**Support Staff Application Form**

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| **Please note that CVs cannot be accepted**  **Please complete all sections of this form as appropriate, and for ease of photocopying complete in type or** **black ink**  **Where you are asked to select from a list of options, please place a ‘ *x* ’ in the relevant box** |

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| **Confidential Application for the Position of** |  |
| **At which School** | SIR BERNARD LOVELL ACADEMY |
| **Your Name (Surname / Forename)** |  |
| **Where did you see the position advertised?** |  |
| **Candidate Reference Number (for office use)** |  |

**SECTION 1. PERSONAL DETAILS**

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| **Title** |  | **Surname** | |  | | | | | | | | | |
| **First name(s)** |  | **Former Names** | |  | | | | | | | | | |
| **Preferred Name** |  | | | | | | | | | | | | |
| **Home address** | **Postcode** | | | | | | | | | | | | |
| **Email address** |  | | | | | | | | | | | | |
| **Mobile Tel** |  | | | | | | | | | | | | |
| **Home Tel** |  | | **NI Number** | |  |  |  |  |  |  |  |  |  |
| **Do you hold Qualified Teacher status? (Teachers only)** | | | **Yes / No** | | | | | | | | | | |
| **Teacher Ref Number (Teachers only)** | | |  | | | | | | | | | | |
| **Did you successfully complete your induction year (Teachers only)** | | | **Yes / No / Current QTS** | | | | | | | | | | |
| **Do you require a work permit?** | | | **Yes / No** | | | | | | | | | | |
| **Do you hold a full, valid driving licence?** | | | **Yes / No** | | | | | | | | | | |
| **Do you have use of a vehicle?** | | | **Yes / No** | | | | | | | | | | |
| **Earliest Start Date** | | |  | | | | | | | | | | |

**SECTION 2. EDUCATION & QUALIFICATIONS**

**Please list academic qualifications gained during secondary and post 18 education – most recent first.**

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| **School/College/University (name and address)** | **Dates of attendance** | | **Level (i.e. GCSE, O Level, A Level, Degree etc.)** | **Subject** | **Grade & Year obtained** |
| **From** | **To** |
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**Please list any other qualifications (including vocational) relevant to the post applying for.**

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| **School/College/University (name and address)** | **Dates of attendance** | | **Qualification Level** | **Subject** | **Grade & Year obtained** |
| **From** | **To** |
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**Please list any qualifications for which you are currently studying, and give the estimated date of completion.**

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**Please list any professional bodies of which you are a member, stating type of membership and whether it is dependent on qualification or examination.**

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**SECTION 3. CURRENT/MOST RECENT EMPLOYMENT**

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| **Name of Employer** | |  | | | | |
| **Employer Address** | |  | | | | |
| **Current Position** | |  | | | | |
| **Date appointed** | |  | | **Notice Required** | |  |
| **Current salary** | |  | | **Salary Range** (where relevant) | |  |
| **Other benefits/allowances** | |  | | | | |
| **Please describe your main duties and responsibilities. If no longer in this employment, please state end date and reason for leaving. Please continue on a separate sheet if necessary** | | | | | | |
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| **End date** |  | | **Reason for Leaving** | |  | |
| **Please state your reasons for seeking a job move at this time** | | | | |  | |

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| **Are you related to or do you maintain a close relationship with an existing employee, volunteer, or Governor of any of the schools that form part of Wellsway Multi Academy Trust?** | **YES** |  |
| **NO** |  |
| **If Yes, give details below** | |
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**SECTION 4. PAST EMPLOYMENT EXPERIENCE**

**Please list all your previous employers with most recent first.**

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| **Date** | | **Employer Name and Location** | **Job title & state whether full time or part time** | **Outline of duties and responsibilities** | **Reason for leaving /**  **Break in employment** |
| **From**  **MM/YY** | **To**  **MM/YY** |
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**SECTION 5. GAPS IN EMPLOYMENT**

**Provide details of any gaps in employment, including specific dates since leaving secondary education.**

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| **Date** | | **Reason for gap** |
| **From: MM/YY** | **To: MM/YY** |
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**SECTION 6. SUPPLEMENTARY INFORMATION**

