

SUPPORT STAFF

**SOUTH GLOUCESTERSHIRE COUNCIL
DEPARTMENT FOR CHILDREN AND YOUNG PEOPLE**

APPLICATION FOR A SUPPORT STAFF POST IN SCHOOLS - CONFIDENTIAL

Please complete in black ink or typescript as this form may be photocopied. A Curriculum Vitae will not be accepted. You must complete all sections of the application form.

PLEASE RETURN FORM TO HEADTEACHER OF SCHOOL

Position
applied for:

Vacancy Reference
Number (e.g. SS100):

School:

Where did you first learn of this vacancy?

Personal Details

Title:	Surname:	Forenames (in full):	
Home Address:		Daytime Tel:	
		Evening Tel:	
		Mobile:	
		Former Name(s) if applicable:	
City/Town:		National Insurance Number:	
Postcode:		Do you require a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		Do you have a full driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Do you have regular use of a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Education/Qualifications

Please state in chronological order. Applicants offered an appointment will be asked to verify their qualifications.

Name of School/College/University	Level	Awarding Body	Subjects	Grade/Result	Year Obtained

Current Employment or last employment if not currently employed.

Employer Name:	
Employer Address:	
Job Title:	Current Grade/Salary:
Start Date (month/year):	End Date (month/year): (if applicable)
Brief outline of duties:	
Reason you wish to leave this post:	

Previous Employment

Please put most recent job first. This may be paid or unpaid. Any dismissal or redundancy must be clearly stated.

Name of Employer, including relevant contact details	Job Title	Start Date (mm/yy)	End Date (mm/yy)	Reason for Leaving

Gap in Employment Details

Please indicate and explain any gaps in employment, including specific dates since first leaving secondary education, using a separate sheet where necessary.

Date from	Date to	Reason for gap

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Training

Please highlight training that you have undertaken which is relevant to the post for which you are applying.

Course Name	Course Provider	Duration	Date(s)

Membership of Professional Associations (if applicable to the post for which you are applying)

Organisation Name	Level of Membership/Role/Registration No. (if applicable)

References

Please state below, details of two people to whom reference may be made (family members, ex/current partners, close friends are generally not acceptable referees).

Reference 1 - Your first referee must be your present or last Employer/Headteacher, if currently or previously employed.

Reference 2 - Your second referee would normally be another previous employer (ideally where you worked with children and young people) or a University or College Tutor (if no previous employment) or a voluntary organisation.

If you were known to your referee under another name, please state name:

Reference 1 Name:		Reference 2 Name:	
Address:		Address:	
Email:		Email:	
Tel:		Tel:	
Position:		Position:	

Organisation:

Organisation:

Please note that, in addition to your two nominated referees, any number of previous employers may be contacted without seeking further permission from you in relation to your employment history as part of the vetting process.

Due to safeguarding requirements, references should be obtained prior to interviews for shortlisted candidates, to assist with assessing candidates' suitability to work with children. Can you please confirm below whether or not referees may be contacted prior to interview should you be shortlisted.

Referee 1 may be contacted prior to interview.

Yes No

Referee 2 may be contacted prior to interview.

Yes No

Are you related to any employee or Governor at the school for which you are applying or to a Councillor of South Gloucestershire Council?

Yes No

If YES, give their name, position and relationship.

Are you a current employee of South Gloucestershire Council?

Yes No

If YES, please state your pay reference number.

Health

How many days were you absent from work or College/University (if applicable) in the past two years due to sickness?

Please indicate below whether you would like us to make any special arrangements or adjustments to assist you at interview:

The Rehabilitation of Offenders Act 1974

Under the above Act most criminal convictions may be regarded as spent after a defined period and need not then be disclosed for employment purposes. However, jobs that involve work with either children or vulnerable adults are exempt from these provisions. This means that for all school based posts applicants are required to declare any criminal convictions including cautions, bindovers or no case to answer. If appointed, further vetting will normally require an enhanced Criminal Records Bureau (CRB) disclosure certificate to be obtained.

Do you have any criminal convictions to declare? (including cautions, bindovers or no case to answer).

Yes No

Have you ever been subject to any employment restrictions or sanctions imposed by a regulatory body (e.g. DfES, List 99, GTC).

