

Support Staff Application Form

Completed Application	n Forms are to be returned directly to	tile octiool.
Post for which you are applyi	ng	Ref number
Where did you see the post a	advertised? (ie name of website, newspaper etc)	
ersonal details		
Title First nam	e Surname	
Any former name(s)		
Home address	Home pho	one no
	Mobile ph	one no
	Email add	ress
Postcode	Email add	ress
Postcode	Email add	ress
Postcode urrent or most rece		lress
		ress
urrent or most rece		Notice required
urrent or most rece	nt employment	Notice
urrent or most rece Job title Start date Current salary	ent employment Leaving date (if applicable)	Notice
urrent or most rece Job title Start date	ent employment Leaving date (if applicable) Grade (if applicable)	Notice

Are you able to take up employment in the UK with no current immigrations restrictions?

Employment history

Please start with the most recent after that shown under current or most recent employment on page 1. You must account for all paid/unpaid/voluntary employment since leaving full time education explaining any breaks.

Please photocopy and attach additional pages if necessary providing the same information outlined below.

Start date	Leaving date
Employers name and type of business	
Employers address	
Position held	Salary on leaving
Duties and responsibilities	Salary on loaving
December less de la companya de la c	
Reason for leaving	
Start date	Leaving date
Employers name and type of business	
Employers address	
Position held	Salary on leaving
Duties and responsibilities	
Reason for leaving	
Start date	Leaving date
Employers name and type of business	
l <u> </u>	
Employers address	
Employers address	
Employers address Position held	Salary on leaving
	Salary on leaving
Position held	Salary on leaving
Position held	Salary on leaving
Position held Duties and responsibilities	Salary on leaving
Position held	Salary on leaving

Health

Please note that if offered a post you will be required to complete a medical questionnaire and may be asked to attend a medical examination

Education

Please state qualifications gained. (If you are appointed we will need to see your original professional qualification certificates)

Date From	Date To	Qualifications gained including subjects, grades or results expected, details of awarding body and date of award

Any other relevant qualifications or records of achievement (e.g. courses attended), including membership and status of any relevant Professional or Technical Associations

General experience and further information

(Please photocopy and attach additional sheets if necessary, making sure you number them clearly)

Please use this section to tell us how you feel you meet the requirements of the Person Specification. Give as much information as necessary to demonstrate the abilities, skills, experience and knowledge you have gained. This could include voluntary work, leisure interests and any other activities that you consider relevant to this position.

If you are a disabled person but are unable to meet some of the job requirements, specifically because of your disability, please address this clearly in this section. If you meet all the other criteria you will be shortlisted and we will explore jointly with you if there are ways in which the job can be changed to enable you to meet the requirements. This could include reasonable adjustments to equipment, premises or job duties.

G	General experience and further information (Continued)				
		_	_	_	_
ا ۸	additional information				
A 	duitional information				
	We are able to make provision for people with special needs. Such adjustments may include arranging a signer or changing location of the interview if access to an upper floor office is not possible. Is there any special help which you may require for interview or throughout the application process?		Yes		No
	If yes, what help would you like?				
			1		İ
	Have you a clean/full driving licence?* Type of licence:		Yes		No
	* The enclosed details will say whether a driving licence is needed for this post				
	Have you previously been employed by London Borough of Lewisham		Yes		No
			V		الماء
	Have you ever received a redundancy payment or enhanced retirement benefit from any organisation?		Yes		No
	If yes please state from which organisation (s) and date(s) of payment:				
	Do you require a Certificate of Sponsorship (work permit)?		Yes		No
	Please indicate any dates on which you will not be available for interviews:				

References

External applicants: When considering which referees to include, please make sure that at least 3 years of your most recent experience is covered. Please also ensure that one of your referees is your current Line Manager or your most recent line manager if you are not in paid employment at the moment. If you are a School, College or University leaver one of your referees should be your Headteacher or Tutor.

Please note that we reserve the right to approach any of your previous employers for a reference.

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Internal Applicants: Please	se give the name and contact details of your current line mana	iger.
1) Name:	Position Held:	
Organisation:		
Address:		
Telephone No:	Ext:	
Email address:		
How do you know this perso	on? (e.g. as your line manager, other colleague, tutor, headted	acher, friend etc)
Are you in any way related to necessary)	to any of your referees other than professionally? YES / N	IO (please delete as
2) Name:	Position Held:	
Organisation:		
Address:		
Telephone No:	Ext:	
Email address:		
How do you know this perso	on? (e.g. as your line manager, other colleague, tutor, headtea	acher, friend etc)
Are you in any way related to necessary)	to any of your referees other than professionally? YES / N	IO (please delete as

Declaration

I hereby declare * that to the best of my knowledge, I am not a spouse, partner, child or relative of an existing member or employee of the Council, nor do I have a close personal or business or potential business relationship with any such person.

Signed: Date:

*If you are unable to make the declaration, you should strike it out and state in the space below any relationship of the nature referred to.

Please indicate if someone assisted you to complete this form YES / NO (please delete as necessary)

I certify that the information provided is correct and agree that it should form part of the basis of my engagement. I authorise the London Borough of Lewisham to check the information that I have supplied. I understand that falsification of qualification or information may lead to withdrawal of an offer of employment or dismissal without notice.

