



## THE PALMER CATHOLIC ACADEMY SUPPORT STAFF APPLICATION FORM



Diocese of Brentwood

<b>Post Applied for:</b>	<b>Reference:</b>
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Please ensure you fully complete all sections of this form CLEARLY using BLACK ink and note that we cannot accept C.V.s. If you need to use additional paper then mark each separate sheet with your name and the section it relates to at the top.

### Personal Details

Title:	Other:	Last Name:
First Name:	Known as:	
Any former names:		

Please include former names if applicable in brackets

Address:	
Telephone:	Postcode:
Mobile:	Email:

### 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
National Insurance Number:	Date of Birth:	

### Employment History

Starting with your most recent job, paid and/or unpaid, please list employment providing all of the details requested. It is important that you include periods of unemployment; detailing which office you may have received benefits from, and if you have been self employed you will need to provide proof. If you are short-listed we will obtain references, which may cover a full three-year history, they could include time spent in education.

Name of Current/Last Employer:	
Address:	
Postcode:	Employer's telephone number:
Job Title:	Salary:
Date From:	Leaving date or notice period:
Reason for leaving:	
Brief description of responsibilities:	

## Employment History continued

Previous Employment:		
Employer's/Organisation's Name:		Salary:
Address:		Postcode:
Post Held:	Date from:	to:
Reason for leaving:		

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Employer's/Organisation's Name:		Salary:
Address:		Postcode:
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Address:		Postcode:
Post Held:	Date from:	to:
Reason for leaving:		

[continue on separate sheets if necessary]

## Referees

Safer recruitment guidelines recommend that references are taken up prior to interviews.

Please give details of two professional referees. One of these should be your Line Manager with your present or most recent employer.

Referees name:	Post held:
Address:	
Postcode:	
Email address:	Telephone number:
Your relationship to the referee:	

Referees name:	Post held:
Address:	
Postcode:	
Email address:	Telephone number:
Your relationship to the referee:	

## Qualifications and Training

Secondary Education:		
Name of school/college:	Date from:	to:
Address:		
		Postcode:
Qualifications and grades obtained:		

Please give details of any qualifications or training that you have received, which support your application. Include any on the job training as well as formal courses.

Name of College/University/Other:	Date from:	to:
Address:		
		Postcode:
Qualifications and grades obtained:		

Name of College/University/Other:	Date from:	to:
Address:		
		Postcode:
Qualifications and grades obtained:		

## Professional Qualifications/Registrations

Please provide details of any professional qualifications & membership of professional institutes that you hold.

Name of professional body:
Membership grade and number:
Date obtained:

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Date obtained:

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Membership grade and number:
Date obtained:

## **Supporting Statement and Achievements**

Please use this space to tell us how you meet each of the points on the person specification. We need to have this information in order to consider your application. Please attach additional information if you require more space.

## Disability

The Disability Discrimination Act 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 to the working arrangement and/or the working environment provided it is reasonable in the circumstances to do so.

Do you have a disability you wish us to know about at this stage?

**Yes / No**

Please let us know what access requirements you have:

## Data Protection

The Academy intends to fulfil all its obligations under the Data Protection Act 1998 (the Act). The Academy will ensure that all processing of data falling within the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by the Academy can be assured the information will be maintained in confidence and treated with all due care. The Academy tries to keep information held about you accurate and up-to-date. However, if you find any inaccuracies you have the right to have them corrected.

I understand that providing misleading or false information/qualifications will disqualify me from appointment or if appointed, may lead to disciplinary action and dismissal.

I authorise The Palmer Catholic Academy to check the information supplied and hold all such information in both paper and electronic formats.

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

Signature:	
Print Name:	Date:

## Safer Recruitment: Declaration of Criminal Offences

The post is exempt from the Rehabilitation of Offenders Act 1974. You must give details on this form of all offences, convictions, cautions or bindovers you have or any court cases that you have pending.

Are you declaring a criminal offence?

