

application form

your guide to completing the form

Before you begin

Read the advertisement and any additional supporting information provided, including the Job Description and Person Specification. In order to improve your chances of being selected, use specific examples from your experience and relate them to these documents.

Important notes:

1. Complete the form in black ink and ensure that it is legible.
All fields marked with an asterisk (*) are mandatory.
2. Do not write outside the lines.
3. Ensure you mark each sheet with your full name or initials.
4. Ensure that you have read and understood the declaration on page 8, and that you have signed and dated your completed application form before returning it to the address quoted on the job advertisement
5. If you cannot fit all your information in the spaces provided, you may use the continuation sheet on page 6.
6. Finally, you may find it useful to take a copy of your completed application form for your own personal records.
7. Please return your completed application to the school:

Anna Jassim
Benthal Primary school
Benthal road
London
N16 7AU
Or e-mail to anna.jassim@benthal.hackney.sch.uk

application form – school support staff

1. Job details

Job title:*

Job reference number:*

2. Personal details

Applicant details

Title (Mr, Mrs, Miss, Mrs):*

Other:

Name:*

Surname:*

Date of birth:*

Please note that your date of birth will be used to check for any gaps in your employment and education history, which you can explain on page 2 and 3. We will also use it to monitor the effectiveness of our equal opportunities policy.

Address details

Address:*

Postcode:*

Contact details

Email:

Home phone:

Mobile:

Work phone:

Preferred means of contact:*

May we contact you at work? Yes No

3. Work experience

Please provide us with your complete employment history. If you have any gaps in your employment, please complete the section at the bottom of page 2. If you need more space, please use the continuation sheet on page 6.

Current or most recent employment

Job title:

Company name:

Industry sector:

Country:

Employment start date:

Employment end date:

Salary:

Reason for leaving:

Job description:

Your name or initials:

Previous employment

Job title:

Industry sector:

Employment start date:

Salary:

Job description:

Company name:

Country:

Employment end date:

Reason for leaving:

Job title:

Industry sector:

Employment start date:

Salary:

Job description:

Company name:

Country:

Employment end date:

Reason for leaving:

Job title:

Industry sector:

Employment start date:

Salary:

Job description:

Company name:

Country:

Employment end date:

Reason for leaving:

Gaps in employment history

If there are any gaps in your employment history, please explain them below.

Your name or initials:

8. References

Use this page to supply details of **two** individuals, not related to you, from whom we may obtain references. At least one **must** be your present or most recent employer. Please note that personal references will not be accepted. If you are a student or have been out of work for a period of time then teachers or a previous employer will be sufficient.

Please remember that the referees you provide should be able to comment on your ability to perform the job for which you are applying.

Referee one*

Name:*

Job title:*

Company:*

Address:*

Relationship to referee:*

Email:*

Telephone:*

Referee two*

Name:*

Job title:*

Company:*

Address:*

Relationship to referee:*

Email:*

Telephone:*

9. About your application

Where have you heard about this vacancy?*

Please tell us where you have first seen this vacancy advertised (e.g. TES, Guardian online, school website):

Previous applications

Have you applied for a job before with the school or any other school in the Borough?* Yes No

If yes, please state job title and reference number (if known):

Job share

Are you applying for a job share?* Yes No

Disabled applicants

The Equality Act 2010 defines a disabled person as someone with a 'physical or mental impairment which has substantial and long term adverse effect to carry out normal day to day activities. This can include cancer or other such long term illnesses.

Do you consider yourself to have a disability that falls under this definition?* Yes No

Please describe any adjustments we can make for you:

Your name or initials:

10. Declaration

Read the declarations on this page and provide additional information where required.

Personal relationships

All applicants are required to declare personal relationships with existing employees of the school. Omitting any personal relationships with members of the selection panel might disqualify you.

Are you related to, or a close friend of any employee of the school?* Yes No

If yes, what is their name and your relationship with them?