Yes No

If YES, please state details below or return with your application in a sealed envelope marked private and confidential, for the attention of the Headteacher.

Availability

Please state any dates and/or times when you are not available for interview:

Date of Birth

To assist with identity and vetting requirements, please provide your date of birth.

Data Protection Act 1998

Under the terms of the Data Protection Act 1998 the information provided on this form will be held in confidence and used for the purpose of Recruitment and Selection and Personnel Administration and no other purpose.

General Notes

1. Any form of canvassing will disqualify the candidate.
2. False or misleading information will disqualify an application or, if appointed, render an applicant liable to dismissal without notice.
3. Please return this form by the closing date to ensure consideration.

Declaration

I declare that to the best of my knowledge the information on this application is true. I understand that if the information I have supplied is false or misleading in any way, I will automatically be disqualified from appointment or dismissed without notice. Sign below to confirm that you agree to the above statement (for applicants applying by email, please enter a √ or X in the box below).

Signature: _____

Date: _____

Committed to Equalities - Confidential

The Council is committed to equality of opportunity and as part of this commitment monitors its recruitment and selection process to determine that it is fair to all. Please help South Gloucestershire Council monitor its equalities policies and prevent unfair discrimination by answering ALL of the following questions, ticking the appropriate box.

Name: _____ School: _____
 Previous Surname: _____ Vacancy Applied For: _____
 Vacancy Reference No: _____

1. Equalities Information (What is your ethnic group?)

<u>White</u>		<u>Asian</u>	
White – British	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
		Asian or Asian British – Other	<input type="checkbox"/>
<u>Mixed</u>		<u>Black</u>	
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>		
<u>Chinese</u>	<input type="checkbox"/>	<u>Other ethnic group</u>	<input type="checkbox"/>
		If other, please specify below:	
		<input type="text"/>	

2. Gender/Age

Gender

I am: Male Female

Age

I am: Up to 19 years 20-29 years 30-39 years 40-49 years
 50-59 years 60+ years

3. Disability

Do you consider yourself to be a disabled person?

Yes

No

If employed, please state any specific access requirements and other support you will require to carry out your duties.

Please note: This information will be used to enable us to monitor our performance as an equalities employer effectively, and for that purpose only. This information will be treated in the strictest confidence, and will not be seen at any time by the selection panel.

**PLEASE READ THIS CAREFULLY BEFORE
ANSWERING QUESTIONS IN SECTION 3**

This form seeks information on whether you consider yourself to have a disability. As the Disability Discrimination Act contains definitions of what is meant by “disability” or a “disabled person” and “substantial adverse effects” the following notes should help you to complete the answers relating to disability

Defining a disabled person:

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. People who have had disabilities in the past are included.

Impairment:

Covers physical and mental impairment including learning disabilities and hearing and sight impairments. A mental illness could be included if it is clinically well-recognised.

Substantial Ill Effect:

Something which is more than a minor or a trivial effect and is beyond the normal differences in ability which exist among people

Long-term Effect:

One which has lasted or is likely to last for at least twelve months or for the rest of the life of the person. Therefore, loss of mobility due to a broken leg which is likely to heal within twelve months or a long-term illness which a person is likely to recover from within 12 months are not included.

Substantial effects of a disability which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

Normal day-to-day activities:

Those carried out by most people on a fairly regular and frequent basis. It does not include activities which are normal only for a particular person or a group of people, such as playing musical equipment or a sport to a professional standard, or performing a skilled or specialist task at work.

Impairment has a substantial adverse effect if it affects

Mobility	Speech, hearing or eyesight (excluding people who wear spectacles)
Manual dexterity	Memory or ability to concentrate, learn or understand
Physical co-ordination	
Continence	
Ability to lift, carry or otherwise move everyday objects	

Severe Disfigurement:

Is included without any need to demonstrate that the impairment has a substantial adverse effect on ability to carry out normal day-to-day activities.

Progressive Illness:

Such as cancer; multiple sclerosis, HIV infection and muscular dystrophy are covered from the moment that the condition leads to an impairment which affects day-to-day activities.

Access Requirements

These may include, for example, requirements relating to physical accessibility of the workplace, accessibility to information in different formats, their support in the way of aids or adaptations of equipment, or external help through work based assessments etc.