



The **Grace** Charitable Trust

Department for
Education

CONFIDENTIAL

Associate Staff Application Form

Please note that CV's cannot be accepted

Please complete **All Sections** of this form as appropriate, and for ease of photocopying, complete in **Type or Black Ink.**

Please note sections 1 & 2 of this application form will be removed prior to shortlisting.

Post Title:		Application Number:		Closing Date:	
--------------------	--	----------------------------	--	----------------------	--

SECTION 1: PERSONAL DETAILS

Title:	Last name:
First name (s):	Former names:
Home Address:	Term address: (if different)
Post Code:	Post Code:
Day/work Telephone:	Mobile Telephone:
E Mail address:	Home Telephone:
Date of Birth:	NI Number:

Details of Next to Kin (Person to contact in an emergency):				
Name:				
Address:				
Post Code:				
Telephone :		Mobile Number:		Relationship

For official use only

Short listing Codes	A	B	C	D	E	F	G	H	I	J	K	L
----------------------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

SECTION 2: EQUAL OPPORTUNITIES

As part of our equal opportunities policy we request that you complete the following information. This information is used for monitoring purposes only. All information will be treated as confidential and will not be used when shortlisting or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

Gender: (please tick)	Male		Female		Prefer not to say:	
------------------------------	-------------	--	---------------	--	---------------------------	--

Ethnic Origin

Prefer not to say		Any Other Ethnic Group (not listed)	
Asian or Asian British - Bangladeshi		Asian or Asian British - Chinese	
Asian or Asian British - Indian		Asian or Asian British - Other	
Asian or Asian British - Pakistani		Black or Black British - African	
Black or Black British - Caribbean		Black or Black British - Other	
Mixed Ethnic - White & Asian		Mixed Ethnic - White & Black African	
Mixed Ethnic - White & Black Caribbean		Mixed Ethnic Group - Other	
Other Ethnic Group - Arab		White - Gypsy or Irish Traveller	
White - Irish		White - Other	
White - Welsh/English/Scottish/N.Ireland			
Other Ethnic Group/Comments:			

Religion/Belief

Buddhist		Sikh	
Hindu		Christian	
Muslim		Jewish	
Other		None	
Prefer not to say			

Absence

How many periods of absence have you had during the last 3 terms?	
How many working days has this amounted to in total?	

Disability

The Equality Act (2010) defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have such a disability?	No		Yes	
---	----	--	-----	--

Disability Category

Hearing Impairment		Speech Impairment	
Learning Disability		Visual Impairment (not correct by spectacles or contact lenses)	
Learning Difficulties		Mobility Impairment	
Hearing Impairment		Other	
Mental Health Condition		Physical Impairment	
Neurological Condition		Sensory Impairment	
Physical Co-ordination Difficulties		None	
Reduced Physical Capacity		Long-standing Illness or Health Condition	
Prefer not to say			

Please identify any special requirement, adjustments or equipment which may assist you:	
a. In the Recruitment Process	
b. To enable you to carry out the job	

Sexual Orientation

Bisexual		Gay Man	
Heterosexual/Straight		Prefer not to say	
Lesbian/Gay Woman			

To the best of your knowledge, are you related to any employee of Q3 Academy? If so, please give details:

How did you learn about the vacancy. Please State:
--

Do you have the legal rights to live and work in the UK?	Yes		No	
--	-----	--	----	--

I declare that, to the best of my knowledge and belief, the information I have provided is true. I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and may result in dismissal.

Signed:	Date:
---------	-------

PLEASE NOTE SECTIONS 1 & 2 OF THIS APPLICATION FORM WILL BE REMOVED PRIOR TO SHORTLISTING

Post Title:		Application Number:	
--------------------	--	----------------------------	--

SECTION 3: EDUCATIONAL DETAILS

School/College/ University (Name and Address)	Subject	Level (i.e.GCSE, A-Level, Degree etc)	Grade	Date Gained

**SECTION 4: DETAILS of FURTHER EDUCATION/TRAINING
(Please list any training you have received)**

--

SECTION 5: EXPERIENCE

Please complete the following, starting with your current employment and include all employment. Any employment with temporary work agencies must show the agency as the employer as well as the business where the work was carried out. Please also include any breaks in employment history together with the reason for the break. Please complete the following accurately and include all experience since the age of 16, or since leaving full time education.

