPS

ARE YOU RELATED TO ANY MEMBER OF THE SCHOOL OR TRUST?

SKILLS, KNOWLEDGE AND EXPERIENCE.

PLEASE STATE THE REASONS WHY YOU WISH TO APPLY FOR THE POSITION AND GIVE DETAILS OF ANY RELEVANT EXPERIENCE, SKILLS OR TRAINING AND HOW THEY MEET THE REQUIREMENTS OF THE JOB (PLEASE REFER TO THE JOB DESCRIPTION AND PERSON SPECIFICATION). PLEASE GIVE EXAMPLES WHERE YOU CAN, IN SUPPORT OF YOUR APPLICATION.

DECLARATION

CANVASSING - Any candidate, who canvasses a member or staff of Barnsole Primary Trust, 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 confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references which are satisfactory to the school, b) a satisfactory DBS certificate and check of the Barred list, c) the entries on this form proving to be complete and accurate and d) a satisfactory medical report, if appropriate. I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard. I accept that giving false information will disqualify me from being appointed or, if appointed, may result in my dismissal.

Signature: _____

Date: _____



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 3 people providing a response this will not be reported.

AGE	0-4	<input type="checkbox"/>	20-29	<input type="checkbox"/>
Please choose one option only.	5-7	<input type="checkbox"/>	30-39	<input type="checkbox"/>
	8-10	<input type="checkbox"/>	40-49	<input type="checkbox"/>
	11-9	<input type="checkbox"/>	50-59	<input type="checkbox"/>
	10-13	<input type="checkbox"/>	60-69	<input type="checkbox"/>
	14-16	<input type="checkbox"/>	70-79	<input type="checkbox"/>
	17-19	<input type="checkbox"/>	80 & over	<input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>				

CARING RESPONSIBILITIES			
Do you have caring responsibilities (ie for children, parents or others)? Please choose one option only.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			I prefer not to answer this question <input type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>
			I prefer not to answer this question <input type="checkbox"/>
If yes , please choose all the relevant options.			
Physical impairment	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Learning disability / difficulty	<input type="checkbox"/>
Memory impairment	<input type="checkbox"/>	Visibly different	<input type="checkbox"/>
Long-standing illness or health condition <input type="checkbox"/>			
Any other impairment <input type="checkbox"/> - please specify below			
.....			
I prefer not to answer this question <input type="checkbox"/>			

LEGAL GENDER			
Please tick one box only			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>			

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

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	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	
	Any other White background	<input type="checkbox"/>	- please specify below

Multi-Ethnic	White & Black Caribbean	<input type="checkbox"/>	White & Black African <input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	
	Any other Multi-Ethnic background	<input type="checkbox"/>	- please specify below

Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Chinese <input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>	- please specify below

Black or Black British	Caribbean	<input type="checkbox"/>	African <input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>	- please specify below

Other	Arab	<input type="checkbox"/>	
	Gypsy/Romany/Traveller of Irish Heritage	<input type="checkbox"/>	
	Any other Ethnic background	<input type="checkbox"/>	- please specify below

I prefer not to answer this question <input type="checkbox"/>			

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

I prefer not to answer this question <input type="checkbox"/>			

SEXUAL ORIENTATION			
Please choose one option only (the one that best describes your sexuality).			
Bisexual	<input type="checkbox"/>	Gay woman/Lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Other	<input type="checkbox"/>	- please specify below	

I prefer not to answer this question <input type="checkbox"/>			



Protecting your personal information Barnsole Primary Trust 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 Barnsole Primary Trust meets its obligations under equality legislation. Individuals will not be identifiable in any reporting.