

SUPPORT STAFF



SOUTH GLOUCESTERSHIRE COUNCIL DEPARTMENT FOR CHILDREN, ADULTS AND HEALTH

APPLICATION FOR A SUPPORT STAFF POST IN SCHOOLS - CONFIDENTIAL

Please complete in black ink or typescript as this form may be photocopied. A Curriculum Vitae will not be accepted. You must complete all sections of the application form.

PLEASE RETURN FORM TO HEADTEACHER OF SCHOOL

Position applied for: _____ Vacancy Reference Number (e.g. SS100): _____

School: _____

Where did you first learn of this vacancy? _____

Personal Details

Title: _____ Surname: _____ Forenames (in full): _____

Home Address:	_____	Daytime Tel:	_____	
	_____		Evening Tel:	_____
	_____		Mobile:	_____
	_____		Former Name(s) if applicable:	_____
City/Town:	_____	National Insurance Number:	_____	
Postcode:	_____	Do you require a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email:	_____	Do you have a full driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____	Do you have regular use of a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education/Qualifications

Please state in chronological order. Applicants offered an appointment will be asked to verify their qualifications.

Name of School/College/University	Level	Awarding Body	Subjects	Grade/Result	Year Obtained

Current Employment or last employment if not currently employed.

Employer Name:			
Employer Address:			
Job Title:		Current Grade/Salary:	
Start Date (month/year):		End Date (month/year): (if applicable)	
Brief outline of duties:			
Reason you wish to leave this post:			

Previous Employment

Please put most recent job first. This may be paid or unpaid. Any dismissal or redundancy must be clearly stated.

Name of Employer, including relevant contact details	Job Title	Start Date (mm/yy)	End Date (mm/yy)	Reason for Leaving

Gap in Employment Details

Please indicate and explain any gaps in employment, including specific dates since first leaving secondary education, using a separate sheet where necessary.

Date from	Date to	Reason for gap

Training

Please highlight training that you have undertaken which is relevant to the post for which you are applying.

Course Name	Course Provider	Duration	Date(s)

Membership of Professional Associations (if applicable to the post for which you are applying)

Organisation Name	Level of Membership/Role/Registration No. (if applicable)

References

Please state below, details of two people to whom reference may be made (family members, ex/current partners, close friends are generally not acceptable referees). **Reference 1** - Your first referee must be your present or last Employer/Headteacher, if currently or previously employed.

Reference 2 - Your second referee would normally be another previous employer (ideally where you worked with children and young people) or a University or College Tutor (if no previous employment) or a voluntary organisation.

If you were known to your referee under another name, please state name:

Reference 1 Name:

Address: (Incl. Post Code) Reference 2 Name:		Address: (Incl. Post Code)	
	Email:		Email:
	Tel:		Tel:
Position:	Position:		

Organisation:

Organisation:

Please note that, in addition to your two nominated referees, any number of previous employers may be contacted without seeking further permission from you in relation to your employment history as part of the vetting process.

Due to safeguarding requirements, references should be obtained prior to interviews for shortlisted candidates, to assist with assessing candidates' suitability to work with children. Can you please confirm below whether or not referees may be contacted prior to interview should you be shortlisted.

Referee 1 may be contacted prior to interview.

Yes No

Are you related to any employee or Governor at the school for which you are applying or to a Councillor of South Gloucestershire Council?

Yes No

Referee 2 may be contacted prior to interview.

Yes No

If YES, give their name, position and relationship.

Are you a current employee of South Gloucestershire Council?

Yes No If YES, please state your pay reference number.



November 2010

Committed to Equalities - Confidential

The Council is committed to equality of opportunity and as part of this commitment monitors its recruitment and selection process to determine that it is fair to all. Please help South Gloucestershire Council monitor its equalities policies and prevent unfair discrimination by answering ALL of the following questions, ticking the appropriate box.

Name:

School:

Previous Surname:

Vacancy Applied For:

Vacancy Reference No:

Equalities Information

1. Ethnic group

WhiteWhite – British White – Irish White – Other **Mixed**Mixed – White and Black Caribbean Mixed – White and Black African Mixed – White and Asian Mixed – Other **Chinese** **Asian**Asian or Asian British – Indian Asian or Asian British – Pakistani Asian or Asian British – Bangladeshi Asian or Asian British – Other **Black**Black or Black British – Caribbean Black or Black British – African Black – Other **Other ethnic group**

If other, please specify below:

2. Gender/Age**Gender**I am: Male Female **Age**I am: Up to 19 years 20-29 years 30-39 years 40-49 years
50-59 years 60+ years **3. Disability**Do you consider yourself to be a disabled person? Yes No

Please note: This information will be used to enable us to monitor our performance as an equalities employer effectively, and for that purpose only. This information will be treated in the strictest confidence, and will not be seen at any time by the selection panel.