

Southfields Academy

Application Form (Confidential)

Please refer to the information pack
before completing this application form.
Please use black ink or typescript.

A High Performing
Specialist School



Principal:
Ms Jacqueline Valin

Headteacher:
Ms Wanda Golinska

333 Merton Road
London
SW18 5JU

Tel: 020 8875 2600
Fax: 020 8874 9949

info@southfields.wandsworth.sch.uk
www.southfields.wandsworth.sch.uk

We are an Equal Opportunity Employer and welcome applications regardless of race, colour, nationality, ethnic origin, sex, marital status, disability or age. All applicants are considered on the basis of their merits and ability for the job. The Academy is committed to safeguarding and promoting the welfare of children and vulnerable adults.

Position applied for:

Closing Date: DD/MM/YY

1. Personal details

Surname/Family Name:

Title:

Forename/s:

Previous names/surnames/ family names:

Address:

Postcode:

Home telephone:

Mobile telephone number:

Fax number:

Email:

Work telephone number:

May we call you at work? Yes **No**

National Insurance Number:

**Please give dates/times when you will NOT be available for interview
e.g. holidays.**

Please give details of any pension scheme to which you belong.

2. Current or most recent employment

Please give details of your present or most recent employment.

Job title:

From: DD/MM/YY

To: DD/MM/YY

Notice required:

Current salary and grade:

Employer's name and address:

Telephone number:

Brief description of current duties and responsibilities:

Reason for leaving (if applicable):

Employment history

Please list below all the jobs you have had in the past. Follow on from your answer to the question "Current or most recent employment" with the next most recent and include details of (a) voluntary work, (b) employment on a temporary contract or via an employment agency (including with the Academy). **You must account for all of your time since leaving school and give details of any gaps in employment below.** Please continue on a separate sheet if necessary and attach it to your form.

From: DD/MM/YY Position:
To: DD/MM/YY Duties:
Employer's name and address:
Telephone number: Reason for leaving:
Salary (on leaving):

From: DD/MM/YY Position:
To: DD/MM/YY Duties:
Employer's name and address:
Telephone number: Reason for leaving:
Salary (on leaving):

From: DD/MM/YY Position:
To: DD/MM/YY Duties:
Employer's name and address:
Telephone number: Reason for leaving:
Salary (on leaving):

Periods of Non-Employment

Please indicate nature/reasons for any periods of non-employment including relevant dates (DD/MM/YY)

I understand that I must provide original evidence of all qualifications listed above.
(Please cross)

5. Further information on knowledge, skills, abilities and experience

Please use this space, with separate sheets attached if necessary to tell us how you meet the job requirements that are listed in the selection criteria/person specification. You must address ALL the items in the list. Do not attach a CV as it will not be considered. Please refer to the guidance notes on 'Applying for a Job'.

Please tell us why you are applying for this post and refer to experience and knowledge gained from previous employment, leisure interests and any other activities which are relevant to this position.

6. Referees

Please provide full details of two referees: one must be your present or most recent employer and the other should be a previous employer. If you have not been in paid employment please give the name of the head of education or training establishment that you attended and/or the manager of a voluntary group for whom you have worked.

Please note: The college reserves the right to: (1) seek a reference from any previous employer/school/college or university and, (2) take up more than two references.

If you are shortlisted:

May we contact your first referee prior to interview? Yes No

May we contact your second referee prior to interview? Yes No

Name of referee:

Job Title:

Organisation:

Address:

Date of employment/study. From: DD/MM/YY To: DD/MM/YY

Relationship with referee e.g. line manager:

Telephone number:

Fax number:

Email:

Name of referee:

Job Title:

Organisation:

Address:

Date of employment/study. From: DD/MM/YY To: DD/MM/YY

Relationship with referee e.g. line manager:

Telephone number:

Fax number:

Email:

Name of referee:

Job Title:

Organisation:

Address:

Date of employment/study. From: DD/MM/YY To: DD/MM/YY

Relationship with referee e.g. line manager:

Telephone number:

Fax number:

Email:

7. Relationship

Are you related to, or a close personal/business association with, any governor OR any employee of the Academy? Yes No

If YES please complete this section. You may attach an additional sheet if necessary.

Person's name:

Position:

Relationship:

8. Employment Restrictions

Are there any restrictions or conditions affecting your ability to take up or remain in employment in the UK? E.g. do you require a work permit? Are you a highly skilled migrant or a working holidaymaker? **Yes** **No**

If YES, please give details (including, if you are already in the UK, details of your current employer, visa/leave to remain, expiry date, certificate of sponsorship number and tier under which you are employed)

If you are offered this job will you have any other paid work? **Yes** **No**

If YES, please give the following details:

Employer(S):

Address:

Telephone number:

Nature of work:

Date employed from: DD/MM/YY

To: DD/MM/YY

Number of hours per week:

Working times/days:

Are these arrangements subject to change e.g. shifts? **Yes** **No**

If YES please give details:

9. Declaration

The Academy is committed to the safeguarding and promoting the welfare of children and vulnerable adults in its care, and to this end may use the information you have provided on this form to ensure the safeguarding and welfare of children and vulnerable adults. It may also share this information with other bodies responsible for safeguarding and promoting the welfare of children and vulnerable adults for these purposes.

