



APPLICATION FOR EMPLOYMENT Support Staff

Applicant's Name:

Title of post applied for:

Job Reference No.

Closing Date:

Committed to Equal Opportunities

GUIDANCE FOR THE COMPLETION OF THE APPLICATION FOR EMPLOYMENT FORM

This information has been compiled to assist you in the completion of the application form.

Please remember the application form is an essential part of our selection process, and the information you give will assist in selecting a shortlist of candidates for interview, it is therefore important that you complete the application in full.

Please complete the form using black ink, or type.

Completing your Application Form

- Read through the information you have been sent, and particularly study the advertisement, job description and person specification, (where applicable).
- Complete as fully as possible all of the sections. If any information requested is not applicable to you then please state this in the relevant section. If you have to write more than the space provides on the application form, use additional sheets of paper ensuring that you mark clearly your name and the job title and reference number on each sheet.
- Curriculum Vitae (CV) – please do not enclose a CV. You are asked to complete the application form in full. If a CV is required this will be specifically requested. It is acceptable, however, to provide additional information in support of your application, but this should be relevant to the job you are applying for.
- The form can be completed and emailed to the school or printed and posted.

People with Disabilities

In order to meet the requirements of the Disability Discrimination Act 1995, and our Equal Opportunities Policy to offer a guaranteed interview to people with disabilities who meet the basic job requirements, this form seeks information on whether you consider yourself to have a disability. As the Disability Discrimination Act contains definitions of what is meant by "disability" or a "disabled person" and "substantial adverse effect", the following notes should help you to complete the answer relating to disability.

Defining a disabled person:

A person has a disability if s/he has a physical and mental impairment, which has a substantial and long-term adverse effect on her/his ability to carry out normal day to day activities.

Impairment:

This covers physical and mental impairment including learning disabilities and hearing and sight impairments.

Substantial adverse effect:

This is something that is more than minor or trivial effect, and is beyond the normal differences in ability, which exist.

Long-term effect:

This is one which has lasted or is likely to last for at least 12 months, or for the rest of a person's life. The loss of mobility due to a broken leg, which a person is likely to recover from in less than 12 months, or a long-term illness from which a person is likely to recover within 12 months are not included.

Normal day-to-day activities

These are activities carried out by people on a regular basis. It does not include activities which are normal for only a particular person, or a group of people.

An impairment has a substantial adverse effect if it affects:

- | | | | |
|---|--|---|--------------|
| • Mobility | • Manual dexterity | • Physical co-ordination | • Continence |
| • Ability to lift, or move everyday objects | • Speech, hearing or eyesight (excludes the wearing of spectacles) | • Memory, or the ability to concentrate, learn or understand. | |

Access Requirements:

If as a result of a disability you have requirements relating to the physical accessibility of the workplace, access to information in different formats or if you require support in the way of aids/adaptations to equipment, it is important that you specify these on the application form.

1. PERSONAL DETAILS

| | |
|---|--|
| Full Name _____ | Preferred Title _____ (e.g. Mr. Mrs.) |
| Previous surname/s _____ | |
| Home Address _____ _____ | |
| _____ | Post Code _____ |
| Home Tel. No. _____ | Mobile No. _____ |
| Work Tel. No. _____ | Email address _____ |
| Date of Birth, if under 21 or over 65 _____ | |

2. SECONDARY/FURTHER EDUCATION (Including NVQs)

| School, Colleges etc. | Dates | | Level of Exams | Subjects, with grades |
|-----------------------|-------|----|----------------|-----------------------|
| | From | To | | |
| | | | | |

3. HIGHER EDUCATION

| University, Polytechnic, College | Dates | | Qualification/s (with main subjects) | Grades |
|----------------------------------|-------|----|--------------------------------------|--------|
| | From | To | | |
| | | | | |

4. MEMBERSHIP OF PROFESSIONAL BODY, OTHER TRAINING COURSES

| Body/Organisation | Membership Level/Qualification | Dates |
|-------------------|--------------------------------|-------|
| | | |

5. PRESENT EMPLOYMENT (or most recent if currently unemployed)

| Employer (with address & contact name for reference purposes) | Dates | | Salary & Grade | Notice Period | Reason for Leaving this post |
|---|-------|----|----------------|---------------|------------------------------|
| | From | To | | | |
| | | | | | |
| Job Title and Main Duties: | | | | | |

6. PREVIOUS EMPLOYMENT (please start with the most recent and work backwards, ensuring that all periods of time are accounted for, and any gaps in employment are explained. **Please note that references may be sought from these employers prior to interview**).

| Employer (with address & contact name for reference purposes) | Dates | | Salary & Grade | Job Title and Main Duties | Reason for Leaving |
|---|-------|----|----------------|---------------------------|--------------------|
| | From | To | | | |
| | | | | | |

10. ADDITIONAL INFORMATION

- a) Do you have regular access to the use of a car? YES NO
- b) Do you require a work permit? YES NO
- c) The Working Time Regulations place a maximum limit on weekly hours worked. Will you continue in any other employment, should you be offered this appointment? YES NO
- If YES, how many hours per week?
- d) Please state in which publication you saw the advertisement for this post _____

Please note:

- ◆ Deliberate omission or falsification of information could lead to the disqualification of your application or later dismissal, if appointed.
- ◆ The appointment is subject to satisfactory evidence of your medical fitness, and the results of a "Disclosure" from the Disclosure & Barring Service, where applicable.
- ◆ The information that you supply will be used by The Corsham School for the purpose of administration in relation to prospective, current and past staff. If your application is successful, some of the information will be used to compile your personal file. It may be used and shared with other designated bodies administering public funds, for the prevention and detection of fraud.
- ◆ **Data Protection Statement – Data Protection Act 1998** – The Corsham School has a duty to protect personal information; The Corsham School will process this information in accordance with the Data Protection Act 1998. This information will be stored on computer and manual files.
- ◆ Completion and submission of this form is taken as consent to process the information that you have provided.

Please sign and date below to confirm that the information given is accurate.

Signature _____ Date _____

PLEASE RETURN TO THE ADDRESS SHOWN ON THE ADVERTISEMENT

11. ADDITIONAL INFORMATION

- i) Please describe in more detail any experience, skills etc. you have which are relevant to this job, (referring to the person specification for this post), or any project or voluntary work, caring duties or hobbies that you feel are relevant.
- ii) Please give your reasons for applying for this post.

