



Bishop Wordsworth's School

Support Staff Application Form

Position applied for:

PERSONAL DETAILS

Title: Dr/Mr/Mrs/Miss/Ms/Other	Forenames:	Surname:		
Date of birth:		Former name:		
National Insurance number:		Preferred name:		
Address:		Email address:		
		Telephone number(s):		
		Home:		
		Work:		
		Mobile:		
Are you eligible for employment in the UK?		Yes		No
If No, please provide details:				

SANCTIONS, RESTRICTIONS & PROHIBITIONS

Have you ever been referred to, or are you the subject of a sanction, restriction or prohibition issued by, the National College for Teaching and Leadership (NCTL), any equivalent body in the UK or a regulator of the teaching profession in any other country?	Yes		No	
Have you ever been referred to the Department for Education, or are you the subject of a direction under section 128 of the Education and Skills Act 2008 which prohibits, disqualifies or restricts you from being involved in the management of an independent school?	Yes		No	
Have you ever been the subject of a direction under section 142 of the Education Act 2002?	Yes		No	
If answering "Yes" to any of the questions in Section 2 please provide details on a separate sheet and send this in a sealed envelope marked "confidential" with your application form.				

EDUCATION & QUALIFICATIONS

Please list in chronological order all secondary schools, further education and higher education institutions attended, together with examinations taken and grades/degrees obtained. Please continue on a separate sheet if necessary.

Name of school/college/university:	Dates of attendance:	Examinations:		
		Subject	Result	Date
	From:			
	dd / mm / yy			
	To:			
	dd / mm / yy			
	From:			
	dd / mm / yy			
	To:			
	dd / mm / yy			
	From:			
	dd / mm / yy			
	To:			
	dd / mm / yy			
	From:			
	dd / mm / yy			
	To:			
	dd / mm / yy			

OTHER VOCATIONAL QUALIFICATIONS, SKILLS OR TRAINING

Please provide details of any vocational qualifications or skills that you possess or training that you have received which you consider to be relevant to the role for which you have applied.

EMPLOYMENT HISTORY		
CURRENT/MOST RECENT EMPLOYMENT		
Employer's Name:		
Address:		
Job title:		
Date started:	Date employment ended (if applicable):	Current salary / salary on leaving:
Brief description of responsibilities:		
Reason for seeking other employment:		
Please state when you would be available to take up employment if offered:		

PREVIOUS EMPLOYMENT AND/OR ACTIVITIES SINCE LEAVING EDUCATION

Please continue on a separate sheet if necessary

Dates:	Name and address of employer:	Position held and/or duties:	Reason for leaving:
From: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____ To: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____			
From: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____ To: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____			
From: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____ To: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____			
From: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____ To: dd / mm / yy <input type="text"/> / <input type="text"/> / <input type="text"/> _____			

Gaps in your employment: If there are any gaps in your employment history, e.g. looking after children, sabbatical year. Please give details and dates:

REFERENCES

Please supply the names and contact details of two people who we may contact for references. One of these must be your current or most recent employer. If your current/most recent employment does/did not involve work with children, then your second referee should be from your employer with whom you most recently worked with children. Neither referee should be a relative or someone known to you solely as a friend. Bishop Wordsworth's School intends to take up references on all shortlisted candidates before interview and reserves the right to take up references from any previous employer.

If BWS receives a factual reference i.e. one which contains only limited information about you, additional information may be sought.

If you have previously worked overseas, BWS may take up references from your overseas employers.

The school also telephones referees in order to verify the references they have provided.

First Referee:

Name:	Position/Capacity know:		
Address:	Telephone number:		
	Email address:		
	May we contact prior to interview?		
Post Code:	Yes		No

Second Referee:

Name:	Position/Capacity know:		
Address:	Telephone number:		
	Email address:		
	May we contact prior to interview?		
Post Code:	Yes		No

It is the School's policy to employ the best qualified personnel and to provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of their race, colour, national or ethnic origin, sex, sexual orientation, marital or civil partnership status, religion or religious belief, disability or age.

The School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

A copy of the School's child protection policy is available for download from the School's website http://www.bws-school.org.uk/The_School/Policies/ Please take the time to read it.

If your application is successful, the School will retain the information provided in this form (together with any attachments) on your personnel file. If your application is unsuccessful, all documentation relating to your application will be confidentially destroyed after six months.