The Academy is also under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Providing any misleading or false information to support your application or canvassing college staff or governors directly or indirectly for an appointment will disqualify you from appointment, or if appointed will render you liable to dismissal without notice.

I hereby declare that I have understood and complied with the requirements laid down in the previous paragraphs.

DATA PROTECTION ACT 1998

I understand that the information given on this form will be used by the employer, Southfields Academy for:

- the purpose of processing my application for employment,
- monitoring the academy's employment policies; and if my application is successful,
- recording information relevant to my employment.

I understand that any information given relating to racial or ethnic origin, physical or mental health and criminal convictions constitutes sensitive data as defined by Section 2 of the Data Protection Act 1998. I hereby consent to the processing by the academy for the purposes set out above of all information given by me including such information as constitutes sensitive data.

Signature of Applicant:

Date:

Please note: if you are completing this application electronically, you will be asked to sign the form if you are invited to an interview.

NOW YOU MUST COMPLETE THE RECRUITMENT MONITORING FORM!

Southfields Academy
Equal Opportunities:
Recruitment Monitoring Form
(Confidential)

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Specialist School**



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To make sure that recruitment and selection is being carried out fairly and to help check that the Academy's Equal opportunities policy is working, the Academy records the race, age and disability of people who apply for its jobs. The policy can be provided upon request.

You are asked to provide the following information. Thank you for your assistance.

Position applied for:

Surname/Family name:

Forename/s:

Gender: **Male** **Female**

Please state how you found out about this post:

1. Publication (Please state which one):
2. internet (Please state which site or search engine):

The date of birth question has been moved to this form in light of the introduction of the Employment Equality (Age) Regulations.

Date of Birth:

Please read the following carefully before placing a cross in the appropriate box.
I would describe myself as being the following:

White			
	<input type="checkbox"/>	British	WBRI
	<input type="checkbox"/>	Irish	WIRI
	<input type="checkbox"/>	Traveller of Irish Heritage	WIRT
	<input type="checkbox"/>	Gypsy/Roma	WROM
	<input type="checkbox"/>	Turkish	WTUK
	<input type="checkbox"/>	White Eastern European	WEUR
	<input type="checkbox"/>	White Western European	WWEU
	<input type="checkbox"/>	White Other	WOWB

Mixed			
	<input type="checkbox"/>	White and Black Caribbean	MWBC
	<input type="checkbox"/>	White and Black African	MWBA
	<input type="checkbox"/>	White and Asian	MWAS
	<input type="checkbox"/>	Any other mixed background	MOTH
Asian or Asian British			
	<input type="checkbox"/>	Indian	AIND
	<input type="checkbox"/>	Pakistani	APKN
	<input type="checkbox"/>	Bangladeshi	ABAN
	<input type="checkbox"/>	Any other Asian background	AOTH
Black or Black British			
	<input type="checkbox"/>	Caribbean	BCRB
	<input type="checkbox"/>	Ghanaian	BGHA
	<input type="checkbox"/>	Nigerian	BNGN
	<input type="checkbox"/>	Somali	BSOM
	<input type="checkbox"/>	Other Black African	BOTH
	<input type="checkbox"/>	Any other black background	BAOF
Chinese			
	<input type="checkbox"/>	Chinese	CHNE
Any other ethnic background			
	<input type="checkbox"/>	Latin/ South/Central American	OLAM
	<input type="checkbox"/>	Any other ethnic background	OOTH
	<input type="checkbox"/>	Information not obtained	NOBT
	<input type="checkbox"/>	I do not wish an ethnic background to be recorded	REFU

DISABILITY

The Academy is keen to encourage disabled people to apply for jobs at the college. The following information is sought for two reasons:

- i) for monitoring purposes; and
- ii) to determine any help that you may require at the interview stage.
 - a) Do you consider yourself to have a disability which is defined in the Disability Discrimination Act 1995 as 'a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities? Yes No
 - If YES please indicate the nature of your disability:
 - b) Is there anything we need to know about your disability in order to offer you a fair selection interview? Yes No

If YES please give details:

REHABILITATION OF OFFENDERS

Because of the nature of the work within Education, the post for which you are applying will be exempt from the provisions of the Rehabilitation of Offenders Act 1974. You will, therefore, be required to disclose on a separate form (An enhanced Criminal Records Bureau Check) all information about any police cautions or convictions in a Court of Law no matter when they occurred, so that a police check can be carried out if you are offered an appointment. If you are subsequently employed by the Academy and it is found that you failed to disclose any previous convictions, this could result in **dismissal**, or disciplinary action by the Academy. All information will be treated in confidence and will only be considered in relation to an application for posts to which the exemption order applies.

Please return this form completed together with your application form.