**CONFIDENTIAL**

**SUPPORT STAFF APPLICATION FORM**

**PART 1**

**Please complete all sections of the form using black ink or type.**

The outside pages of this application form (which contain all your personal details and the equal opportunities information) will be detached and retained in Human Resources. This ensures that your application is dealt with objectively. ***Please complete these pages even if you are submitting a CV.***

***Data Protection Act***

*Information from this form will be processed in accordance with the Data Protection Act 1998. In signing it you agree to this data being held and processed and if appointed to the job you also agree to further personal information, including sensitive data (e.g. bank details, medicals, etc) being held and processed by Holmes Chapel Comprehensive School in accordance with the Act.*

|  **Title of Job Applied:**  |
| --- |
|  | **Ref:** |

| **Personal Details** |
| --- |
| Title: | First Names: | Known As: |
| Surname: | NI Number: |
| Previous Surnames: |
| Address:Postcode: |

| **Contact Details:** |
| --- |
| Home: | Work: |
| Mobile: | Email: |
| May we contact you at work? Yes / NoHow can we contact you? Phone / Email / Mobile |

Where did you first see the advertisement for this job? If a newspaper / website, please state which one

|  |
| --- |

| **References** |
| --- |
| Please provide two referees **from two different employers**. One of these must be your present or most recent employer, or, for students, your personal tutor or head teacher.  The second should, preferably, be a previous employer or someone who can comment on your suitability for this job.  **Please let your referees know that you have quoted them as a referee, to expect a request for a reference and clarify how best to contact them e.g. letter, e-mail, should you be shortlisted.** |
| Present / Most Recent Employer | Previous Employer / Other |
| Organisation: | Organisation: |
| Name: | Name: |
| Role in Organisation: | Role in Organisation: |
| Address:Postcode: | Address:Postcode: |
| Phone No.: | Phone No.: |
| Email: | Email: |
| Preferred method of communication: | Preferred method of communication: |
| In what capacity does the referee know you? | In what capacity does the referee know you? |
| If the referee know you by a different name, please state: |

| Applicants should be aware that if shortlisted, online searches will be carried out. This online search is part of our Safer Recruitment procedures and does not form part of the shortlisting process. |
| --- |

| **Title of job applied for:** |
| --- |

| **Name:** |
| --- |

| **Current / Most Recent Appointment** |
| --- |
| Title of Current Job:  | Start Date: |
| Current Employer: | Salary Range: |
| Employer Address: | Current Salary: £ |
| Permanent or temporary contract: |
| Notice Required: |
| **Main Responsibilities:** |
|  |

| **Job Related Training:** |
| --- |
| Brief details and dates of any training courses attended: |
| **Current memberships of institutions / professional bodies:** |
| Please state level of membership, ie Graduate, Fellow, and membership number: |

| **Employment History** |
| --- |
| Name of employer, type of business and job title | Dates | Duties and reason for leaving |
|  |  |  |
|  |  |  |
|  |  |  |

| **Relationship to Governors of Employees of HCCS** |
| --- |
| If you have any personal relationship to any Governor at the school or Employee of HCCS, please give their name and relationship. This does not stop a Governor or Employee giving a reference. (Any approach to a Governor or other Employees to influence a selection decision will disqualify you). |
| If Governor: |
| Name: | Relationship: |
| If Employee: |
| Name: | Relationship: |
| Work Location: | Their Present Job: |
| Do you have children attending HCCS: |
| Yes: | No: |

| **Education and Training** |
| --- |
| Please give details of schools and colleges attended from age eleven, including part-time education and other courses. |
| Secondary Education(name and town of school) | Dates to / from | Qualifications gained or for which you are studying, and grades attained |
|  |  |  |
| Education and training after school (name and town of college / university) |  |  |
| Other Information |
| Additional skills, eg languages, sign language, keyboard skills: |
| Do you have a valid driving licence? Yes / No |
| If yes, please state type of licence: |
| Does your licence have any endorsements or penalty points? Yes / No |
| If yes, please give details: |

| **Supporting Information** |
| --- |
|  |

| **Activities and interests away from work which may be relevant to the job applied for:** |
| --- |
|  |

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**PART 2**

**DIVERSITY**

We are committed to equality of opportunity for everyone. To assess whether our Diversity policy is effective we need to monitor it and to do this we need the information requested below. We can then compare the success rates of different groups at both the shortlisting and appointment stages to ensure that unfair discrimination is not taking place. This will also enable us to comply with our obligations under current legislation.

| The information below will be used only for monitoring purposes and not in the selection process: |
| --- |
| Gender: | Male / Female |
| Marital Status: | Married / Civil Partnership / Single |
| Date of Birth:  | Age: |

| Please indicate your ethnic origin |
| --- |
| **White**:White BritishWhite IrishAny other White | **Mixed**:Mixed White/Black CaribbeanMixed White/Black AfricanMixed White/AsianOther Mixed | **Asian**:IndianPakistaniBangladeshiOther Asian |
| **Black or Black British:**Black CaribbeanBlack AfricanOther Black | **Other**: ChineseGypsy/TravellerOther  |
| **Nationality** (please state) |
| How would you define your sexual orientation?  Bisexual Gay Heterosexual Lesbian Prefer not to say |
| What is your religious belief? Buddhist Christian Hindu Jewish Muslim Sikh  No Religion Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say |
| **Disability:**  The Disability Discrimination Act of 1995 made it unlawful for employers to discriminate against their employees who are disabled and places a duty on the employer to make reasonable adjustments to enable the employee to undertake the work.  The definition in the Act is "People with disabilities are individuals who have, or have had, a physical or mental impairment which has a substantial and long term effect on his or her ability to carry out normal day to day activities".  If you do consider yourself to be disabled under the definition in the Act, please indicate this, even if you do not currently need any adjustments to undertake your job.https://lh3.googleusercontent.com/u3vha1XxEb2mwnJ5h_AX2IgDzz8G08RGJdsnJnimGX1buR6e1lqvXfk4_puzFVbmmTq4Pk-vUNIo2enAll-_6m7hwMnKvVEHpCjJAdb3Mch6rnKQ4KyPa21b-ndutu5jSFHpmRc=s0Do you consider yourself to have a disability? Yes / No |
| **I certify that details on this application form and any supplementary information attached are true as far as I know. I understand that if I give false information or withhold relevant information, it could result in my dismissal.** |
| Signed: | Date: |