

# Application Form School Staff

**THIS FORM MUST BE PRINTED, IT CANNOT BE COMPLETED ON LINE**

**PLEASE READ GUIDANCE NOTES AND COMPLETE FORM IN BLACK INK AND CAPITAL LETTERS**

Vacancy	
School/Location	
Where vacancy advertised	

## PERSONAL DETAILS

Title			
Forename(s)			
Known as			
Surname			
Previous Surname			
Home Telephone No.			
Mobile Telephone No.			
Work Telephone No.			
Full Address			
Email Address			
National Insurance No.			
Date of Birth			
GTC Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GTC registration date
ISA Registered	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ISA Registration Number			
Induction year completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Teacher Ref.		Date QTS Award	

## ACTION FOR EQUALITY

Milton Keynes Council is an equal opportunities employer. The aims of the Equalities Policy are to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, gender, sexual orientation, marital status, age, religion or any disability nor is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

## CURRENT OR LAST EMPLOYER

School/Employer Name			
Local Authority			
Job Title			
Employer's Address (incl. postcode)			
Telephone	School Type		
Start Date	End Date		
Salary	Number on roll		
Qualified or Unqualified	Hours Worked	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Reason for Leaving			
Please give a brief summary of duties			
When would you be available for employment?			

## PREVIOUS TEACHING EMPLOYMENT

**Please list all posts, starting with the most recent post held and account for any gaps in employment. Please continue on a separate sheet if necessary.**

<b>1.</b> Local Authority			
Name of School			
Job Title			
Please give a brief summary of duties			
From	To		
Number on roll	Qualified or Unqualified		
School Type	Hours Worked	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Reason for leaving			
<b>2.</b> Local Authority			
Name of School			
Job Title			
Please give a brief summary of duties			
From	To		
Number on roll	Qualified or Unqualified		
School Type	Hours Worked	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Reason for leaving			

**PREVIOUS TEACHING EMPLOYMENT CONTINUED...**

**3. Local Authority**

Name of School

Job Title

Please give a brief summary of duties

From

To

Number on roll

Qualified or Unqualified

School Type

Hours Worked

Full Time     Part Time

Reason for leaving

**4. Local Authority**

Name of School

Job Title

Please give a brief summary of duties

From

To

Number on roll

Qualified or Unqualified

School Type

Hours Worked

Full Time     Part Time

Reason for leaving

**5. Local Authority**

Name of School

Job Title

Please give a brief summary of duties

From

To

Number on roll

Qualified or Unqualified

School Type

Hours Worked

Full Time     Part Time

Reason for leaving

**PREVIOUS NON - TEACHING EMPLOYMENT, INCLUDING VOLUNTARY WORK**

**Please list all posts, starting with the most recent post held and account for any gaps in employment. Please continue on a separate sheet if necessary.**

**1.** Name of Employer

Job Title

From

To

Reason for Leaving

Please give a brief summary of duties

**2.** Name of Employer

Job Title

From

To

Reason for Leaving

Please give a brief summary of duties

**3.** Name of Employer

Job Title

From

To

Reason for Leaving

Please give a brief summary of duties

**4.** Name of Employer

Job Title

From

To

Reason for Leaving

Please give a brief summary of duties

**5.** Name of Employer

Job Title

From

To

Reason for Leaving

Please give a brief summary of duties

**EDUCATION**

List all education establishments attended since age 11.

You will be required to provide evidence of qualifications essential to the role.

School / College / University	Dates From - To	Examinations, Subjects and Results	Awarding Body

**JOB RELATED TRAINING / CPD**

List all relevant training attended.

You will be required to provide evidence of training essential to the role.

Course Title	Dates From - To	Provider

## SUPPORTING STATEMENT

Drawing upon your experience, skills, abilities and qualifications, you must demonstrate their relevance to the job that you have applied for. Use the job profile and person specification as a guide and be sure to demonstrate your ability to do the job where you can. You must also explain why you are applying for the job. (Continue on separate sheet if necessary).

**This is an essential element of your application.**

## REFERENCES

Depending upon post, please give details below of at least two people who can provide information that will confirm your suitability for this post. One person **must be your current or most recent employer**. Please note that for certain posts the Council reserves the right to contact any previous employer and request a reference, in addition to the two detailed below.

