

Application for Employment

Vacancy Details			
Job Title:		Job Ref No:	
Applicant No:		Closing Date:	

Personal Details			
Full Name:			
Address:			
		Postcode:	
Telephone Numbers:	Daytime:	Evening:	Mobile Number:
NI Number:		Email address:	
Please indicate if you are happy to receive correspondence via your e-mail address, e.g. Invite to Interview Letter.			YES / NO

Are you currently, or have you previously been, employed by this organisation?	YES / NO
If 'Yes' please provide 'from' and 'to' dates and reasons for leaving (if applicable):	
Date from:	Date to:
Reason for leaving (if applicable):	

Are you related to a Councillor, Governor or employee of this organisation?	
If 'Yes' please provide details below:	
Name:	Relationship to you:

Please state the number of days illness or incapacity you have had in the last two years which caused you to be absent from work or study. Please give the reason and number of days for each separate absence:	
---	--

Do you hold a current valid, full driving licence?	YES / NO	If yes, please state type (e.g. PSV, HGV1)	
--	----------	--	--

Disability	
Do you consider yourself to have a disability within the terms of the Disability Discrimination Act 1995 (as amended)?	YES / NO

This organisation has made a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements for the job as stated in the person specification.

Please specify any arrangements we can make to assist you if you are invited to attend for interview/ assessment (e.g. wheelchair access, BSL interpreter or information in alternative format):	
--	--

Present or Most Recent Employment					
Name and Full Postal Address of Employer:					
Job Title:				Salary:	
Date from:		Date To:		Notice Period:	
Reason for leaving:					
Please provide brief details of duties and responsibilities:					

Employment History				
It is essential to include details of <u>ALL</u> employment, including any breaks in employment history and the reason for the break. References may be sought from your previous employers. Please indicate if you wish to be consulted before they are approached:				YES / NO
Name/Address/Tel. No. of Employer:	Dates (From/To)	Job Title and Salary	Reason for Leaving	

Please continue on a separate sheet if necessary.

Relevant Qualifications and Education		
Relevant Qualification	Result/Grade	Date Obtained

If you are invited to interview, you will be asked to bring your original Certificates with you.

Relevant Training		
Date	Course Title	Organising Body

Membership of Relevant Professional Bodies			
Name of Professional Body	Type of Membership	Date of Membership	Membership Number

Job Share	
Please say if you wish to be considered for this position on a job share basis. All applications for job share will be considered on their merit.	YES / NO

Relevant Skills and Experience

Please demonstrate here how you meet the criteria on the person specification. You can include experience or knowledge you have gained through paid or unpaid work. This statement will be used to assess whether you will be invited to interview/assessment.

Relevant Skills and Experience (cont.)

References

Please provide details of two referees, one of whom must be your current or most recent employer. Family members may not be used as referees. Any offer of appointment will be subject to references which are satisfactory for our purposes.

First Reference (current or most recent employer)

Do you wish to be consulted before this referee is approached? YES / NO

Referee name:		Job title:	
Organisation:			
Full Postal Address:			
Telephone No:		Email address:	
Relationship to you:			

Second Reference

Do you wish to be consulted before this referee is approached? YES / NO

Referee name:		Job title:	
Organisation:			
Full Postal Address:			
Telephone No:		Email address:	
Relationship to you:			

Rehabilitation of Offenders

This post involves working with children, vulnerable adults or is a position of trust and is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. You must, therefore, disclose details of cautions, reprimands, final warnings and convictions, including 'spent' convictions. Any failure to disclose such information could result in disciplinary action or dismissal by Solihull Metropolitan Borough Council.

Have you, at any time, received, or do you have pending, a caution, reprimand, final warning or conviction? YES / NO

If 'Yes', please give full details below:

--

Declaration

I confirm that the information contained in this application is, to the best of my knowledge, correct. I understand that my application may be rejected or that I may be dismissed, without notice, for withholding or giving false information. I give my consent to the processing of data contained or referred to in this application in accordance with the Data Protection Act 1998 and subsequent legislation.

Signed:	
Date:	

Recruitment Monitoring Form	
Job Title:	
Applicant number:	
Job reference number:	
<p>This organisation is committed to equal opportunities in employment and service delivery, and the following information is, therefore, required to help us ensure that our services are accessible to all.</p> <p>This information will be treated as confidential and will not be viewed by the selection panel during the selection process.</p>	

Personal Details			
Title: <i>Mr/Mrs/Miss/Ms</i>		If other please state:	
Initial(s):		First name(s):	
Last name:		Previous surname:	
Known as:			
Place of birth:			
Telephone Nos:	Daytime:	Evening:	Mobile Number:
Email address:			
Full Postal Address:			

Advertising origin	
Where did you hear about this vacancy?	

Gender			
Male		Female	

Age	
Date of birth:	

Ethnic Origin (<i>Please indicate with a ✓</i>)		
I would describe my Ethnic Origin as:		
WHITE	British	
	Irish	
	Any other White background	
MIXED	Caribbean	
	White and Black African	
	White and Asian	
	Any Other Mixed Background	
ASIAN OR ASIAN BRITISH	Indian	
	Pakistani	
	Bangladeshi	
	Any Other Asian Background	
BLACK OR BLACK BRITISH	Caribbean	
	African	
	Any Other Black Background	
CHINESE OR OTHER ETHNIC GROUP	Chinese	
	Any Other Ethnic Group	
Do Not Wish To Specify		

Disability	
<p>Do you consider yourself to have a disability within the terms of the Disability Discrimination Act 1995? Disability in this context is defined as any physical or mental impairment which has a substantial and long-term (over 12 months) adverse effect on your ability to carry out normal day-to-day activities. Or if you have been diagnosed with a condition such as HIV, cancer or Multiple Sclerosis, which is deemed to be covered from the point of diagnosis rather than from when the condition may affect ability to carry out normal day-to-day activities.</p>	YES / NO
<p>If yes, please indicate which category best describes your disability (<i>please indicate with a ✓</i>):</p>	
Visual Impairment	
Hearing Impairment	
Learning Disability	
Physical Disability	
Other	

PLEASE POST, FAX OR EMAIL YOUR COMPLETED FORM TO:

Heart of England School (for the attention of the Headteacher)
 Gipsy Lane
 Balsall Common
 Coventry CV7 7FW

Email to office@heart-england.solihull.sch.uk
 Fax to: 01676 536735