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APPLICATION FORM FOR SUPPORT STAFF

HBS is committed to protecting and safeguarding children and young people.

You must complete this form in full and in your personal statement show how you meet the job requirements specified in the documentation provided. The declaration of criminal offences form must be completed. The equal opportunities monitoring form does not form part of the selection process but completion allows us to monitor the effectiveness of our equal opportunities policies. If you require help with completing this form or any reasonable adjustments as part of the application or selection process please contact us.

**Once completed, please return this form to:** **recruitment@hbschool.org.uk**

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| Position Applied For:       |
|  Any formerFamily/Surname:       Surname (if applicable):       *Documentary proof to support the change of name must be provided* |
| First names:       |
| Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other [ ]  Please specify:      Tick as appropriateNational Insurance Number:       |
| Home/Contact Address:  |
|       |
| Postcode:       |
| E-mail:        |
| Mobile:       Landline Telephone No:       |
| Do you have the right to work in the UK?      If you have a UK work visa/permit, when does it expire?       (dd/mm/yy)  |
| Notice Period:       |

Where did you see this vacancy advertised?

**Current and Previous employment**

Please list your current and all previous employment giving month and year of start and end. **Please explain any periods not accounted for** (extend the table or continue on a separate sheet as required).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employers’ names, addresses and type of business: | Job title and key responsibilities: | From:mm/yy | To:mm/yy | Reason for leaving |
|       |       |       |       |  |
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| What is your current salary?       |  |  |  |  |
| **Other relevant experience**Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependants/family. Your experience should be related to the skills, abilities and knowledge outlined in the person specification and job description/role profile.  |
| Type of experience | Dates |
|       |       |
|       |       |
|       |       |
| Education, qualifications and training – any gaps must be explained and a continuation sheet used if required. |
| Name of school, college, university etc. | Name of course | From: (mm/yy) | To: (mm/yy) | Qualification and grade  |
|       |       |       |       |       |
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| **Personal statement**Relevant abilities, skills, knowledge and experienceTell us how you meet all of the short listing criteria set out in the enclosed Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work.  |

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**REFERENCES**

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| Please give details of two referees of whom confidential enquiries may be made. One referee must be from your current employer and the last employer where you worked with children/young people. We may ask you for further references. *References are normally taken up prior to interview. We reserve the right to contact any of your* *previous employers.* |
| Name of referee:      Capacity in which known to you:       Position:       Organisation:       Address:       Telephone:      Email:       | Name of referee:      Capacity in which known to you:       Position:       Organisation:       Address:       Telephone:      Email:       |

**DECLARATION**

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| All applicants are required to declare personal relationships with any of the staff or Governing Body. Are you close friends with or related to any member of staff or the Governing Body? Yes [ ]  No [ ]  If yes, please state their name and your relationship with them:       |

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| I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent for the information provided by me on this form to be processed for recruitment and selection purposes in accordance with the General Data Protection Regulation and authorise the disclosure of personal data when references are taken up.Signed: Date: **Please note that you will be asked to sign this application form if you are invited to an interview.** |

**Equal Opportunities Monitoring Form (optional)**

HBS aims to have a workforce that reflects the diversity of talent, experiences and skills of our community. We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000. The information you

give on this form will remain strictly confidential, in accordance with the General Data Protection Regulation, and will not affect any decision to employ you.

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| Name       Post applied for       **Date of Birth:**       |

**Disability:**

The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

**Do you consider that you have a disability under the Disability Discrimination Act definition?**

 **Yes** **[ ]  No** **[ ]**

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian or Asian BritishBangladesh [ ]  Chinese [ ]  Indian [ ]  Pakistani [ ]  Other [ ]   | Black or Black BritishAfrican [ ]  Caribbean [ ]  Other [ ]   | **Mixed** Asian and White [ ]  White and Black African [ ]  White and Black Caribbean [ ]  Other Mixed Background [ ]  Other [ ]  | Other Chinese [ ]  Any other ethnic group [ ]  | **White**British [ ] Greek [ ] Greek Cypriot [ ] Irish [ ] Turkish [ ] Turkish Cypriot [ ] Other [ ]  |

If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself

**Faith: (Optional information):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agnostic [ ]  | Atheist [ ]  | Baha’i [ ]  | Buddhist [ ]  | Christian [ ]  |
| Hindu [ ]  | Humanist [ ]  | Jain [ ]  | Jewish [ ]  | Muslim [ ]  |
| Sikh [ ]  | No Religion [ ]  |

Other Faith **Please specify**

**Gender:** Female [ ]  Male [ ]

**Declaration:**

**I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the General Data Protection Regulation.**

Signature: Date: