**LADY MANNERS SCHOOL**

*Chair of Panel Checklist:*

*Application form signed*

*Gaps in employment checked*

*References checked*

*Lived abroad*

**Shutts Lane, Bakewell, Derbyshire, DE45 1JA**

**Tel: 01629 812671** [**www.ladymanners.net**](http://www.ladymanners.net)

**APPLICATION FORM (SUPPORT STAFF)**

*The information contained in this form will be used in administering the recruitment process in accordance with the General Data Protection Regulation. Please see the Workforce Privacy Notice at* [*www.ladymanners.net/policies*](http://www.ladymanners.net/policies)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Post applied for*** | Site Supervisor | ***Job Reference No.*** | | 23/07 |
| ***Please indicate the number of hours you would prefer to work (up to 37)*** | | |  | |

**1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Forename | | Title |
| Previous Name / Maiden Name (if applicable) | | | |
| Address  Post Code | | | |
| Home Telephone Number | | Mobile | |
| E-mail  *Please note that if you supply an email address, this will be used as the main method of contact* | | | |

**2. PRESENT EMPLOYMENT**

|  |  |
| --- | --- |
| Present Post Title & Summary of Duties and Responsibilities | Date Appointed |
| Current Salary |
| Notice period |
| Reason for leaving |
| Name & Address of Current Employer    Post Code |

**3. REFERENCES** (one of these should be your current or most recent employer)

|  |  |
| --- | --- |
| Name | Name |
| Address  Post Code | Address  Post Code |
| Telephone Number | Telephone Number |
| Email Address | Email Address |
| Capacity in Which Known | Capacity in Which Known |
| Can we contact prior to interview? Yes  No  If no, please give a reason: | Can we contact prior to interview? Yes  No  If no, please give a reason: |

**4. EDUCATION**

**Secondary Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification (e.g. GCSE/A-Level) | Subject | Grade | School / College | Date Awarded |
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**Higher Education**

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| --- | --- | --- | --- | --- |
| Qualification | Subject | Grade | University / College | Date Awarded |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. RELEVANT TRAINING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Organising Body | Brief details of course content | Duration | |
|  |  |  | From | To |
|  |  |  |  |  |

1. **PREVIOUS WORK EXPERIENCE**

Please enter earliest first and account for any gaps in employment. Any gaps or discrepancies will be explored at interview.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Position Held and Summary of Duties/Responsibilities | Reason for leaving | Dates | |
| From | To |
|  |  |  |  |  |

1. **OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION**

Using the job description and person specification please demonstrate, using examples, your suitability for the job you are applying for.

|  |
| --- |
|  |

Please state any dates/times in the next 6 weeks when you will not be available for interview

|  |
| --- |
|  |

Please note that we will check on the identity of candidates, make overseas checks where relevant and follow up references with referees and scrutinise applications for gaps in employment.

|  |
| --- |
| I am / am not\* related to any senior member of staff or Governor. If so, who? |
| I have / have not lived outside the United Kingdom for a period of 6 months or more in one country since my 18th birthday. Please provide details of the relevant countries. |
| I understand that canvassing, directly or indirectly, will be a disqualification. |
| I am prepared to undergo a medical examination. |
| I can produce the original documents of my qualifications. |
| I understand that providing false information is an offence and, if I am appointed, could result in dismissal and referral to the police. |

*\* Please delete as appropriate*

**Signature** \_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All candidates applying electronically will be required to sign their form at interview.**

**APPLICANT'S DECLARATION & EQUAL OPPORTUNITIES MONITORING**

As the role you have applied for involves frequent or regular contact with children, you are required to complete the self-disclosure. To allow us to monitor equal opportunities you are asked to complete the monitoring form.

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

**Self Declaration**

The information you provide below will only be seen by the panel should you be chosen as the preferred candidate for the post.

|  |  |
| --- | --- |
| **Position Applied For:** |  |
| **Name:** |  |

|  |  |
| --- | --- |
| Have you ever been known to any children’s services department or to the police as being a risk or potential risk to children? | Yes  No |
| Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children? | Yes  No |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amended) 2013? | Yes  No |
| Are you disqualified from working with children or subject to sanctions imposed by a regulatory body? | Yes  No |
| If you have answered ‘yes’ to any of the above questions, please provide further details in a separate document. | |
| **Confirmation of declaration** | |
| I agree that the information provided may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation’s attention. | |
| In accordance with the organisation’s procedures I agree to undergo a Criminal Records Check, provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. | |
| I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people. | |
| I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children. | |

**Signature** \_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal Opportunities Monitoring Form**

This information will be solely used for monitoring and statistical purposes, it will not be seen by those shortlisting or interviewing you. A copy of the School’s Equal Opportunities Policy is available on request.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position Applied For:** |  | | | | | |
| **Name:** |  | | | | | |
| **National Insurance no:** |  | | | | | |
| **Gender:** | Male  Female | | | | | |
| **Date of Birth:** |  | | | | | |
| **Ethnic Origin:** | Please tick the category that most represents your race and ethnicity | | | | | |
| White, British | |  | Black or Black British, African | | |  |
| White, Irish | |  | Black or Black British, Caribbean | | |  |
| Any other White Background | |  | Any other Black Background | | |  |
| Asian or Asian British, Bangladeshi | |  | Chinese | | |  |
| Asian or Asian British, Indian | |  | Mixed White & Asian | | |  |
| Asian or Asian British, Pakistani | |  | Mixed White & Black African | | |  |
| Any other Asian Background | |  | Mixed White & Black Caribbean | | |  |
| Any other Ethnic Background | |  | Any other Mixed Background | | |  |
| Do not wish to be recorded | |  |  | | |  |
| **Religion/Religious Belief/Philosophical Belief:** | Christian  Muslim  Hindu  Jew  Sikh  Buddhist  Humanist  Atheist  None  Other  Specify……………………… | | | | | |
| **Disability:** | | | | | | |
| Do you have a disability within the terms of the Disability Discrimination Act 1995 (Defined as a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)? | | | | | Yes  No | |
| **Other Needs:** | | | | | | |
| Is there anything else you think we need to take into account to deal with you fairly and equally? | | | | Yes  No  If yes, please state below. | | |
|  | | | | | | |
| **Where did you see the vacancy advertised?** |  | | | | | |

**Signature** \_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_