

Schools Safer Recruitment Application Form

Please ensure all sections of this form are completed (CVs will not be accepted).

Post Applied For:		Reference:	
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Personal Details			
Title:		First Name(s):	
		Surname:	
Please ensure to include all of your legal first names and your full legal last name			
House / Flat No.		Street / Road Name:	
Town / City:		County:	
Postcode:		Home Phone No:	
Work Phone No.		Mobile Phone No.	
Email Address:			

Working in the UK			
Do you require a work permit to work in the UK?		National Insurance No.	

Education and Qualifications			
Name of Secondary School / College / University / Other:			
Attended From:		Attended To:	
Qualifications and grades attained:			
Qualification:			Grade:

Name of Secondary School / College / University / Other:			
Attended From:		Attended To:	
Qualifications and grades attained::			
Qualification:			Grade:



Name of Secondary School / College / University / Other:			
Attended From:		Attended To:	
Qualifications and grades attained::			
Qualification:			Grade:

Membership of Professional Bodies

Please provide of any Professional Bodies that you are a member of, your membership status (whether by examination, etc) and relevant dates of membership / validity.

Professional Body	Membership Status	Relevant Dates / Validity

Training Courses Attended

Please list any relevant informal and job related training you have undertaken with dates (most recent first):

Training Course:	Training Dates:

Employment History

Please put your most recent employment first and provide full details of all paid and unpaid employment since leaving full-time education. Please explain any breaks in employment (subject to the provisions relating to disclosures under the Rehabilitation of Offenders Act 1974 and 1986).

Name of Current / Last Employer:			
Address:			
Postcode:		Employer's Contact No.	
Position:		Salary:	
Date From:		Leaving Date or Required Notice Period:	
Brief description of responsibilities:			

Name of Previous Employer:		Salary:	
Address:		Postcode:	



Position:		Date From:		Date To:	
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Name of Previous Employer:		Salary:			
Address:		Postcode:			
Position:		Date From:		Date To:	

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Address:		Postcode:			
Position:		Date From:		Date To:	

Please provide details of any gaps in your employment history with supporting dates			
Gap 1:		Dates:	
Gap 2:		Dates:	
Gap 3:		Dates:	

Please tell us how many days absent you have been from work due to sickness in the last 2-years, and the number of occasions:			
Total Number of Sickness Days:		Total Number of Occasions of Sickness:	



Rehabilitation of Offenders Act

Before completing this part of the form, please read the following notes carefully.

The post you are applying for is exempt from the Rehabilitation of Offenders Act 1974. You must give details on this form of all offences, convictions, cautions or bindovers you have or any cases that you have pending subject to the condition set out below: In May 2013, legislation came into force that provides that certain old and minor cautions and convictions will no longer be subject to disclosure under the Exceptions Order 1975.

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. Please take a look at the filtering rules using the following link:

[Filtering rules for criminal record check certificates](#)

The list of offences that will never be filtered are available through the following link:

[Never filtered from a criminal records check](#)

Do you have offences to declare

Please list details of offence(s), place and date of any judgment(s) and sentence(s):

All information given will be treated in the strictest confidence and will be used for this job application only.

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.

I declare that I have read the information above.

Signed:

Dated:

Experience

Supporting statement and achievements

Please use this section to show how you meet the requirements of the person specification, referring to your education/qualifications, experience, knowledge, skills and competencies, paid or unpaid work. Give examples using active words like 'I wrote / planned'.

Supporting Statement:



References

References are normally taken for successful candidates before an appointment is confirmed. For most positions these will cover the last 3-years of employment history and must be satisfactory to the council.

You must provide the names and contact details of all referees to cover your **last 3-years of employment**, or, if appropriate, your last school, college or university. It is our practice to contact the relevant HR departments to confirm that the person given as a referee has authority to write a reference. If you have any gaps in your employment, you must provide us with details what you were doing during this time.

Referee's Name:		Job Title:	
Address:			
Postcode:		Contact No.	
Email Address:			
How do you know them?			

