

Application Form If you need a copy of this information in large print,



If you need a copy of this information in large print, Braille, another language or on cassette, please ask us.

Application for the Post of:						Job No:					
School Name:						Candida Ref No.	ite				
If you are a currer	nt employee a	e you applying f	or this pos	t as a rec	depl	oyee?		Ye	s 🗌	No	
Personal Information Previous Name(s): (if applicable)											
Last Name:					Ë	evious iv	arrie	э). (II ар	piloable	-)	
First Name(s):											
Home Address:											
Please specify altern correspondence add a separate sheet.			Po	ostcode:							
E-mail address:											
National Insurance	e No (If you ha	ave one):									
Date of Birth:						·					<u> </u>
Do you have a full driving licence?	current Y	es 🗌 No 🗌	Home T	elephone Number:							
Do you have daily vehicle?	use of a	es 🗌 No 🗌	Work T	elephone Number:							
Do you have any points on your lice		es 🗌 No 🗌	Mobile T	elephone Number:							
If so, how many?											
Do you consider y	ourself to hav	e a disability?						Yes		No	
(NB: The Equality which has a subsactivities")											
The County Coun essential criteria c		n 'Interview Gua	rantee Sc	heme' foi	r pe	ople with	a dis	ability a	and w	ho me	et the
If you have a disa if you are called for		e any arrangeme	nts which	we can n	nake	e for you		Yes		No	
If yes, please outli	ine your requi	rements:									
How did you find o	out about this	job?									
Are you applying	on a Job Shar	e basis?	Yes] No							
If so, please state	the proportion	n of full-time you	are willing	to work:							

Present (or Most Recent) Employment					
Employer/School Name, Address and Telephone Number:					
Date Started: Job Title:					
Present or Final Grade/Salary:					
Specify any Additional Benefits/Payments you Receive:					
Notice Required: Date of Leaving (if applicable):					
Reason for leaving (if applicable):					
Please Provide a Brief Description of Duties of the Post (Continue on a separate sheet if necessary):					

	st recent, all periods since leaving full-time education s ry work, raising a family or any part-time work under sheet if necessary).	
Job Title:		
Employer, Address & Telephone Number		
Start Date:	End Date: (If applicable)	
Salary:		
Brief Details of Duties & Achievements:		
Reason for Leaving		
Job Title:		
Employer, Address & Telephone Number		
Start Date:	End Date: (If applicable)	
Salary:		
Brief Details of Duties & Achievements:		
Reason for Leaving		
Job Title:		
Employer, Address & Telephone Number		
Start Date:	End Date: (If applicable)	
Salary:		
Brief Details of Duties & Achievements:		
Reason for Leaving		
Job Title:		
Employer, Address & Telephone Number		
Start Date:	End Date: (If applicable)	
Salary:		
Brief Details of Duties & Achievements:		
Reason for Leaving		
Job Title:		
Employer, Address & Telephone Number		
Start Date:	End Date: (If applicable)	
Salary:		
Brief Details of Duties & Achievements:		
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Previous Employment

Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	

Education

Please give details of all nationally recognised qualifications awarded/results awaited; **from GCE Advanced Level to Further Degree Level** or their equivalents in chronological order.

Atter	То	Name of School/College:	Qualification:	Subject:	Full or Part Time	Grade/ Level:	Date Gained:
(mm/yy)	(mm/yy)						

Copies of essential qualifications will be required on appointment.

Training (Other Continuing Professional Development)

Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary).

Title of Course:	Organising Body:	Awards (if any):	Date of Attendance: (mm/yy)

Additional Inform					
Please give any detraining and qualif continue on a sepa	etails you wish in supp ications relevant to the arate sheet if necessary	ort of your applicati e post applied for a y).	on, in particular any s detailed in the info	experience, skills, knoormation sent to you.	owledge, (Please
		,,,			

References One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references. 1st Referee Name: E-Mail Address: (Please provide wherever possible) Address: Telephone No: Capacity: 2nd Referee Name: E-Mail Address: (Please provide wherever possible) Address: Telephone No: Capacity: Please note: The post you are applying for forms part of the Children's Workforce, your references will be contacted should you be shortlisted for interview - please see the Notes for Applicants provided with this form. For all other posts references will be sought should you be made a conditional offer of employment. Immigration, Asylum and Nationality Act 2006 All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. With reference to the accompanying Guidance Notes please confirm that you are able to provide the appropriate documents. □ No Yes Self declaration of criminal record This post involves working in a school and is exempt from the provisions of the Rehabilitation of Offenders Act 1974. We will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions. As posts in schools are 'Regulated Activity' the barred list for children will also be checked. You must disclose details of all unspent and unfiltered spent reprimands, formal warnings, cautions and convictions.

For information regarding filtering of convictions please see: www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates						
Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in withdrawal from any job offer.						
Do you have any unspent and unfiltered spent criminal convictions, disqualifications, cautions or driving offences?						
Yes ☐ No ☐						
Are you barred from working with children or subject to any sanctions imposed by a regulatory body (e.g. GTC/Teaching Agency)?						
Yes						
If you have answered yes to either of the above questions, please provide dates and brief details here:						
The Authority/School is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.						
Declarations To your knowledge are you related to a member of staff, governor of the school or anyone elected to or employed by Staffordshire County Council?						
Yes \(\square\) No \(\square\)						
If 'Yes', please state their name and position held:						
The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.						
I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Council, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Council or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.						
Signed:						
Date:						
Please remember to complete and return the recruitment monitoring form.						

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