**In no more than two sides please provide below details of how your skills and experiences match the qualities referred to in the person specification. Please give details of any specialist knowledge, training or experience or any other additional information you may wish to give to show clearly how you meet the requirements of the role. Details of any voluntary work or leisure interests may also be applicable to the post for which you are applying.**

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**SECTION 7. RECREATION**

**Please provide details of other relevant interests and skills including leisure and voluntary work.**

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**SECTION 8. CONVICTIONS**

**IMPORTANT NOTE FOR ALL PERSONS APPLYING FOR POSITIONS IN SCHOOL AND OTHERS WHO WILL WORK WITH YOUNG PERSONS UNDER AGE 18.**

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| **Wellsway Multi Academy Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. An offer of employment is conditional upon Wellsway Multi Academy Trust receiving an Enhanced Disclosure and Barring Service Certificate (DBS), (formerly known as CRB) which the Multi-Academy Trust considers to be satisfactory. If you are successful in your application you will be required to complete an Enhanced Disclosure and Barring Service Application Form. Any information disclosed will be handled in accordance with the Code of Practice published by the Disclosure and Barring Service.**  **The post is exempt from the Rehabilitation of Offenders Act 1974. All convictions, cautions and bindovers, including those regarding as ‘spent’ must be declared when applying: Exception being certain, minor cautions and convictions which are ‘protected’ for the purposes of the ‘Exceptions’ order.** [**https://www.gov.uk/government/collections/dbs-filtering-guidance**](https://www.gov.uk/government/collections/dbs-filtering-guidance) **‘**  **The applicant may post a declaration in an envelope marked ‘Private and Confidential’ to the Principal/Headteacher.**  **Note: The disclosure of a criminal record will not debar you from an appointment unless it is considered that the conviction renders you unsuitable for appointment. In making this decision, the nature of the offence, how long ago and what age you were when it was committed and any other factors which may be relevant. This will include appropriate consideration in relation to Wellsway Multi Academy Trust’s published Equal Opportunities Policy.** |

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| 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, Barred List (formerly known as List 99, GTC). | **Yes** | **No** |
| **If YES, please provide details or return with your application in a sealed envelope marked ‘Private and Confidential’ for the attention of the Principal/Headteacher.** | | |
| Have you ever lived or worked abroad for a period of 6 months or more, in the last 5 years? If Yes, and your application is successful, we will require an overseas police/criminal records check. | **Yes** | **No** |

**SECTION 9. ELIGIBILITIY TO WORK IN THE UK**

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| **Nationality** |  | | | | | | | |
| **Do you require a work permit to work in the UK?** | **Yes** | |  | **No** | |  | **Unsure** |  |
| **If yes, do you currently have a work permit?** | **No** |  | **Yes** |  | **Permit No** | |  | |

**SECTION 10. REFERENCES**

Please provide the names, address and occupations of two referees. Neither referee should be a relative or someone known to you solely as a friend. **Reference 1 should be your current line manager/employer. If you are called for interview, your referees will ordinarily be contacted before the interview date unless you explicitly instruct us not to do so in the section below**.

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.

An offer of employment is conditional upon Wellsway Multi Academy Trust receiving references which it considers to be satisfactory

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| **Reference 1**  **Your current/most recent Employer** | | | | **Reference 2**  **Another previous employer, college/university tutor** | | | |
| **Reference 1**  **Name** |  | | | **Reference 2**  **Name** |  | | |
| **Position** |  | | | **Position** |  | | |
| **Organisation name** |  | | | **Organisation name** |  | | |
| **Address**  **Postcode** |  | | | **Address**  **Postcode** |  | | |
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| **Tel. number** |  | | | **Tel. number** |  | | |
| **Mobile number** |  | | | **Mobile number** |  | | |
| **Employer/**  **Professional**  **Email address**  (Mandatory) |  | | | **Employer/**  **Professional**  **Email address**  (Mandatory) |  | | |
| **PERMISSION TO CONTACT Referee 1**  **PRIOR TO INTERVIEW** | | **YES** |  | **PERMISSION TO CONTACT Referee 2**  **PRIOR TO INTERVIEW** | | **YES** |  |
| **No** |  | **No** |  |

