

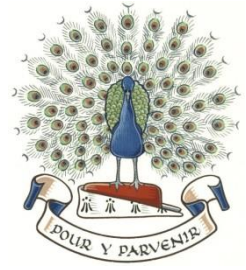
LADY MANNERS SCHOOL

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CONFIDENTIAL APPLICATION FORM (SHORTENED)

Post applied for	Please tick any that apply: Relief Support Services Assistant <input type="checkbox"/> Invigilator <input type="checkbox"/>
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1. PERSONAL DETAILS

Surname	Forename	Title
Previous Name / Maiden Name (if applicable)		
Address		
Post Code		
Home Telephone Number	Mobile	
E-mail <i>Please note that if you supply an email address, this will be used as the main method of contact</i>		

2. PRESENT EMPLOYMENT

Present Post Title & Summary of Duties and Responsibilities	Date Appointed
	Current Salary
	Notice period
	Reason for leaving
	Name & Address of Current Employer
	Post Code

3. REFERENCES (one of these should be your current or most recent employer)

Name	Name
Address	Address
Post Code	Post Code
Telephone Number	Telephone Number
Email Address	Email Address
Capacity in Which Known	Capacity in Which Known
Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please give a reason:	Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please give a reason:

4. EDUCATION/TRAINING

Name of School/ College/ Training Provider	Dates		Outline of course content	Qualifications (including grades or levels)
	From	To		

5. PREVIOUS WORK EXPERIENCE

Please enter earliest first and account for any gaps in employment. Any gaps or discrepancies will be explored at interview.

Name and Address of Employer	Position Held and Summary of Duties/Responsibilities	Reason for leaving	Dates	
			From	To

6. OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

Using the job description and person specification please demonstrate, using examples, your suitability for the job you are applying for.

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7. APPLICANT'S DECLARATION

As the role you have applied for involves frequent or regular contact with children, you are required to complete the self-disclosure below. All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

Have you ever been known to any children's services department or to the police as being a risk or potential risk to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 (Amended) 2013?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you disqualified from working with children or subject to sanctions imposed by a regulatory body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered 'yes' to any of the above questions, please provide further details in a separate document.	

Confirmation of declaration
I agree that the information provided may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.
In accordance with the organisation's procedures I agree to undergo a Criminal Records Check, provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.
I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.
I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.
I am / am not* related to any senior member of staff or Governor. If so, who?
I understand that canvassing, directly or indirectly, will be a disqualification.
I am prepared to undergo a medical examination.
I can produce the original documents of my qualifications.
I consent to the information in the form being used in administering the recruitment process in accordance with the Data Protection Act 1998.
I understand that providing false information is an offence and, if I am appointed, could result in dismissal and referral to the police.

* Please delete as appropriate

Signature _____

Date _____

All candidates applying electronically will be required to sign their form at interview.

Please state any dates/times in the next 6 weeks when you will not be available for interview

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LADY MANNERS SCHOOL

EQUAL OPPORTUNITIES MONITORING FORM

In endeavouring to offer equal opportunities to all applicants, and to allow us to monitor equal opportunities you are asked to complete the questions below and **return this form with your application form**. This information will be treated as strictly confidential and solely used for monitoring and statistical purposes, it will not be seen by those shortlisting or interviewing you. A copy of the School's Equal Opportunities Policy is available on request.

Position Applied For:			
Name:			
Date:			
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of Birth:			
National Insurance no:			
Ethnic Origin:	Please tick the category that most represents your race and ethnicity:		
White, British	<input type="checkbox"/>	Black or Black British, African	<input type="checkbox"/>
White, Irish	<input type="checkbox"/>	Black or Black British, Caribbean	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Asian or Asian British, Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British, Indian	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
Asian or Asian British, Pakistani	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>
Any other Asian Background	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
Any other Ethnic Background	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>
Do not wish to be recorded	<input type="checkbox"/>		<input type="checkbox"/>
Religion/Religious Belief/Philosophical Belief:	Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Jew <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Humanist <input type="checkbox"/> Atheist <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Specify.....		
<p>Disability: Do you have a disability within the terms of the Disability Discrimination Act 1995 (Defined as a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)?</p> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>Other Needs: Is there anything else you think we need to take into account to deal with you fairly and equally?</p> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state below:			
<p>Where did you see the vacancy advertised? Please be as specific as possible</p>			