Our stringent pre employment checks reflect our commitment to protecting our service users. By signing this application form, you are giving the London Borough of Lewisham permission to approach any of your former employers for a reference for the purposes of checking your work history.

Signed: Date:

Data Protection Act 1998

The personal information supplied by you on this application form and in any accompanying documents will be used by Lewisham Council and any other appointed agent, for the purpose of appointment to the post applied for and to allow monitoring the fairness of the recruitment and selection process.

Furthermore, the information may be used to consider a complaint regarding the selection process and/or defend Lewisham Council against any legal action undertaken associated with the fairness of the selection process by any interested parties.

It is also important to stress that certain information you supply will be used for verification purposes and we may need to contact third parties to confirm facts contained within the application.

Where you are have been successfully appointed this information will be retained for the period you are employed and a subsequent 7 years in standard cases, 25 subsequent years where you have been employed to work with children and vulnerable persons and 40 years if you will come into contact with Asbestos as part of your duties.

However, if you are unsuccessful your information will be retained for 12 months after the appointment to post.

I have read and understood the above statement and consent to the personal data submitted with this application form being used for the purposes described. The authority is under duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for this purpose.

For further information on how Lewisham Council uses personal information please contact dpa@lewisham.gov.uk

Signed: Date:

Canvassing of employees or other members of the Council or any Committee of the Council directly or indirectly for any appointment under the Council shall disqualify the candidate concerned for that appointment.

Personnel monitoring information

Lewisham Council has an equal opportunities policy and is keen to ensure that it is working efficiently. The information you provide in this section will be used for statistical monitoring only and is not part of the interview selection process.				
(Please tick the appropriate box) Gender, Age and Date of Birth:				
Female Age: Date Male	te of birth:			
Ethnic Origin: How would you define your ethnic origin. (2001	Census categories)			
White Mixed British White and Black C Irish White and Black A Turkish/Turkish Cypriot White and Asian Any other white background Any other mixed b	frican Pakistani Bangladeshi Tamil Any other Asian background			
Black or Black British Chinese or other ethnic gr Chinese Chinese Chinese Vietnamese Any other black background Any other ethnic g				
Sexual Orientation: How would you define your sexual orienta	ation. Religion/Belief: What is your religious belief.			
Bisexual Gay Heterosexual Lesbian Decline to state	Buddhist Jewish Christian Muslim Hindu Sikh Other Decline to state			
Do you consider yourself disabled?				
Yes No	Decline to state			
(Note: the Disability Discrimination Act says that this would be impairment or health issue which could adversely affect your at				
Examples of Disabilities – the following list of conditions or impairments is given as a guide only and is not meant to be exclusive. We have provided this list as it may help you to answer the question				
Hearing, speech or visual impairments (if you wear glasses or contact lenses this is not normally considered a disability)				
Co-ordination, dexterity or mobility (eg polio, spinal cord injury, back problems, repetitive strain injury)				
Mental health (eg schizophrenia, depression, severe phobias)				
Speech Impairment (eg stammering)				
Learning Disabilities (eg Down's Syndrome)				
Other physical or medical conditions (eg diabetes, epilepsy, arthritis, cardiovascular conditions, haer cell, dyslexia, etc)	mophilia, asthma, cancer, facial disfigurement, sickle			

REHABILITATION OF OFFENDERS ACT 1974

This page will be kept separate from the rest of your application form – it will not be sent to the selection panel.

Only complete this section of the form if the post for which you are applying is subject to a Criminal Records Bureau (CRB) check.

(this will be indicated in the advert and job details)

Name	
Post Applied for	Ref No
REHABILITATION OF OFFENDERS ACT	
Because of the nature of the work for which you are applying, this post is e 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitati (Exceptions) Order 1975. Applicants are therefore not entitled to withhold for other purposes are regarded as "spent" under the provisions of the Act, failure to disclose such convictions could result in dismissal or disciplinary within the Armed Services, outside the UK or disciplinary action by certain included. Any information given will be completely confidential and will be which the Order applies.	ion of Offenders Act 1974 information about convictions, which and in the event of employment, any action by the Council. Convictions professional bodies must also be
CRIMINAL CONVICTION	
Do you have any criminal convictions, cautions, reprimands, final warnings prosecutions against you, including any convictions which are regarded as	
Yes No	
Signed:	Date:
Any details you provide will be treated in the strictest confidence and will no	ot automatically exclude you from

Any details you provide will be treated in the strictest confidence and will not automatically exclude you from being considered for this or any other vacancy (see our policy on Rehabilitation of Offenders which is enclosed in the pack). The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered "spent" under the terms of the Act.

For more information on spent convictions visit http://publish.lawontheweb.co.uk/rehabact.htm

If you are invited for interview, you will be asked to provide details of any criminal convictions, cautions, reprimands, final warnings, police enquiries or pending prosecutions (whether spent or not). Once you receive your interview letter, could you send details in an envelope with your name and the post for which you are applying on the back of the envelope and mark it "PRIVATE AND CONFIDENTIAL ADDRESSEE ONLY" to the Headteacher of the recruiting School.

If the selection panel agree to appoint you to the post, the envelope will be forwarded, unopened, to a nominated CRB countersignatory officer who will recommend to Lewisham's CRB Panel whether or not your appointment can proceed. This decision will depend on the nature of the conviction and the post applied for. If you are not selected for appointment, the envelope will be destroyed in a secure way.