**Yes/No**

Details of Offence(s)	Place & Date of Judgement(s)	Sentences(s)

As the occupant of the post will have substantial access to children, a disclosure request will be made to appropriate organisations to ascertain whether their records reveal any criminal convictions (including spent ones). All Schools will comply with the Safer Recruitment.

**NOTE: Failure to disclose any criminal conviction could prevent further consideration of an application for appointment.** All information given will be treated in the strictest confidence and will be used for this job application only.

## Declarations

Are you related to, or have a close personal relationship with, any councillor, council employee or school governor for The Palmer Catholic Academy

**Yes**

**No**

If yes, please state their name and the position they hold

Name:	Position held:
Name:	Position held:

You cannot sign this form on screen. By submitting an e-mail application, you undertake that the information you have provided is true and accurate to the best of your knowledge. You may be required to sign your application at a later stage of the selection process.

Candidates are reminded that this is an application for a post in a Catholic Academy where the Governors are the employers and that the post will be subject to the terms and conditions of the Statement of Written Particulars issued by the Governing Body of The Palmer Catholic Academy.

I certify that to the best of my knowledge and belief the information given in this application is true and accurate.

I understand that if the information is false or misleading it will disqualify me from appointment or after appointment could lead to a disciplinary action or dismissal.

Name:	Date:
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Please return to: The Palmer Catholic Academy Aldborough Road South Seven Kings Ilford Essex IG3 8EU	This application form can be returned to The Palmer Catholic Academy by e-mail.  Please use your surname to name and save this document and e-mail to: <a href="mailto:office@thepalmercatholicacademy.org">office@thepalmercatholicacademy.org</a> Alternatively you can post this application to the return address indicated.
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# Recruitment Monitoring

Applicant Reference:

In line with the Codes of Practice of the Equality and Human Rights Commission (formerly Equal Opportunities Commission and the Commission for Racial Equality) and as required by the Audit Commission, The Palmer Catholic Academy collects and maintains information on the gender, ethnic origin and disabilities of its employees. The information you have supplied will be kept confidential within Human Resources. Departments will only see statistical information and it will only be used to provide an overall profile analysis of the Palmer Catholic Academy.

Please complete this section of the application form, which will be separated from the rest of the form before shortlist selection takes place.

You can be assured that this information will be treated in confidence and will not be available to shortlisting officers or interviewers or to future potential managers.

1. Where did you see this post advertised?

2. What is your date of birth?

3. What is your ethnic group?

4. What is your Gender?

☐ Female

☐ Male

Please choose one selection from A to F and then tick the appropriate box within your chosen section to indicate your cultural background. If you are ticking one of the 'Any Other' boxes please state in the space provided.

## A. White

☐ British

☐ Irish

☐ Any Other White Background  
Please State

## B. Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Black Asian

☐ Any other Mixed Background  
Please State

## C. Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any other Asian Background  
Please State

## D. Black or Black British

☐ Caribbean

☐ African

☐ Any other Black British

Please State

## E. Chinese or other Ethnic Group

☐ Chinese

☐ Any other Background  
Please State

F. ☐ Prefer not to say

## Recruitment Monitoring continued

### 5. Do you have a disability?

The Disability Discrimination Act 1995 (DDA) protects people with disabilities. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

Please indicate:

Do you consider yourself to have a disability according to the terms given in the DDA?

Yes ☐

No ☐

If you have answered yes to having a disability, please let us know how we can support you at the interview stage.

Please tick if any of the following types of disability apply to you. People may experience more than one type of disability in which case tick all types that apply. If your disability does not fit any of these types, please mark 'Other' and state your disability.

☐ Long-standing illness, such as cancer, HIV, diabetes, disease or epilepsy

☐ Sensory impairment, such as being blind, having a serious visual impairment or being deaf, having a serious hearing impairment

☐ Physical impairment, such as difficulty using your arms or mobility issues, which means using a wheelchair or crutches

☐ Learning disability, (such as Down's Syndrome or Dyslexia) or cognitive impairment (such as autism or head-injury)

☐ Mental health condition, such as depression

☐ Other (please state)

### 6. What is your religion or belief?

Please state

☐ Prefer not to say