Al-Noor Primary School (VA)

619-629 Green Lane, Goodmayes, Ilford, Essex, IG3 9RP Tel: 020 8597 7576, Email: <u>recruitment.va@al-noorprimary.org.uk</u>, Website: www.al-noorprimary.org.uk

Job Application Form

Please complete all sections of this form as your application will not be considered for short listing if deficient. Please use additional sheets wherever needed, marking them with the title of the relevant section. Please email the completed form to <u>recruitment.va@al-noorprimary.org.uk</u>.

PRIVATE & CONFIDENTIAL

Please state the pos	st applied for:							
Would you consider j	ob sharing? Yes No Do you wish to the school					es 🗌	No 🗌	
Personal De	tails							
Forenames		Surname						
Title		Previous Name(s)						
Home address				P	Postcode			
National Insurance N	lo:			D	ate of Bi	rth:		
Do you have a DBS certificate? Yes 🗌 No 🗌] No 🗌		
If Yes, please provid	e your DBS (Dis	sclosure and Barri	ng Service	e) certific	ate numb	er:		
On what date did you	u receive this?							
What organisation applied for this on your behalf?								
Are you signed up to the online DBS update service?						٢	′es 🗌	No 🗌
Have you the right to work in the United Kingdom?				٢	′es 🗌	No		
Is this subject to a W						٢	′es 🗌	No 🗌
Are you related to an employee or trustee of the school? Yes				No				
lf yes, please prov	ide names and		-		litional s	heets if	neces	ssary.
1) Name:	Relationship:							
2) Name:	Name: Relationship:							
3) Name:	Relationship:							
Work phone number:		Home landlir	ne:			Mobile:		
E-mail 1) addresses:				2)				

Secondary Education (beginning with the most recent)						
From	То	Subject (e.g. English, Maths etc; list all)	Qualifications gained and grades (e.g. GCSE, B)			
			From To Subject (e.g. English, Maths etc;			

Further and Higher Education (beginning with the most recent)					
From (date) to (date)	Full-time or part- time	Subject studied	Qualifications achieved with dates and grades (e.g. 30/06/2005, A level Maths, B)		
	From (date) to	From Full-time (date) to or part-	From Full-time Subject (date) to or part- studied		

WORK EXPERIENCE

Please state all periods of employment in any position. Including new roles assigned through promotion within the same institution, as separate jobs. Please state whether any period of service was on behalf of a supply agency. Please state all periods of previous employment even if not directly relevant to the post your applying for.

A) MOST RECENT POST OF EMPLOYMENT (if applicable)					
Name and address of employer	Postco				
Job title		Date of appointment:			
Present salary and grade:		Notice Period required if in p			
Reason for leaving, if not in post:		Date of leaving	g:		
Please give a brief desc	cription of your present duties and respo	nsibilities belov	N.		
	IS OF EMPLOYMENT (if applicable) en if not relevant to the post you a		for)		
Name and address of employer	Position held and duties involved	From (date) to	Full/Part- time & hrs per week	Reason for leaving	

TRAINING

Please state all professional development courses and training undertaken during the past 5 years.

Course	Duration	Date of course	Full/Part-time (state hrs)

SELECTION CRITERIA

The information you provide in your personal statement will be used to assess your application. The selection criteria for the post are set out in the accompanying job description and person specification. Your personal statement should state in sufficient detail how the skills, knowledge, experience and personal qualities you have meet the selection criteria. You should also demonstrate that you meet the requirements of the job by giving examples of work done in the past.

SUPPORTING STATEMENT

Outline how the experience, skills and training you have gained both inside and outside paid work or through study meet the selection criteria for the post you have applied for. Please make full use of this section as short listing is conducted on the basis of the application form and statement only. (Maximum 700 words)

References

References will be taken up for short-listed candidates.

Please give the name and addresses of four referees here.

One must be your present, or most recent, employer, another must be a recent employer. These referees must be members of senior leadership/management. If you have more than one job, it will be necessary for you to provide details of all your employers even if there are more than two.

The other two referees must be individuals of social standing due to their professional or community role, who know you well. For example these can be a community leader you have met with often, an imam of a masjid you frequent, a GP that you see frequently, an accountant that you have had dealings with and so on.

Please use additional sheets if necessary. Please indicate whether you have done that here: YES / NO.

