

**Application for Support Staff Post**

**Please ensure you complete all sections of this form and note that CVs will not be accepted**

**Please write clearly and in black ink**

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| Post applied for:  School/Academy: | | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | |
| Title: | | | | | | Last Name: | | | | | | | | |
| First Name: | | | | | | Known As: | | | | | | | | |
| Full Address: | | | | | | | | | | | | | | |
| Email address: | | | | | | Preferred phone number: | | | | | | | | |
| **Working in the UK** | | | | | | | | | | | | | | |
| Are you eligible to work in the UK/EEA? | | | | | | Yes No | | | | | | | | |
| Do you require a work permit to work in the UK? | | | | | | Yes No | | | | | | | | |
| National Insurance Number: | | | | | | Date of Birth: | | | | | | | | |
| **Continuous Service** | | | | | | | | | | | | | | |
| BMAT recognises continuous service in Local Government in employment for statutory benefits included under the provision | | | | | | | | | | | | | | |
| Do you have continuous service? | | | | | | | YesNo  If yes, please state the start date: | | | | | | | |
| **Previous applications** | | | | | | | | | | | | | | |
| Have you applied to Beacon Multi Academy Trust before? | | | | | | | Yes No  If yes please provide details of post and approximate date: | | | | | | | |
| **Employment History** | | | | | | | | | | | | | | |
| Please list employment providing all of the details requested, starting with your most recent job, paid and/or unpaid. It is important that you include periods of unemployment; detailing which office you may have received benefits from, and if you have been self-employed, you will need to provide proof. | | | | | | | | | | | | | | |
| Name of Current/Last Employer: | | | | | | | Full Address: | | | | | | | |
| Email address: | | | | | | | Phone Number: | | | | | | | |
| Post Held: | | | | | | | Salary: | | | | | | | |
| Date From: | | | | | | | Leaving Date or Notice Period:  Reason for Leaving: | | | | | | | |
| Name and Address of Employer | | | Post Held and Brief Description of Responsibilities | | | | | | Date From and To | | Salary | | | Reason for Leaving |
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| Please provide details of any gaps of employment history – with dates | | | | | | | | | | | | | | |
| **Secondary Employment/Business Interests** | | | | | | | | | | | | | | |
| You may not without the prior permission in writing of the Beacon Multi Academy Trust be employed or otherwise engaged in any other business, trade or profession either directly or indirectly in any capacity whatsoever. | | | | | | | | | | | | | | |
| Do you have any other work commitments either paid or unpaid, which you would wish to continue with, if offered employment with the Academy. | | | | | | | Yes No | | | | | | | |
| **Referees** | | | | | | | | | | | | | | |
| Please give the details of two referees, not related to you. One of these must be your Line Manager with your present and/or last employer; if you work in education then one of these should be your current Headteacher. If you have limited work experience teachers/tutors may be sufficient. Referees should be able to comment on your ability to perform the job for which you are applying for.  Referees will be contacted prior to interview. | | | | | | | | | | | | | | |
| **1.** Referee’s Name: | | | | | Post Held: | | | | | | | | | |
| Full Address: | | | | | E-mail Address: | | | | | | | | | |
| Telephone Number: | | | | | Your Relationship to the Referee: | | | | | | | | | |
| **2.** Referee’s Name: | | | | | Post Held: | | | | | | | | | |
| Full Address: | | | | | E-mail Address: | | | | | | | | | |
| Telephone Number: | | | | | Your Relationship to the Referee: | | | | | | | | | |
| **Education History** | | | | | | | | | | | | | | |
| Please provide details of your education history, starting with the most recent. | | | | | | | | | | | | | | |
| Name of University/College/School/Other | | Address | | | | | | Date From and To | | ALL Qualifications,  ALL subjects and  ALL Grades achieved | | | | |
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| **Relevant Courses or Training** | | | | | | | | | | | | | | |
| Please give details of any training that you have received, which support your application. Include any on-the-job training as well as formal courses. | | | | | | | | | | | | | | |
| Course Title | Course Provider | | | | | | | Date and Length of Course | | | | Qualification Achieved  (if applicable) | | |
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| **Professional Qualifications/Registrations** | | | | | | | | | | | | | | |
| Please provide details of any professional qualifications and membership of professional institutes that you hold. | | | | | | | | | | | | | | |
| Name of Professional Body | | | | Membership Grade and number: | | | | | | | | | Date Achieved | |
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| **Supporting Statement and Achievements** |
| Using the Job Description, your experiences and achievements please use this space to tell us how you meet each of the relevant points on the Person Specification.  This should be approximately 1 A4 side and should not exceed 2 sides of A4 (in no less than size font 11) |
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| **Declaration** | |
| Are you related to, or have a close personal relationship with any employee or governor across the Beacon Multi Academy Trust? | Yes No  If yes, please state their name(s) and position(s) held: |
| If an offer of employment is made you will be required to complete a medical questionnaire. All employment is subject to the receipt of medical clearance satisfactory to the Academy.  I understand that providing misleading or false information/qualifications will disqualify me from appointment or if appointed, may lead to disciplinary action and dismissal.  I authorise the Beacon Multi Academy Trust to check the information supplied, process and hold all such information in paper, electronic and otherwise for the purpose of my employment.  The Beacon Multi Academy Trust intends to fulfil all its obligations under the General Data Protection Regulation (GDPR). To find out what personal data we collect and how we use it, please visit our [privacy policy.](http://nelta.co.uk/wp-content/uploads/2018/07/Privacy-Policy.pdf)  **Electronic signature and receipt confirms acceptance of this declaration.**  Name (please print) Signed Date | |