References will not be accepted from relatives or people writing in the capacity of friends. References will be taken up prior to interview. **Please refer to guidance notes for further instructions.**

### Current/Most Recent Employer

Name

Position

Relationship

Address

Postcode

Telephone

Email Address

### Previous Employer

Name

Position

Relationship

Address

Postcode

Telephone

Email Address

### Previous Employer

Name

Position

Relationship

Address

Postcode

Telephone

Email Address

### Previous Employer

Name

Position

Relationship

Address

Postcode

Telephone

Email Address

## IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006

Under the Immigration, Asylum and Nationality Act 2006, we can only offer you a job if you have the right to live and work in the United Kingdom. You will therefore be requested to produce appropriate documentation.

Are you legally entitled to live and work in the United Kingdom and able to produce appropriate documentation at interview?  Yes  No

## FURTHER INFORMATION

If you are applying for a post which is open to job share, please indicate how you wish to work by ticking one of the following boxes:

Full Time only  Job Share only  Either

### CANVASSING

All forms of canvassing will automatically disqualify candidates from employment e.g. you must not ask a Councillor or Officer to use their influence to help you gain this job.

Are you related to a Councillor, Officer of the Council, or a School Governor?  Yes  No

If yes, please give name

Role Held and Location

Relationship to you

### MOBILITY

If the post you have applied for involves driving duties/ability to travel to different locations, are you able to fulfil these duties?  Yes  No

Note: The person specification will indicate what is required

Do you have a full current driving licence?  Yes  No

## DISCLOSURE OF CRIMINAL CONVICTIONS

The post for which this application applies is considered exempt by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore required to disclose details of any convictions, cautions, reprimands and final warnings including motor vehicle related offences (but not fixed penalty speeding offences) in respect of your application. **This must also include convictions that would otherwise be considered 'spent'**. (Tick only one of the boxes)

Do you have any spent or unspent convictions, cautions, reprimands and final warnings?

YES

NO

In answering YES to the above question, you must attach details in a sealed envelope of spent or unspent criminal convictions, cautions, reprimands and final warnings.

A conviction will not necessarily bar you from obtaining employment. However, failure to disclose any criminal convictions, in the event of your employment, **may result in disciplinary action or dismissal without notice.**



## SAFEGUARDING STATEMENT

In accordance with the Independent Safeguarding Authority Vetting and Barring Scheme, you are committing a criminal offence by knowingly engaging in regulated employment, (i.e working with children or vulnerable adults) if you have been barred from working with children or vulnerable adults.

Are you currently barred from working with children or vulnerable adults?

Yes  No

Are you subject to any sanctions imposed by a regulated body e.g. General Teaching Council (GTC) or have any other action pending against you?

If you have answered YES to either of the above questions, you are required to enclose details in a sealed envelope of the reasons for you being barred, sanction being imposed or action pending.

Yes  No

## DECLARATION

Please sign and date this form to confirm that the details entered are correct.

I certify that the information given on this form is factually correct and without omission to the best of my knowledge. I understand information from this form will be computerised for personnel/employee administration/equal opportunities monitoring purposes in accordance with the Data Protection Act 1998. In addition, in accordance with this Act, this information may also be used for the prevention and detection of fraud and crime.

**WARNING: any person appointed to the authority having given false information will be liable to dismissal without notice.**

Signature

Date

## APPLICATION RETURN DETAILS

The completed application form should be returned to:

**FOR OFFICE USE ONLY**

Reason for selection/non-selection	Shortlisting Stage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Interview Stage	Accepted	<input type="checkbox"/>	Reject	<input type="checkbox"/>
	Appointment Stage	Accepted	<input type="checkbox"/>	Refused Offer	<input type="checkbox"/>

Reason, give details

## EQUALITIES MONITORING FORM

Milton Keynes Council is committed to being an equal opportunities employer. The Council does not discriminate on the basis of race, religion or belief, colour, sex or sexual orientation, age, physical or mental disability, marital status, nationality, ethnic or national origin. All matters related to employment are decided on the basis of qualifications, ability and business needs.

**This monitoring information section will not be kept with your application form and will not be used for selection purposes. It will only be used for statistical monitoring purposes to ensure all applicants receive the same consideration and are treated fairly when applying for jobs.**

Please complete the Equal Opportunities Monitoring form to enable us to monitor the effectiveness of our equal opportunities policy in regard to our applicants.

**Information will be treated in the strictest confidence and used only for monitoring purposes and will not form part of the recruitment decision process.**

Data is collected in accordance with the requirements of the Data Protection Act and Code of Practice issued by the Chartered Institute of Personnel and Development.