**SECTION 12. INTERVIEW ARRANGEMENTS**

**Please list any dates when you will NOT be available for interview. Although we will try to take these into account we cannot guarantee to do so.**

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**SECTION 11. DATA PROTECTION ACT**

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| **The information collected in the form will be used in compliance with the Data Protection Act 1998. The information may be disclosed, as appropriate, within the Education Service, to School Governors, to Occupational, to the Teachers Pensions Agency, to the Department for Education, pension providers and relevant statutory bodies. You may also note that because we have a duty to protect public funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public funds.** |

**SECTION 12. RECRUITMENT POLICY**

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| **It is Wellsway Multi Academy Trust’s policy to employ the best qualified personnel and to provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. All new posts are subject to a probationary period.**  **If your application is successful, Wellsway Multi Academy Trust will retain the information provided in this form (together with any attachments) on your personnel file. If your application is unsuccessful, all documentation relating to your application will be confidentially destroyed after six months.**  **Any form of canvassing will disqualify the candidate. False or misleading information will disqualify an application or, if appointed, render an applicant liable to dismissal without notice.**  **Wellsway Multi Academy Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. For this post prior to appointment, Wellsway Multi Academy Trust will apply for an enhanced certificate from the Disclosure and Barring Service. In accordance with our Child Protection Policy we are unable to process applications without a fully completed application form. A copy of our Child Protection Policy is available on the school website.** |

**SECTION 13. HEALTH**

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| **In accordance with the guidance published by the DFE any offer of employment made by Wellsway Multi Academy Trust will be conditional upon the verification of the successful applicant’s medical fitness for the role. Therefore, if your application is successful, you will be required to complete a medical questionnaire which will be assessed by Wellsway Multi Academy Trust’s medical adviser before any offer of employment is confirmed. There may be circumstances when it will be necessary for Wellsway Multi Academy Trust’s medical adviser to seek access to your medical records and/or you will be referred to a specialist clinician.** |

**SECTION 14. SUPERANNUATION**

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| **Were you subject to a superannuation scheme in respect of any previous employments?**  **If so, what was the name and date of the scheme to which you were subject?** | **Yes** | **No** |
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| **Do you wish (if possible) to remain subject to this scheme?** | **Yes** | **No** |
| **Are you currently in receipt of an ill health pension for Teacher’s Superannuation Fund?**    **If so, please state the date of commencement of the ill health pension?** | **Yes** | **No** |
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**SECTION 15. DECLARATION & APPLY**

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| I declare that to the best of my knowledge the information on this application form is true.  I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal, and may amount to a criminal offence.  I consent to Wellsway Multi Academy Trust making direct contact with the people specified as my referees to verify the reference.  I consent to Wellsway Multi Academy Trust retaining copies of Identification as deemed necessary in compliance with the Right to Work in the UK.  WMAT.  Please enter an X in the box below if you consent to us sharing your application and any future possible shortlisting/interview data with other WMAT schools and potentially being contacted about other positions that may arise within WMAT to which we deem you may be suitable/interested in. Your data will be used solely for this purpose and not used and/or shared for any other purpose.  Yes please consider my application for other alternative similar positions within WMAT schools.  I understand that any offer of employment made by the Trust will be conditional on a satisfactory Enhanced DBS check with Barred List, verification of medical fitness and satisfactory references.  Sign below to confirm that you agree to the above statement.  For applicants applying by email, please enter an X in the box below which will constitute your personal certification that the details are correct. | | | | |
| **Signature** |  | **Date** |  | |
| **If you are applying by email, see statement above and enter an X in the box** | | | |  |
| **To apply:**  **Fully complete this application form and send this together with a covering letter to:** : [headspa@sblonline.org.uk](mailto:headspa@sblonline.org.uk) | | | | |
| **(Please do not attach a C.V. as it will not be accepted)** | | | | |