**We normally keep completed applications for unsuccessful candidates for 12 months.**

**Please read the next part of the application form carefully, some parts are compulsory and failure to complete may result in your application being returned.**

**Please save the application by your surname and return by email to**

beasuccess@beaconacademytrust.co.uk

The following section will be separated from the rest of the form before selection takes place.

**Workforce Equal Opportunities Monitoring**

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| Beacon Multi Academy Trust is committed to recruiting, retaining and developing a workforce that reflects our diverse community. It is vital that we monitor and analyse diversity information so that we can ensure that our recruitment process is fair, transparent, promote equality of opportunity for applicants and staff, and do not have an adverse impact on any particular group.  Your cooperation in providing us with accurate equality and diversity information will increase our awareness of our processes and can help us design and apply policies and processes that attract and retain a diverse, talented and motivated workforce.  This information will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.  You can be assured that this information will be treated in confidence and will not be available to anyone in the selection process or to future managers. | | | | | | |
| **1 Personal details** | | | | | | |
| Name | | Date of Birth | | Sex Male Female | | |
| Post applied for | | | Where did you see this post advertised | | | |
| **2 Do you consider yourself to be disabled?**  Confidentiality will be maintained however please be aware that there may be some circumstances where relevant personal information may need to be provided to relevant individuals for management purposes, for example, health and safety, emergencies or policy requirements. | | | Yes No Prefer not to say  Please let us know of any reasonable adjustments which you may require as part of this recruitment process. | | | |
| **3 Ethnic group**  Please choose one selection from A to E and then tick the appropriate box within your chosen selection. | | | | | | |
| **A White** | | | | | | |
| British (to include Northern Ireland, Scotland & Wales) | Irish | | European | | | Any other White background (please state) |
| **B Mixed/Multiple ethnic groups** | | | | | | |
| White & Black Caribbean | White & Black African | | White & Asian | | | Any other mixed background (please state) |
| **C Asian or Asian British** | | | | | | |
| Indian | Pakistani | | Bangladeshi | | | Chinese |
| Any other Asian Background (please state) |  | |  | | |  |
| **D Black or Black British** | | | | | | |
| African | Caribbean | | British | | Any other Black Background  (please state) | |
| **E Other ethnic group** | | | | | | |
| Arab | Other (please state) | | Prefer not to say | |  | |
| **4 What is your sexual orientation?** | | | | | | |
| Heterosexual/straight | Gay woman/lesbian | | Gay man | | Bisexual | |
| Other (please state) | Prefer not to say | |  | |  | |
| **5 What is your religion or belief?** | | | | | | |
| No religion | Buddhist | | Christian | | Hindu | |
| Jewish | Muslim | | Sikh | | Other religion/belief (please state) | |
| Prefer not to say |  | |  | |  | |

**Thank you for completing this part of the form, by doing so you have helped us better understand our diverse breakdown, processes and workforce.**

**Declaration of Offences**

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| **Rehabilitation of Offenders Act 1974** | | | |
| This post is **exempt** from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means you must declare on this form all offences, convictions, cautions, bindovers or any court cases.  As this post involves working with or has access to children or vulnerable adults and/or their records, all successful candidates must complete an Enhanced Disclosure and Barring Service check (DBS). | | | |
| Have you ever been convicted of a criminal offence or received a caution reprimand or warning?  **Please ensure that details are completed below** | | Yes No | |
| If you have answered yes to the question above, is this related to a child or vulnerable adult?  **Please ensure that details are completed below** | | Yes No | |
| Have you ever been disqualified from working with children or vulnerable adults?  **Please ensure that details are completed below** | | Yes No | |
| Details of Offence(s) | Place and Date of Judgement(s) | | Sentence(s) |
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| **If you do not have any, please write none.**  Possession of a conviction or caution will not necessarily mean that you won’t be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for the purposes of your employment and safeguarding. | | | |
| **Declaration** | | | |
| **I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may after appointment lead to disciplinary action, which could lead to my dismissal without notice.**  Name (please print) Signed Date | | | |