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| C:\Users\whitehurst\Downloads\pet logo white.png**SUPPORT STAFF APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONFIDENTIAL**  **Position applied for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please complete this form in black or blue ink and return with your letter of application. All sections must be completed in full. A CV may be submitted as supplementary information but should not be used as a substitute to any part of the form. Late applications may not be considered.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr | | Mrs | | | | Miss | | | | | Ms | | | | Dr | | | | | | | Other | | | | | | |
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| Surname: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| First names: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Previous surname (if applicable): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address for correspondence: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Home/mobile telephone numbers (including code): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | Date: | | | | | | | | Month: | | | | | | | Year: | | | | | | | | |
| National Insurance no: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full Driving Licence: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| YES | | | | | | |  | | | | NO | | | |  | | |  |
|  | | | | | | | | | | | | | | |  | | | |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment? | | | | | | | | | | YES | | | | | | |  | | | | NO | | | |  | | |  |
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| **2. PRESENT OR MOST RECENT EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer’s name, address and telephone number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date started: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Post Title: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Current or final grade/salary: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Specify any additional benefits/payments you receive: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Notice required: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date of leaving (if applicable): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Reason for leaving (if applicable): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Please provide a brief description of duties of the post (continue on a separate sheet if necessary): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been subject to Disciplinary Proceedings?  If yes, please indicate the outcome below: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| YES | | | | | |  | | | NO | | | | |  | | |  | |
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| **3. FULL CHRONOLOGICAL EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education (continue on a separate sheet if necessary).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title  or Position | Employer’s Name, Address & Tel. No. | | | | | | Dates from  Month/year | | Dates  to  Month/year | | | Duties/Achievements | | | | | Reason for leaving | | | | | | | | | Salary | | |
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| **4. EDUCATION / TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School / College / University / Training Provider | | | | Dates Attended | | | | Subject(s) of Course / Training Event Title (including exams passed/still to be taken and grades where applicable) | | | | | | | | | | | | | | | | | | | | |
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| **5. PROFESSIONAL QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any recognised qualifications or courses attended which are relevant to the job application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Professional Association | | | | | | Professional Qualifications / Membership and date obtained | | | | | | | | | | | | | | | By Award or Examination | | | | | | | |
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| **6. PLEASE ATTACH A SEPARATE LETTER OF APPLICATION –** of no more than 2 sides of A4 to support your application.  Details of the specific topic to be addressed will be found in the recruitment literature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. HEALTH RECORD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you registered disabled? (for the purpose of considering reasonable adjustments) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| YES | | | | |  | | NO | | | | |  | | | |  | |
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| (N.B. The Disability Discrimination Act defines a person as having a disability if he/she “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”).  The Academy operates and ‘Interview Guarantee Scheme’ for people with a disability who meet the essential criteria of the post. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you have a disability, are there any arrangements which we can make for you if you are called for interview?  If yes, please provide details below: | | | | | | | | | | | YES | | | | |  | | NO | | | | | |  | | |  | |
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| **8. REHABILITATION OF OFFENDERS ACT 1974** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (ii) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 and you are therefore not entitled to withhold any information about convictions. All criminal convictions, cautions and bind overs must be declared regardless of when they occurred. The information will be treated in confidence.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Do you have a prosecution pending or have you ever been convicted at a court of cautioned by the Police for any offence? | | | | | | | | | | | YES | | | | |  | | NO | | | | | |  | | |  | |
|  | | | | |
| Are you on List 99, disqualified from working with children or subject to sanctions imposed by a regulatory body, e.g. General Teaching Council (GTC)? | | | | | | | | | | | YES | | | | |  | | NO | | | | |  | | | |  | |
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| If you have answered ‘yes’ to either of the above questions, please provide brief details and give date(s) of conviction/caution/sanction(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Academy aims to promote quality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates, cautions and bind-overs will be taken into account for recruitment purposes only when relevant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. DISCLOSURE AND BARRING SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the event of a successful application, an Enhanced Disclosure will be sought from the Disclosure & Barring Service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. NAMES, ADDRESSES, EMAIL AND TELEPHONE NUMBES OF 2 PROFESSIONAL REFEREES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include your current or last employer or, if not applicable, at least one person able to provide a professional reference. A friend or relative is not suitable.  If you are shortlisted, the Academy will take up references before an offer of employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1st Referee | | | | | | | | | | | 2nd Referee | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Position: | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Contact Address: | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Email Address: | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Tel No. (including code): | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Capacity: | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **12. NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant’s information pack. 2. Canvassing, direct or indirect of an employee or governor will disqualify the application. 3. Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To your knowledge, are you related to any member of staff or trustee of the Academy? If so, please state their name and position held:  **I declare that all the information I have provided is true and I understand that providing information which is untrue, or omitting information relevant to my application, will disqualify me from the recruitment process and that if such failure/untrue information is discovered after appointment, I may be liable for dismissal without notice.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | **Date:** | | | | | | | | | | | | | | | | | |
| 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 and GDPR Regulations 2018, the information you provide on this form will be kept confidential and will be used only for the purpose of recruitment to this post. Following shortlisting, if you have not been selected this application form will be destroyed using our confidential waste facility.  **If you need assistance in completing this form, please ask us.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Biddulph High School, Conway Road, Knypersley, Stoke-on-Trent, Staffordshire, ST8 7AR**  **Email:** [**office@biddulphhigh.co.uk**](mailto:office@biddulphhigh.co.uk) **Tel: 01782 523977 Website:** [**www.biddulphhigh.co.uk**](http://www.biddulphhigh.co.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “Working together to achieve our personal best” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |