**Job application form**

**Headstart is committed to the safeguarding and promotion of the welfare of all children**

**and young people.** **Please complete this form in full** andwrite/type in black ink.

*Please use additional sheets if necessary and use only the same (A4) size paper as continuation sheets.* Guidance notes are included at the end of this form.

# Job details

|  |  |  |
| --- | --- | --- |
| Job title |  | |
| Department |  | |
| Location | Headstart School, Ninfield and Oakfield, East Sussex | |
| Closing date for application |  | |
| Work arrangements  (select as appropriate) | Full time  / part time  / job share | |
| If the post is full-time, would you be prepared to consider working on a job-share basis? (select as appropriate) | | Yes  / No |
| If job-share, please state preferred working arrangements: | | |

# Personal details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | |
| First names |  | | | | | |
| Title (select as appropriate) | Mr  / Mrs  / Miss  / Ms  / Other | | | | | |
| Maiden name or previous names |  | | | | | |
| Address | | | | | | |
| Email address | |  | | | | |
| Correspondence Address (if different from above): | | | | | | |
| Daytime telephone number | | |  | | | |
| Mobile | | |  | | | |
| Home | | |  | | | |
| National Insurance number | | |  | | | |
| How would you like us to contact you about your application? | | | | | Email □ | Phone □ |
|  | | | | | | |
| **Working in the UK** | | | | | | |
| Are you eligible to work in the UK/EEA? | | | | | Yes  / No | |
| Do you require a work permit to work in the UK? | | | | | Yes  / No | |
|  | | | | | | |
| **Teachers Only** | | | | | | |
| Teaching reference number | | | | Date of qualification | | |
| Have you completed your induction year as a Newly Qualified Teacher | | | | | Yes  / No | |

# 

# Employment History

# Starting with your most recent job, paid and/or unpaid, please list employment providing all the details requested. It is important that you include periods of unemployment.

# If you are short-listed we will obtain references, which may cover a full three-year history, which could include time spent in education.

# Present employment

|  |  |  |
| --- | --- | --- |
| Job title |  | |
| Name and address of employer (including County) | | |
| Date started current post | |  |
| Date commenced with employer | |  |
| Salary / wage / benefits | |  |
| Notice required | |  |
| Briefly describe your present job; its main purpose and your responsibilities: | | |

# Previous employment

|  |  |  |  |
| --- | --- | --- | --- |
| Please list most recent first. Include permanent and temporary work, service with HM Forces, voluntary work and work experience. **(Please ensure there are no gaps between dates, all gaps MUST be accounted for).** | | | |
| **Name & Address**  **(including County and nature of business)** | **From / To**  **(exact dates)** | **Position and Salary** | **Reason for leaving** |
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# Other Experience

Please describe all time spent since leaving full-time education. Full details should be given for any period not accounted for by full-time employment, education and training. This would include e.g. unemployment or voluntary work. Please state this information in chronological order. *Please use additional sheets if necessary.*

|  |  |
| --- | --- |
| **Experience** | **From / To** |
|  |  |
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|  |  |

# Education and qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| From age 11 onwards, and please state whether full (F) or part (P) time | | | |
| **Name of School, College, University etc** | **From / To** | **F/P** | **Subjects studied**  **(with grades and year taken)** |
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# Training and Development

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| --- | --- | --- |
| This includes government training schemes, apprenticeships, short courses, projects and secondments. Please also include trade/professional training and give date of completion. | | |
| **Course Title** | **Organisation** | **From / To** |
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# Membership of professional institutes

|  |  |  |
| --- | --- | --- |
| Please indicate whether membership is by examination | | |
| **Institute** | **Level of membership** | **Year of Award** |
|  |  |  |
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# Driving Licence

|  |  |
| --- | --- |
| **A full driving licence is an essential requirement of the job.** | |
| Do you hold a current Driving Licence?  (select as applicable) | Yes  / No |
| If YES, please state the type of licence you hold |  |
| Do you have any current endorsements?  (select as applicable) | Yes  / No |
| If YES, please specify: |  |

# 10. Why are you applying for this job?

# Refer to 'Guidance Notes' for job applicants

|  |
| --- |
| Please mention any specific skills or experiences that meet the requirements of the job description and person specification. These skills may have been gained in relation to your current or previous employment, education, training, domestic activities, voluntary work or leisure interests. (Please continue on a separate sheet if necessary). |

# 11. Declaration by Applicant

## The Working Time Regulations 1998

### Regulations on Working Time

The Working Time Regulations were introduced on 1st October 1998 and working hours in the UK are now governed by statute. Department working practices and procedures are therefore organised to comply with the following legal requirements. (Average hours are normally calculated over a 17 week period.)