How we use your information

We will use the information which you have provided on this form, and which we collect from other sources (such as from references and from the Disclosure and Barring Service) for the following purposes: to assess your suitability for the role for which you have applied, to assess your suitability to work with children and to enable us to comply with our legal obligations (including safeguarding and promoting the welfare of children and young people).

In completing this application form for employment and, if later employed, agreeing to a contract for employment, I hereby grant permission to the School to process and share personal data provided in the form and at a later date as described on the School Staff Privacy Notice which has been given to me.

DECLARATION

- **I confirm that the information I have given on this application form is true and correct to the best of my knowledge.**
- **I confirm that I am not named on the Children's Barred List or otherwise disqualified from working with children.**
- **I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal and may amount to a criminal offence.**
- **I consent to the School processing the information given on this form, including any 'sensitive' information, as may be necessary during the recruitment and selection process.**
- **I consent to the School making direct contact with the people specified as my referees to verify the reference.**
- **I confirm that, to the best of my knowledge, I am not disqualified from working in early years provision or later years provision with children under the age of eight.**

Signed: -----

Date: -----

Where this form is submitted electronically and without signature, electronic receipt of this form by the School will be deemed equivalent to submission of a signed version and will constitute confirmation of the declaration at Section 13.

LETTER OF APPLICATION

Name in Full:

Please write in support of your application, showing how your experience and qualifications are relevant and how you would contribute to the post. Considerable importance will be attached to what you say in this letter of application. Please continue on the back and/or a separate sheet if necessary. Please complete in black ink as this application may be photocopied.

Please continue overleaf

Name in Full:

EQUAL OPPORTUNITIES MONITORING

We are committed to the promotion of equality of opportunity in its employment policy, practices and procedures. To make this meaningful we need to monitor the effectiveness of our policies by analysing statistical information.

We would be grateful if you could provide us with the following information - we value your contribution which will ensure our statistics are accurate and representative of the people who are seeking employment with Bishop Wordsworth's School.

The form will be separated from your application and treated in the strictest confidence. The information you provide will be used for statistical purposes only and will **not** be used as part of the recruitment selection process

Notes on completing this form:

Ethnic origin:

The ethnic origin categories are the same as those used in the population census in 2001. They are recommended by the commission for Racial Equality and are the basis for reporting statutory performance indicators.

Disability:

The Disability Discrimination Act 1995 states that: "a person has a disability for the purposes of the Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities."

PERSONAL DETAILS

Name:

(Your name is required so that we can identify which stage of the recruitment process you reach i.e. interview, appointment)

Job title:

School:

Date of interview:

2. My sex is (please tick as appropriate)

Male Female

THANK YOU for completing the form.

3. ETHNIC ORIGIN

I would describe my ethnic origin as:
(Please tick as appropriate)

White

British	<input type="checkbox"/>	Ref WB
Irish	<input type="checkbox"/>	WI
Any other White background	<input type="checkbox"/>	WO

Mixed

White and Black Caribbean	<input type="checkbox"/>	MC
White and Black African	<input type="checkbox"/>	MB
White and Asian	<input type="checkbox"/>	MA
Any other mixed background	<input type="checkbox"/>	MO

Asian or Asian British

Indian	<input type="checkbox"/>	I
Pakistani	<input type="checkbox"/>	P
Bangladeshi	<input type="checkbox"/>	B
Any other Asian background	<input type="checkbox"/>	AO

Black or Black British

Caribbean	<input type="checkbox"/>	BC
African	<input type="checkbox"/>	BA
Any other black background	<input type="checkbox"/>	BO

Chinese

Chinese	<input type="checkbox"/>	C
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Other Ethnic Group (OE)
Please state:

4. Is there anyone who relies on you for day-to-day care and attention? (please tick)

YES
NO
If YES, are they children? If Yes, which age group?

Please tick as appropriate

Children: 0-4	<input type="checkbox"/>
5-11	<input type="checkbox"/>
12-16	<input type="checkbox"/>

Other family member

5. My age is (please tick as appropriate)

16-19	<input type="checkbox"/>	40-49	<input type="checkbox"/>
20-29	<input type="checkbox"/>	50-59	<input type="checkbox"/>
30-39	<input type="checkbox"/>	60-64	<input type="checkbox"/>

6. Do you consider yourself to have a disability? (Please tick)

YES
NO