Eligibility to work in UK

Please note that all non-EU nationals are required to be in possession of a valid work permit before they can take up employment with the school. We are legally obliged to ask you to provide evidence of your right to work in the EU. If you are successful with your application we will ask you to provide appropriate documents, such as your passport, visa, work permit or birth certificate in accordance with the Asylum and Immigration Act 1996.

Are you legally authorised to work in the UK?* Yes No

Is this subject to a work permit or visa?* Yes No

Criminal records disclosure (DBS)

Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose information which for any other purposes is 'spent' under the provisions of the Act. Failure to disclose such information may result in the withdrawal of a job offer or, if subsequently discovered, could result in dismissal or disciplinary action. Please note that we will request an enhanced Criminal Records Bureau check for all future Learning Trust employees.

Have you ever been convicted of a criminal offence (including convictions with Absolute Discharge), or been given a caution/reprimand/warning/bind-over order?* Yes No

If yes, please attach details in a sealed envelope, including dates.

Prevention and detection of fraud

We have a duty to protect public funds. We may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies administering public funds solely for those purposes.

Declaration

I have read and understood the information contained in this application form.

I declare that all information I have provided on this form is true and accurate, and that I am not banned or disqualified from working with children nor subject to any sanctions or conditions on my employment imposed by a regulatory body or the Secretary of State.

I understand that omissions or incorrect statements might disqualify me or, if appointed, my employment may be terminated.

This declaration constitutes part of the terms of contract if I am appointed. I

agree to the above declaration.* Yes No

Print name:*

Sign:*

Date:*

Your name or initials:

11. Equal opportunities monitoring

We are committed to being an equal opportunities employer. Please complete this page to enable us to monitor the effectiveness of our equal opportunities policy in regards to our applicants.

Information will be treated in strict confidence and used only for monitoring purposes. This information will be removed prior to shortlisting and will not form any part of the assessment process.

If you do not wish to provide some of this information, please tick the 'Do not wish to disclose' boxes, as appropriate.

Job details*

Name:*

Job applied for:*

Job reference number:*

Gender*

Male Female Do not wish to disclose

Marital status*

Single Civil partnership Widow/Widower Separated
 Married Living with partner Divorced Do not wish to disclose

Disability*

The Equality Act 2010 defines a disabled person as someone with a 'physical or mental impairment which has substantial and long term adverse effect to carry out normal day to day activities. This can include cancer or other such long term illnesses. If you consider yourself to have a disability that falls under this definition, please specify it below.

No disability Visual Long term illness Physical co-ordination
 Speech Learning difficulties Mobility Reduced physical capacity
 Hearing Mental health Physical disability Do not wish to disclose
 Other disability, please specify: _____

Religion/belief*

Christian Buddhist Secular beliefs Orthodox Jewish/Charedi
 Hindu Sikh Atheist/no belief Other Jewish
 Muslim Other, please specify: _____ Do not wish to disclose

Sexual orientation*

Heterosexual Gay Lesbian Bisexual
 Do not wish to disclose

Transgendered/transsexual*

Yes No Do not wish to disclose

Your name or initials:

Caring responsibilities*

Do you have any caring responsibilities? Yes No

- Adults/sick Adults/disabled Adults/elderly
 Children under 16 Children under 16/sick Children under 16/disabled
 Other, please specify: _____ Do not wish to disclose

Ethnic group*

White

- British
 Irish
 Traveller of Irish heritage
 Gypsy Roma
 Turkish Cypriot/Turkish speaking (incl. Kurdish)
 Other Kurdish
 Greek/Greek Cypriot
 Jewish
 Orthodox Jewish/Charedi

British

- White Eastern European
 White other European
 Any other White background,
please specify: _____

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background,
please specify: _____

Any other ethnic group

Any other background, please specify: _____

Do not wish to disclose

Black or Black British

- Caribbean
 African – Somali
 African – Congolese
 African – Nigerian
 African – Ghanaian
 Other West African
 Any other African or Black background,
please specify: _____

Chinese or South East Asian/South East Asian

- Chinese
 Vietnamese
 Any other South East Asian background,
please specify: _____

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background,
please specify: _____