* Average weekly working hours are limited to 48 hours
* Average daily night working hours are limited to 8 hours
* Minimum daily, weekly and in-work rest breaks requirements
* Minimum requirements for annual leave.

### Department Policy and Procedures

The legislation was introduced as a health and safety measure. Employers who do not comply with the limits to working time will be committing a criminal offence. Working practices in the department are therefore monitored to ensure that generally, working hours remain well within legal limits.

Employers are required to take ‘all responsible steps’ to ensure that the limits to working time are not exceeded. This includes inquiring whether a person is working elsewhere. All applicants are therefore asked to declare all other employment.

### This declaration will not prejudice your application

Please note:

* If you do have other job(s), your application will still be assessed on your suitability to do the job you are applying for. At this stage, any other jobs you declare will be ignored.
* If you are selected for interview the implications will be carefully discussed with you. The department may consider it necessary to discuss the situation with your other employer(s) but only with your permission.
* Depending on the overall situation and the outcome of discussions with you, the department would have the following options:
* not to offer you the appointment
* offer the appointment on reduced hours
* offer the appointment providing the other work is relinquished (or the hours reduced)
* offer the appointment and enter into an agreement with you to opt out of the weekly working time limit.

## 12. Employment which you intend to continue if successfully appointed to the post applied for.

Please complete and sign **either** Section 1 **or** Section 2 below.

**Your application cannot be processed if you do not return this form.**

Please declare **any** other job, whether they are with local authorities, public bodies or with private companies/employers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1 – No other employment** | | | |
| **I confirm that I do not have any other employment.** | | | |
| Signature |  | | |
| Print Name |  | | |
| Date |  | | |
| **If form has been completed electronically**  please place an ‘x’ in this box in place of your signature à | | |  |
|  | | |  |
| **Section 2 – Other Employment** | | | |
| **All other employment that I have is detailed below:**  Weekly hours must specify total regularly worked (including overtime)  Please use 24-hour clock | | | |
| **Job Title** | **Weekly Hours** | **Start Time** | **End Time** |
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|  |  |  |  |
| **Signature:** |  | | |
| **Print Name:** |  | | |
| **Date:** |  | | |
| **If form has been completed electronically**  please place an ‘x’ in this box in place of your signature à | | |  |

# 13. References

Please provide two references. One must be your present or last employer (where applicable) and the other, a second employer. If you have not been employed previously, please provide an academic and character reference.

**A job offer will not be made without 2 references.**

If you do not wish us to contact your referees prior to interview, please indicate as shown.

**Note:** We reserve the right to seek references at any point in the recruitment process and from any previous employers listed in the ‘Previous Employment’ section of this form.

For posts within Childrens Residential Services, employment references will be automatically sought even if you have stated 'no' in the 'may we contact' boxes below.

Please contact us immediately if this is a cause for concern.

|  |  |  |
| --- | --- | --- |
| **Present/last employer** | | |
| Name |  | |
| Address |  | |
| Tel No: |  | |
| Occupation |  | |
| Email Address |  | |
| May we contact this referee prior to interview? (select as applicable) | | Yes / No |
| **Second referee or course tutor (if applicable)** | | |
| Name |  | |
| Address |  | |
| Tel No: |  | |
| Occupation |  | |
| Email Address |  | |
| May we contact this referee prior to interview? (select as applicable) | | Yes / No |

# Warnings and Disciplinary Issues

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been dismissed or have you ever resigned in the face of a dismissal or warning? (select as applicable) | | | Yes  / No |
| Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated? | | | Yes  / No |
| If answered yes to the above question, you must supply details on a separate sheet and place it in a sealed envelope marked confidential and attach it to your application form. | | | |
| I have attached details requested | | | Yes  / No |
| **Please list any disciplinary offences or warnings you have received at any time or state if not applicable.** | | | |
| Reason for warning | Date | Name/address of employer | |
|  |  |  | |
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|  |  |  | |

# Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)

**Please read the guidance notes before completing this section.**

|  |  |  |  |
| --- | --- | --- | --- |
| **For posts that are exempt under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013):** | | | |
| 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). | | | Yes  / No |
| If the answer is yes, please provide full details below: | | | |
| Are there any alleged offences outstanding against you? | | | Yes  / No |
| Have you ever been disqualified from working with children or vulnerable adults? | | | Yes  / No |
| **For all other posts:** | | | |
| Do you have any criminal convictions which are not yet “spent”? | | | Yes  / No |
| If YES to any of the above, please give details below or, if you prefer, attach details in a sealed envelope marked 'strictly confidential'. Failure to disclose, in accordance with the guidance, any information relating to criminal convictions may disqualify your application or result in dismissal without notice. | | | |
| If you do not have any, please write none. | | | |
| Details of offence(s) | Place and date of Judgement(s) | Sentences(s) | |
|  |  |  | |
|  |  |  | |

# Declaration

|  |  |  |
| --- | --- | --- |
| I declare that the information given both on this application form is true and correct. I understand that any false or misleading information, or omissions of information concerning criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination. | | |
| **Signed:** |  | |
| **Date:** |  | |
| **Print name:** |  | |
| **If form has been completed electronically** please place an ‘x’ in this box to indicate your consentà | |  |

# How to return your form

Please return your application form electronically to ssheeran@headstartschool.co.uk for the attention of Mrs S Sheeran.

# 19.Equal Opportunities in Employment

Everyone is unique owing to differences in age, gender, ethnic origin, religion, sexual orientation, ability etc. Headstart School aims to treat these differences positively, recognising that diversity creates a strong, flexible and creative workforce. Headstart School’s Equality of Opportunity in Employment Policy states that all applicants are to be treated fairly, and selection for appointment is to be based solely on a person’s ability to do the job.

Headstart School has a statutory duty to collect the information you provide on this form and it will assist us in ensuring fairness of treatment in appointment decisions, as statistical monitoring will show whether minority groups are being treated equitably.

This information will not affect the consideration of your application.

## Disability

The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act’s definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities. If we know you have a disability we will make adjustments or special arrangements, if required, to allow you to attend the interview should you be shortlisted for the role.

|  |  |
| --- | --- |
| Do you have a disability you wish us to know about at this stage? | Yes  / No |
| If yes, please let us know what access requirements you may have: | |

**Data Protection**

**Short Form Privacy Notice For Application Forms**

This notice explains what personal data we will hold about you, how we collect it, and how we will use and may share information about you during the application process. We are required to notify you of this information, under data protection legislation.

Please ensure that you read this notice as well as our privacy notice which can be found within this pack which detail how we use your information.

## Why Do We Collect This Information?

Once you have submitted an application form, the School use this information in order to take a decision on recruitment and to take steps to enter into a contract.

**What Information Do We Collect?**

We collect the following information from the application form in order to take a decision as to recruitment.

## How we may share the information

## We may also need to share some of the above categories of personal information with other parties, such as HR consultants and professional advisers. Usually, information will be anonymised, but this may not always be possible. The recipient of the information will be bound by confidentiality obligations. We may also be required to share some personal information as required to comply with the law.

## How long we keep your information

## We keep the personal information that we obtain about you during the recruitment process for no longer than is necessary for the purposes for which it is processed. How long we keep your information will depend on whether your application is successful, and you become employed by us, the nature of the information concerned and the purposes for which it is processed. Full details on how long we keep personal data for is set out in our data retention policy.

I authorise Headstart School to check the information supplied and hold all such information in both paper and electronic formats.

I declare that to the best of my knowledge all parts of this form, attachments and additional sheets provided by me have been completed fully and are accurate. If I am appointed to the post I understand that any major omission or inaccurate information relevant to my application could lead to the withdrawal of an offer of employment or even dismissal.

If you are successful in your application you will be asked to sign this declaration

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_