**Private and confidential**

**JOB APPLICATION FORM**

**School Staff**

**Vacancy Details**

|  |  |  |
| --- | --- | --- |
| Job Title |  | Email or post completed form to:*[insert contact details]*  |
| Closing Date |  |
| Job Ref |  |
| Date Received |  |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name(s) |  |
| Address |  | Telephone (home) |  |
| Telephone (work) |  |
| Postcode |  | Mobile |  |
| Email |  |
| Have you previously been employed by Nottingham City Council, a Nottingham school or a neighbouring authority? If yes, please specify  | Yes | No |
| Are you eligible to work in the UK? | Yes | No |
| National Insurance Number |
| Teacher Registration Number (teachers only) |
| Referee Details Please give the names of two referees. One of your referees must be your present/last employer. If you have not been previously employed then headteachers/lecturers, employment advisors etc. are acceptable. Please note that is our policy for this particular post to take up references prior to interview, and that we reserve the right to approach any of your previous employers for a reference, in addition to any listed. Friends and relatives are not acceptable as referees. Please contact the school directly if you wish to discuss this further. |
| First Referee (current or last employer) | Second Referee |
| Name and addressTelephone Number:Email Address:How do they know you?  | Name and addressTelephone Number:Email Address:How do they know you?  |

**Current/Last Occupation**

|  |  |  |
| --- | --- | --- |
| Name and address of current/last employer | Job Title |  |
|  | Start Date |  |
| Notice Required |  |
| Salary (noting any additional payments) |  |
| Reason for leaving (if applicable) |  |
| Brief description of duties:  |

**Previous employment** (most recent first and including any temporary, unpaid or voluntary

work experience). The reason for leaving must be stated in every case.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date from Month/Year | Date to Month/Year | Employer | Job title | Salary | Reason for leaving |
|  |  |  |  |  |  |

**Membership of professional bodies –** Proof of post specific membership will be required. Please state if you are a member of a particular institute or registered body relevant to the post for which you have applied.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of body | Category of membership | Date of joining | Qualification (if applicable) |
|  |  |  |  |

**Education/Training relevant to this job** (please note you may be required to produce original documents/proof of qualifications)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DateFrom | To | Secondary Schools, Colleges, Universities attended – including part time | Subjects and qualifications (gained or pending) | Result |
|  |  |  |  |  |

**Other qualifications and attendance at training courses relevant to this job**

|  |  |  |  |
| --- | --- | --- | --- |
| Organising body | Course title | Duration | Date |
|  |  |  |  |

**Personal Statement**

|  |
| --- |
| **Please attach additional sheets to explain how you meet each of the requirements marked in column ‘A’ of the person specification.****You can use experience, knowledge, skills and abilities gained from paid, unpaid, voluntary work, training, life experiences, education and leisure interests to demonstrate how you meet the criteria.** **Please ensure that the statement is named and identifies the post applied for and is secured to the rest of your application details.****Please note that C.V.’s can only be considered alongside a fully completed application form and additional sheets. CVs are only acceptable for school leadership posts.** |

**Protection of Children: Disclosure of a Criminal Background**

|  |
| --- |
| **Nottingham City Council is committed to the protection of all those who use its services and of it’s****employees.** **If you are appointed, in order to protect children and vulnerable adults, the authority will require you to comply with the employment checks relevant to your post (see job details for further information).****All employees in schools are required to pass an enhanced Disclosure and Barring Service (DBS) check, which will identify whether you have any criminal convictions, including cautions and reprimands.** **All posts in schools are exempt from the Rehabilitation of Offenders Act 1974 (as amended in 2013); this means that you must declare all convictions, cautions and reprimands, including those that would generally be regarded as ‘spent’. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account. All guidance and criteria on the filtering of these cautions and convictions can be found in the DBS filtering guidance (https://www.gov.uk/government/collections/dbs-filtering-guidance).****The existence of a criminal background does not automatically mean that you cannot be appointed, but it may do so.** |
| Do you have any convictions, cautions or reprimands to declare? | Yes | No |
| If yes, please give details of these, including dates and sentences |

 **Data Protection**

|  |
| --- |
| The accompanying Privacy Notice explains about the data that will be held on you by the School and City Council and explains how that data will be used. Information will be held in accordance with the General Data Protection Regulations and Data Protection Act 2018. Please confirm that you have read and understand the Privacy Notice:**I confirm that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), have received a copy of the School’s Privacy Notice and that I have read and understand it.****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 **Application Certification and Signature**

|  |
| --- |
| You are advised that information given on this form may be checked for accuracy.**I certify to the best of my knowledge the information given on this application form is correct and true. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I also understand that the information I have provided may be subject to checking. I have not canvassed anyone directly or indirectly associated with this role in connection with this application and I will not do so.** |
| **Signed:**  | **Dated:** |

**General details**

|  |  |
| --- | --- |
| Where did you find out about this vacancy? |       |
| Are you related to or partner of any employee or governor of the School? If yes, please give details. |       |
| Please give details of any dates during the next four weeks when you would not be available for interview. |       |
| Do you have any requirements that you would like us to consider to enable you to fully participate in the selection process? (e.g. wheelchair access, sign language interpreter, additional reading time etc.) If yes, please give details. |       |

Thank you for applying for this job. If we have not contacted you within 10 working days of the closing date, please assume your application was unsuccessful on this occasion.

*[Please insert page break if necessary - this page should be provided as a stand-alone document, sent out with the application form, so that it can be removed before shortlisting to ensure anonymity]*

E&D ID no:

*(for office use only)*

**EQUALITY AND DIVERSITY MONITORING FORM**

We aim to have a workforce that represents the communities we serve. We welcome applications from all sections of the community. The information you provide below does not form part of the recruitment process and will be detached from your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Vacancy Reference No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth |  | Age |  | Gender | Male [ ]  Female [ ]  |
| Do you consider yourself to be disabled? Yes [ ]  No [ ]  |
| Do you have any long-term illness, health problems or disability that, with or without the use of aids or medication, limits your daily activities? (Please see Guidance Notes for definition of long-term and aids)Yes [ ]  No [ ]  |

**My racial/ethnic origin is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. White | B. Mixed | C. Asian or Asian British | D. Black or Black British | E. Chinese or Other Racial Group |
| British [ ]  | White & Black [ ] Caribbean | Indian [ ]  | Black Caribbean [ ]  | Chinese [ ]  |
| Irish [ ]  | White & Black [ ]  African | Pakistani [ ]  | Black African [ ]  | Other Racial [ ] Group |
| Other White [ ]  | White and Asian[ ]  | Bangladeshi [ ]  | Other Black [ ]  |  |
|  | Other Mixed [ ]  | Other Asian [ ]  |  |   |
| If other, please state | If other, please state | If other, please state | If other, please state | If other, please state |

**My religion is:**

|  |  |  |  |
| --- | --- | --- | --- |
| None [ ]  | Buddhist [ ]  | Hindu [ ]  | Jewish [ ]  |
| Muslim [ ]  | Sikh [ ]  | Other [ ]  |  |
| Christian [ ]  (including Church of England, Catholic, Protestant and all other Christian Denominations) |

**My sexual orientation is:**

|  |  |  |
| --- | --- | --- |
| Bisexual [ ]  | Gay man [ ]  | Gay woman/lesbian [ ]  |
| Heterosexual/straight [ ]  | Other [ ]  | Prefer not to say [ ]  |