Referee's Name:		Job Title:	
Address:			
Postcode:		Contact No.	
Email Address:			
How do you know them?			

Referee's Name:		Job Title:	
Address:			
Postcode:		Contact No.	
Email Address:			
How do you know them?			

If necessary please provide any additional information on a separate sheet

Disability

The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act's definition, a person must have, or have had a physical or mental impairment, which had substantial long-term effects on their ability to carry out normal day to day activities. If we know that you have a disability we will make adjustments to the working arrangements and/or the working environment provided it is reasonable in the circumstances to do so.

Do you have a disability you wish us to know about at this stage?

Please let us know if you have any requirements or if you believe there are any reasonable adjustments we should be making during the recruitment and selection process, e.g. provide a sign language interpreter.

Requirements:

Relations



Are you related to, or have a close personal relationship with, any councillor, council employee or school governor for the school you are applying?	
If Yes, please state their name and your relationship to them:	

Advertisement

Where did you see this job advertised?	
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Declaration

By submitting this form, you certify that all information provided is true and that you have not canvassed a councillor or employee of the council directly or indirectly in connection with this application, and will not do so.

You understand that any such activity, or failure to disclose any personal relationship with a councillor or employee of the council, will disqualify your application.

You acknowledge that if any of the information is found to be false by virtue of statement or omission after any appointment, you may face disciplinary action, which could result in your dismissal without notice.

You give consent to process the enclosed personal data under the Data Protection Act 1998 on the understanding that it is used to determine your suitability for the post applied for.

Prevention of Fraud

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. This may include matching the information on this form with other information we hold about you from other sources, including data held on computer records. We may also share this information, for the same purpose, with other organisations which handle public funds.

I acknowledge that I understand and accept these terms

Print Name:			
Signed:		Dated:	

Protection of your Data / Information

The information you supply on this application form is subject to the current Data Protection Regulations and specifically the General Data Protection Regulation (GDPR) 2018.

Privacy Notice: Redbridge Schools use this standard application form for the recruitment and employment of non-teaching staff in schools. The information will be confidentially shared with administrative and management personnel involved directly in the recruitment process within individual schools and with associated Human Resource and Payroll services outside of the school in the context of your employment application. Anonymous data may be extracted for the purpose of statistical recording.

Once the recruitment process has been completed the application form and associated documents for successful candidates will be retained to form the basis of an employment record and stored safely and securely. Unsuccessful candidates' details will be securely disposed of in accordance with the guidelines and erased or destroyed - unless there is specific permission for the information to be retained for future recruitment purposes.

You may update the information should you become aware of any inaccuracies in your submitted application by contacting the email address used to submit the application originally. You can also withdraw your application through the same contact.

For further general information please contact: Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals - ico.org.uk



Equal Opportunities Form

Post Applied For:

Reference:

In line with the Codes of Practice of the Equality and Human Right Commission, Redbridge Council collects and maintains information on gender, ethnic origin and disabilities of its employees. Redbridge Council will also collect and maintain information on sexual orientation, age and religion or belief of its employees. The information you have supplied will be kept confidential.

It will be appreciated If you will complete this section of the application form, which will be separated from the rest of the form before shortlist selection takes place.

You can be assured that this information will be treated in confidence, and will not be available to short listing officers or interviewers or to future potential managers.

1. Gender

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
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2. Sexual Orientation

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Declined To Specify
<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Gay Woman / Lesbian
<input type="checkbox"/>	Heterosexual		

3. Religion

<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Baha'i	<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jain	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Any Other Religion or Belief						

4. Ethnic Group

<input type="checkbox"/>	African	<input type="checkbox"/>	Any Other Asian Background
<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>	Any Other Mixed Background
<input type="checkbox"/>	Any Other White Background	<input type="checkbox"/>	Any Other Ethnic Background
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	British - White
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Declined To Specify	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Black Caribbean		

5. Do you consider that you have a disability as defined by the Equality Act 2010?

The Equalities Act 2010 (EA) protects people with disabilities. The EA defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Declined To Specify
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6. Date of Birth:

<input type="text"/>

