

Job Application - Schools

Please read the Guidance for Applicants before completing this form. All sections must be completed using black ink or type. Your application will be considered only if you complete all the relevant sections of this form. If you need more space please attach a separate sheet(s). Please write the job reference and job title on each additional sheet.

EQUAL OPPORTUNITIES STATEMENT

Middlesbrough Council will afford equal opportunity in all aspects of employment, irrespective of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership.

DECLARATION

By submitting this application I am agreeing that the information given is true and correct and I understand that any offer of employment will be made on this basis. I understand that trying to influence Elected Members, employees, or Heads/Governors of educational establishments, in connection with this application, will disqualify me. I understand that in line with legislation, if the job for which I am applying will have access to children or vulnerable adults or is a designated job within the meaning of Disclosure and Barring Service (DBS) legislation, I agree to being checked by the DBS to disclose any criminal record I have. I understand that in line with legislation I will be required to provide evidence of my eligibility to work in the UK.

JOB TITLE:	REF NO:
DEPARTMENT/SERVICE:	

PERSONAL (please complete in BLOCK CAPITALS)

Title: _____ Surname/Family Name: _____	
Please give any previous names (including surnames) by which you have been known: _____	
First Name: _____	Middle Name(s): _____
Address: _____	
Telephone (Daytime): _____ (Evening): _____ (Mobile): _____	
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email address: _____
Please tick this box to confirm you are happy for us to communicate with you using this email address: <input type="checkbox"/>	
If not, please provide an alternative email address: _____	
National Insurance Number: _____	
Do you want to work full-time only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like us to consider you for other working patterns, for example, job/share/part-time, working in term-time only and so on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify: _____	

CURRENT OR LAST EMPLOYER

If you are applying for this job with no previous experience, please put 'N/A' in this part of the application form.

Employer's Name: _____	Job Title: _____	
Address: _____		
Postcode: _____	Date Appointed: _____	Salary: _____
Notice Period: _____	Date Left: _____	Reason for Leaving: _____
Brief description of duties and responsibilities (<i>maximum 500 words</i>):		

CAREER HISTORY – Please account for any gaps in employment, training or education date

EMPLOYMENT – If you are applying for this job with no previous experience, please put 'N/A' in this part of the application form.

Name and address of employer(s) (Show latest employment first)	Position held and brief description of duties	Dates		Reason for leaving
		From	To	

EDUCATION

Place you studied at	Dates		Qualification/Subject	Level	Grade	Date achieved
	From	To				

HIGHER EDUCATION

Place you studied at	Dates		Qualification/Subject	Level	Grade	Date achieved
	From	To				

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Please list any professional organisations of which you are a member which are relevant to the job for which you are applying. If you are not a member of a professional organisation please put 'N/A' in this part of the application.

Professional Organisation	Subject/Level of Membership

If you are applying for a teaching job, please confirm you are qualified to teach in England and Wales and that you are registered to do so. Please tell us your Teacher Registration Number. If you are applying for a job as a Social Worker, please tell us your Health and Care Professions Council (HCPC) Registration Number.

Teacher Registration Number	Health and Care Professions Council Registration Number

CONTINUING PROFESSIONAL DEVELOPMENT AND OTHER TRAINING COURSES

Please give details of how you have kept your skills up-to-date and any other courses/qualifications or continuing professional development undertaken relevant to the job for which you are applying.

SKILLS, KNOWLEDGE AND EXPERIENCE

Using the person specification as a guide, please tell us how you feel your skills, knowledge and experience are relevant to this job. Remember to include any experience you have gained in community or voluntary work as well as employment.

It is important to complete this section. Simply referring to a curriculum vitae is not acceptable.

OTHER DETAILS

The Council has a policy of guaranteeing interviews for people with disabilities who meet all the essential criteria in the person specification for the job.

Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability under the Equality Act 2010 and wish to claim this guaranteed interview? Yes No

Do you require any reasonable adjustments to help you demonstrate your full potential in the recruitment process? If so, please give details:

Do you have a relationship with a Councillor or Senior Officer (or, if you are applying to a school, any school governor) within this Authority? Yes No

NOTE: Please note canvassing of Members and Officers of the Council directly or indirectly in connection with this application will disqualify you.

If YES, please state the person's name, position/job title and relationship:

Do you hold a UK Driving Licence? Yes / No If Yes, please specify the type (Full, HGV, etc):

As part of the recruitment process you will be required to provide evidence of your eligibility to work in the UK:

Are you eligible to work in the UK? Yes No

Do you receive an occupational pension from the Local Government Pension Scheme? Yes No

REFERENCES

Please provide two references, one of which should be from your present or most recent employer. If the job you are applying for requires a DBS disclosure **we will take up these references before we interview you.** If you do not provide full contact details, including contact telephone numbers, for your referees, this may delay the recruitment/appointment process. If you have not worked previously, please name someone as a referee who has known you for at least three years but is not a relative.

Reference 1:	
Name: _____	Job Title: _____
Organisation: _____	
Address: _____	
Postcode: _____	
Email: _____	Telephone: _____ Fax: _____
Relationship to you: _____	

Reference 2:	
Name: _____	Job Title: _____
Organisation: _____	
Address: _____	
Postcode: _____	
Email: _____	Telephone: _____ Fax: _____
Relationship to you: _____	

Data Protection Statement:
The information you give on this form and the equal opportunities monitoring form will be used for recruitment monitoring purposes. If you are appointed to the job your name and address will be given to the recognised trade unions, who may contact you with membership information. Please tick the box if you **do not** want your information to be passed to the trade unions.
This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, contact the Data Protection Officer 01642 729686

IMPORTANT – Please read and complete the section:- Rehabilitation of Offenders – Disclosures, on Page 8 and make certain you have completed all other relevant sections of this form prior to signing and dating below.

By submitting this application I am agreeing that the information given is true and correct and I understand that any offer of employment will be made on this basis.

Signed: _____ **Date:** _____

Please return the application form as instructed in the details of the advert for the job or to the address supplied with the application information.

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REHABILITATION OF OFFENDERS ACT – DISCLOSURE OF PREVIOUS CONVICTIONS

Before completing this section please read the Guidance for Applicants which includes information on the Rehabilitation of Offenders Act and the Council's DBS Policy.

As an Equal Opportunities employer Middlesbrough Council will not unfairly discriminate against you if you declare that you have a criminal record. Criminal records are only taken into account when the conviction may be relevant to the job for which you are applying.

A criminal record will not necessarily affect your chances for a post unless it makes you unsuitable for appointment. In making this decision we will consider the nature of the offence, how long ago and what age you were when you committed the offence, and any other relevant factors, including the Council's DBS policy and procedures.

NON DBS POSTS (POSTS THAT DO NOT REQUIRE A DBS DISCLOSURE)

You need to declare below any convictions that are **unspent** under the Rehabilitation of Offenders Act 1974.

Do you have any **unspent** convictions?

Yes No

If **YES**, please give the details of the offence, date of conviction, judgement/sentence and any other additional information in the section below.

DBS POSTS (POSTS THAT DO REQUIRE A DBS DISCLOSURE – Please refer to the job advert or contact Employee Services on 01642-727408 to confirm if the job requires a DBS Disclosure)

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198.

Please click on the link to view relevant legislation http://www.legislation.gov.uk/ukxi/2013/1198/pdfs/ukxi_20131198_en.pdf

We will keep in strict confidence any information we receive from the Disclosure and Barring Service. We will store it securely during the recruitment and selection process.

Details of Offence	Date of Conviction	Sentence/Judgement

Additional Information

Important: This page should be detached from your application form and placed in a sealed envelope marked 'Private and Confidential' and 'For the attention of: Chair of Recruitment Panel'.

Name: (please print): _____
 Sign: _____
 Date: _____

Reference No (for internal use only)

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