Current Post Title:				
Name and Address of Employer:				
Post Code:				
Salary:		Grade/Scale		
How long have you been employed/were you employed there:		From:	Please state number of years:	
		To:		
Are you still employed there?	Yes:	No:	If yes, period of notice required:	
If No, reason for leaving:				
Briefly Describe your present duties:				

Other Employment Details:

Date		Employers Name & Address	Position Held	Salary	FT/PT	Prop. of Hours	Responsibilities	Reason for Leaving/Break in Employment
From: Mth/Yr	To: Mth/Yr							

Please use separate sheet for continuous information:

SECTION 6: OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

Please use this page to outline any other information that may help your application. Continue and attach on blank paper if necessary:

SECTION 7: REFERENCES

Please provide the names, addresses and occupations of two referees (one of whom must be your present or most recent employer) who are willing to support your application:

Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Telephone Number:		Telephone Number:	
E Mail:		E Mail:	
Occupation		Occupation:	

May we contact your current employer at this stage without further reference to you?	Yes	No
--	------------	-----------

SECTION 8: CONVICTIONS

Rehabilitation of Offenders Act 1974 (exceptions) order 1975

IMPORTANT NOTE FOR ALL PERSONS APPLYING FOR POSITIONS IN ACADEMIES, SCHOOLS AND COLLEGES, AND OTHERS WHO WILL WORK WITH YOUNG PERSONS UNDER AGE 18

The Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 does not allow employees with access to children and young persons under the age of 18 years the right to withhold information regarding previous criminal convictions, including cautions, reprimands and formal warnings, for any offence (not just those involving children) which for other purposes are 'spent' under the provisions of the Act. You must disclose in this section any previous convictions, cautions, reprimands and formal warnings.

Failure to disclose any previous convictions (including cautions, reprimands and formal warnings) could result in dismissal should it be subsequently discovered. Any information given, either when returning this application form or at interview, will be entirely confidential and will be considered only in relation to this application.

Date	Type of Offence	Sentence/Fine Imposed	Comments

SECTION 9: DATA PROTECTION ACT

The information collected in the form will be used in compliance with the Data Protection Act 1998. The information is being collected by the HR Team for the purpose of administering the employment and training of employees of the Academy and its Stakeholders. The information may be disclosed, as appropriate, within the Academy, Education Service, to the Academy Governors, to the Occupational Health, to the West Midlands Pension providers, to the Department for Education and relevant statutory bodies.

You may also note that because we have a duty to protect public/academy funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public/academy funds.

SECTION 10: CERTIFICATION and DECLARATION:

I certify that to the best of my belief, the information I have provided is true, and I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and is likely to result in dismissal.

If I am appointed, I give permission for my name and contact details to be provided to the recognised Trade Unions in the Academy/Sandwell (please tick as applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my service and salary details to be accessed by the Academy (please tick as applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Declarations:

For the purpose of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of the Academy relating to the subject matter of this form, being processed by them in administering the recruitment process.

I declare that the information I have given on this form is complete and accurate and I am not banned or disqualified from working with children, not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, the Secretary of State or a regulatory body. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment or dismissal at any time in the future, and possible criminal prosecution.

Signed:	Print Name:	Date:
---------	-------------	-------

Please check that all sections of this form have been completed and if returning by post, that you have signed the declaration above.

If sent electronically you will be asked to sign the form if you are interviewed.

Any further information you would like to add – please write on separate sheet

N.B. CANVASSING FOR THIS APPOINTMENT WILL LEAD TO DISQUALIFICATION