

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:							Can Ref	didate No.	÷				
If you are a currer	If you are a current employee are you applying for this post as a redeployee? Yes No												
Personal Information Previous Name(s): (if applicable)													
Last Name:							TEVIOL	is inai	110(3). (II ap	pilcable)	
First Name(s):													
Home Address:													
Please specify altern correspondence add a separate sheet.					Postco	ode:							
E-mail address:													
National Insurance	e No (If yo	u have one):											
Date of Birth:													
Do you have a full driving licence?	current	Yes 🗌 N	o 🗌	Home	e Telep Nui	hone mber:							
Do you have daily vehicle?	use of a	Yes 🗌 N	o 🗌	Wor	k Telep Nui	hone [nber: [
Do you have any points on your lice		Yes 🗌 N	o 🗌	Mobile	e Telep Nui	hone nber:							
If so, how many?													
Do you consider y	ourself to	have a disab	oility?							Yes		No	
(NB: The Equality which has a subsactivities")													
The County Coun essential criteria c			ew Gua	arantee	Schem	e' for p	people	with a	disa	ability a	and w	ho me	et the
If you have a disa if you are called for			angeme	ents whi	ch we	can ma	ke for	you		Yes		No	
If yes, please outli	ne your re	quirements:											
How did you find o	out about t	his job?											
Are you applying	on a Job S	hare basis?		Yes		No							
If so, please state	the propo	rtion of full-ti	me you	are will	ing to v	vork:							

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:		
1		R3: 1.07 30.05.2013

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. Yes □ No Self declaration of criminal record All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) 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 Ministry of Justice website or see here.

Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of the interview. You may be asked for further information about your criminal history during the recruitment process. If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.
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
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.