*Please tick the following boxes, as appropriate*

**Gender** I am  Male  Female

**Date of Birth**

**Ethnic Origin**

Ethnic origin is not usually a matter of nationality, place of birth or citizenship. It is about colour and broad ethnic group. UK citizens can belong to any of the groups indicated. The codes are the agreed 2001 Census codes.

- |                            |  |                          |
|----------------------------|--|--------------------------|
| (a) White                  | British                                    | <input type="checkbox"/> |
|                            | Irish                                      | <input type="checkbox"/> |
|                            | Other                                      | <input type="checkbox"/> |
| (b) Mixed                  | White and Black Caribbean                  | <input type="checkbox"/> |
|                            | White and Black African                    | <input type="checkbox"/> |
|                            | White and Asian                            | <input type="checkbox"/> |
|                            | Any other mixed background                 | <input type="checkbox"/> |
| (c) Asian or Asian British | Indian                                     | <input type="checkbox"/> |
|                            | Pakistani                                  | <input type="checkbox"/> |
|                            | Bangladeshi                                | <input type="checkbox"/> |
|                            | Any other Asian background from within (c) | <input type="checkbox"/> |
| (d) Black or Black British | Caribbean                                  | <input type="checkbox"/> |
|                            | African                                    | <input type="checkbox"/> |
|                            | Any other Black background from within (d) | <input type="checkbox"/> |
| (e) Other ethnic groups    | Chinese                                    | <input type="checkbox"/> |
|                            | Any other ethnic group                     | <input type="checkbox"/> |
|                            | Not Stated                                 | <input type="checkbox"/> |

**Marital Status**

- |          |                          |                   |                          |
|----------|--------------------------|-------------------|--------------------------|
| Single   | <input type="checkbox"/> | Separated         | <input type="checkbox"/> |
| Married  | <input type="checkbox"/> | Co habiting       | <input type="checkbox"/> |
| Widowed  | <input type="checkbox"/> | Civil Partnership | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

**Sexual Orientation**

Monitoring is voluntary but it will allow the Council to evaluate whether equality of opportunity and outcomes exists for staff. Just like everyone else, Lesbian Gay or Bisexual staff should be protected from harassment and discrimination. Only by asking staff about their sexual orientation can we measure the progress we are making to tackle inequalities, or be confident that unintentional discrimination is not arising.

**What is your sexual orientation?**

- |                   |                          |                       |                          |
|-------------------|--------------------------|-----------------------|--------------------------|
| Bisexual          | <input type="checkbox"/> | Heterosexual/straight | <input type="checkbox"/> |
| Gay man           | <input type="checkbox"/> | Other                 | <input type="checkbox"/> |
| Gay Woman/lesbian | <input type="checkbox"/> | Prefer not to say     | <input type="checkbox"/> |

**Religion**

This question is voluntary, but it will help the Council improve its equalities and diversity objectives, and ultimately its services.

**What is your religion?**

- |                               |                          |                   |                          |
|-------------------------------|--------------------------|-------------------|--------------------------|
| No Religion                   | <input type="checkbox"/> | Jewish            | <input type="checkbox"/> |
| Christian (all denominations) | <input type="checkbox"/> | Muslim            | <input type="checkbox"/> |
| Buddhist                      | <input type="checkbox"/> | Sikh              | <input type="checkbox"/> |
| Hindu                         | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Any other religion please write in .....

**DISABILITIES DISCLOSURE STATEMENT**

Milton Keynes Council is committed to providing a service that is inclusive of diversity and equality. In order for us to provide such a service, we require you to complete the following declaration relating to disabilities. **If you do not consider yourself to have a disability, please tick the box at the bottom of the page.**

The Council has a duty under the Equality Act 2010 to make “reasonable adjustments” for people with disabilities who want to work for the Council or access our services. To do this it is important that you let us know if you have a disability so we can make reasonable adjustments, for example at the interview/selection process.

In order to make adjustments, some information regarding your disability may have to be disclosed to various members of staff. No information will be passed on unless it is relevant to making reasonable adjustments.

You can request that no information about your disability be passed on, or you can request that information is restricted to certain people. However you should be aware that this could restrict the types of adjustments that can be made.

You should also be aware that even if you have stated that you do not wish information to be passed on, in certain instances relating to health and safety, emergency evacuation or public policy there may be a need to do so.

Do you have a disability?  Yes  No

I agree to information regarding my disability to be passed on:  Yes  No  Restricted

If you have ticked “Restricted”, please identify to whom you agree the information can be passed:

.....

*Thankyou for taking the time to complete this form.*