

**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:

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.

Organisation:

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.




Date of Birth

To assist with identity and vetting requirements, please provide your date of birth.

**Data Protection Act 1998**

Under the terms of the Data Protection Act 1998 the information provided on this form will be held in confidence and used for the purpose of Recruitment and Selection and Personnel Administration and no other purpose.

**General Notes**

1. Any form of canvassing will disqualify the candidate.
2. False or misleading information will disqualify an application or, if appointed, render an applicant liable to dismissal without notice.
3. Please return this form by the closing date to ensure consideration.

**Declaration**

I declare that to the best of my knowledge the information on this application is true. I understand that if the information I have supplied is false or misleading in any way, I will automatically be disqualified from appointment or dismissed without notice. Sign below to confirm that you agree to the above statement (for applicants applying by email, please enter a  $\sqrt$  or X in the box below).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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

<b>White</b>		<b>Asian</b>	
White – British	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
		Asian or Asian British – Other	<input type="checkbox"/>
<b>Mixed</b>		<b>Black</b>	
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>		
<b>Chinese</b>	<input type="checkbox"/>	<b>Other ethnic group</b>	<input type="checkbox"/>
		If other, please specify below:	
		<input type="text"/>	

2. Gender/Age

<b>Gender</b>								
I am:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
<b>Age</b>								
I am:	Up to 19 years	<input type="checkbox"/>	20-29 years	<input type="checkbox"/>	30-39 years	<input type="checkbox"/>	40-49 years	<input type="checkbox"/>
	50-59 years	<input type="checkbox"/>	60+ years	<input type="checkbox"/>				

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.