**Support Staff application form**

If you need a copy of this information in large print, Braille, another language or as an audio file, please ask.

|  |  |  |  |
| --- | --- | --- | --- |
| Application for the post of: |  | Job No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School Name: |  | Candidate Ref No: |  |

If you are a current employee are you applying for this post as a redeployee? Yes  No

1. **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | Previous Name (s) (if applicable) |  |
|  |  |  |  |
| First Name(s): |  | | |
|  |  | | |
| Home address |  | | |
|  |  | | |
| Email address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile telephone Number: |  | Home telephone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance Number (If you have one): |  |  |  |  |  |  |  |  |  |

Do you have a full current driving licence? Yes  No

Do you have daily use of a vehicle? Yes  No

Do you have any penalty points on your licence? Yes No

|  |
| --- |
|  |

If so, how many?

Do you consider yourself to have a disability? Yes  No

(NB: The Equality Act 2010 defines a person as having a disability if he/she “has 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”).

The Uttoxeter Learning Trust operates an interview guarantee scheme for people with a disability who meet the essential criteria of the post.

If you have a disability, are there any arrangements which we will need to make if you are invited to interview?

|  |
| --- |
|  |

|  |
| --- |
|  |

How did you hear about this vacancy?

|  |
| --- |
|  |

Are you applying on a job share basis? Yes  No

If Yes, please state the proportion on full-time hours you are willing to work:

1. **Present (or most recent) Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

1. **Previous Employment**

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whist in education. (Continue on additional sheets if necessary).

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Company/ School Name, Address & Telephone Number: |  | | |
| Start Date: |  | End Date:  (if applicable) |  |
| Reason for Leaving: |  | | |
| Salary: |  | Allowances:  (Please specify) |  |
| Brief Details of Post: |  | | |

1. **Other relevant experience**

|  |
| --- |
|  |

1. **Education**

Please give details of all nationally recognised qualifications awarded/results awaited; **from GCE Advanced Level to Further Degree Level** or their equivalents in chronological order.

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Course | Organising body | Awards (if any) | Date of attendance (mm/yy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Copies of essential qualifications will be required on appointment.

1. **Training (Other Continuing Professional Development)**

Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Course | Organising body | Awards (if any) | Date of attendance (mm/yy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Additional Information**

Please give any details you wish in support of your application. In particular, any experience, skills, knowledge, training and qualifications relevant to the post. (Please continue on a separate sheet if necessary).

|  |
| --- |
|  |

1. **Self-declaration of criminal record**

This post involves working in a school and is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You will therefore be required to declare whether you have any criminal convictions (or cautions, reprimands or warnings) including those which are ‘spent’. The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. **Details of the filtering rules can be found on** [**www.gov.uk/dbs**](http://www.gov.uk/dbs)

As the post involves engaging in regulated activity relevant to children, it is an offence to apply for the role if you are barred from doing so.

**All shortlisted candidates will be asked to complete a safeguarding/ criminal records self-disclosure form prior to interview**. You will be asked to disclose details of all unspent and unfiltered spent reprimands, formal warnings, cautions and convictions.

We will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions. As posts in schools are 'Regulated Activity' the barred list for children will also be checked.

Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in withdrawal from any job offer.

The Uttoxeter Learning Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

1. **Immigration, Asylum and Nationality Act 2006**

All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. With reference to the accompanying Guidance Notes please confirm that you are able to provide the appropriate documents. Yes  No

1. **References**

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. If you are not currently working with children, please supply a reference from the last time you worked with children. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references.

Please note if the referee is school or college based the reference must be confirmed by the headteacher/principal as accurate.

**1st Referee**

|  |  |
| --- | --- |
| Name |  |
|  |  |
| E-mail address |  |
|  |  |
| Address |  |
|  |  |
| Telephone Number |  |
|  |  |
| In what capacity are they known to you? |  |

**2nd Referee**

|  |  |
| --- | --- |
| Name |  |
|  |  |
| E-mail address |  |
|  |  |
| Address |  |
|  |  |
| Telephone Number |  |
|  |  |
| In what capacity are they known to you? |  |

**Please note:** The post you are applying for forms part of the Children’s Workforce, your references will be contacted should you be shortlisted for interview - please see the Notes for Applicants provided with this form.

1. **Declarations**

To your knowledge are you related to a member of staff, Governor of the school or anyone elected to or employed by Uttoxeter Learning Trust?

Yes  No

If Yes, please state their name and position held

|  |
| --- |
|  |

The information provided in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 2014 / the GDPR the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and/ or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the ULT, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate.

I further understand that failure to disclose any relationship with a member/officer of the ULT or providing information which is false or omitting information relevant to the application, will also disqualify my application and that if such information is discovered after appointment I may be liable for dismissal without notice.

I agree that the information I give in connection with this application for employment may be stored and processed for the purpose of personnel management.

|  |  |
| --- | --- |
| Signed |  |
|  |  |
| Date |  |