1. Referee Name			
Position held and relationship to you			
Organisation			
Address		Postcode	
Telephone	E-mail		
2. Referee Name			

Position held and relationship to you			
Organisation			
Address		Postcode	
Telephone	E-mail		·

3. Refere	ee Name				
Position held	l and relationship to				
Organisation	I				
Address				Postcode	
Telephone		E	E-mail		

4. Referee Name		
Position held and relationship to you		
Organisation		
Address	Postcode	
Telephone	E-mail	

REHABILITATION OF OFFENDERS ACT

Please read carefully

Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders (Exceptions) (Amendments) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the Provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the school. Any information given will be kept completely confidential and will be considered only in relation to any application for positions to which the Order applies. You are asked to note that a check will be carried out on Police records for details of any criminal offence.

Have you ever been convicted of a criminal offence?

Yes 🗌 No 🗌

If 'yes' to any of the questions, please detail on a separate sheet, place in a sealed envelope and attach to this form. Responses will be treated kept private confidential.

Signature

Date

DISQUALIFICATION

Please read carefully

'Disqualified' individuals are not permitted to work in a setting providing care for children aged 8 and under, unless they apply for, and are granted, a waiver by Ofsted.

A person is 'disqualified' if, for example, s/he has committed offences involving violence or a sexual offence against children or adults, including murder, manslaughter, kidnapping, false imprisonment, ABH and GBH; or offences such as those against children (including those that result in inclusion on the Children's Barred List); or a Sexual Offence Prevention Order (SOPO); or possession of indecent photographs of children. A person can also be 'disqualified by association', if they are living with someone who has been convicted of a serious crimes, such as those listed above, and the conviction is 'unspent'.

Has a Prohibition Order ever been made against you?	Yes 🗌 No 🗌			
Are you Disqualified to work with children By Association or otherwise?	Yes 🗌 No 🗌			
Are you living with someone who has been barred from working with children (through the DBS)?	Yes 🗌 No 🗌			
Are you living in the same household as someone who has been disqualified from working with children under the childcare Act 2006?	Yes 🗌 No 🗌			
Please confirm whether you have ever been the subject of a child protection concern either in your work or personal life, or have been the subject of any disciplinary action, including any which are time expired.	Yes 🗌 No 🗌			
Are you on the Barred list database or have you ever been Disqualified from working with children or been subject to any sanctions imposed by a regulatory body (e.g. the DfE)?	Yes 🗌 No 🗌			
If you have selected 'yes' to any of these questions, please detail on a separate sheet, place in a sealed envelope and attach to this form. Responses will be kept private and confidential.				

Signature

Date

DECLARATION

I hereby 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 and misleading it will disqualify me from appointment or could lead to dismissal or disciplinary action after appointment.

NOTE

Should any of the particulars furnished in answer to any questions in this form be found to be false within the knowledge of the candidate or should there be any wilful omission or suppression of any material fact, the candidate will, if appointed, be liable to be dismissed.

Signature	Date

Please note that you will be required to sign the form if you are invited to an interview.

GENERAL DATA PROTECTION REGULATIONS

In order to process your application you are requested to complete and return this application form. Al-Noor Primary School (VA) will treat the information you have provided in accordance with the provisions of the General Data Protection Regulations, including ensuring it is kept confidentially, is not passed onto to a third party without your consent and, for unsuccessful candidates, is erased within 12 months.

EQUAL OPPORTUNITES STATEMENT

Al-Noor Primary School (VA) complies with the provisions of the Equality Act 2010

THANK YOU FOR APPLYING FOR THIS POST.

ADDITIONAL INFORMATION FOR MONITORING PURPOSES

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.

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	Yes 🗌 No 🗍

support you at the interview.

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 the types that apply. If your disability does not fit any of the types,
please mark 'Other' and state your disability.

Long standing illness, such as cancer, HIV, diabetes.	Yes 📋 No 📋
Sensory impairment, such as being blind, having a serious visual impairment or being deaf or having a serious hearing impairment.	Yes 🗌 No 🗌
Physical impairment, such as difficulty using your arms or mobility issues, which means using a wheelchair or crutches.	Yes 🗌 No 🗌
Learning disability (such as down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury).	Yes 🗌 No 🗌
Mental health condition, such as depression.	Yes 🗌 No 🗌
Any Other	Yes 🗌 No 🗌
If you ticked 'yes' to the question above, please state the disability:	

ETHNICITY

Please select one category below and then tick the appropriate box within that section to indicate your ethnic background. If you are ticking one of the 'Any other' boxes please state your ethnicity in the space provided.

White 🗌	British Irish Other White background Please state				
Mixed	White & Black Caribbean White & Black African White & Black Asian				
	Any other mixed background Please state				
Asian or Asian	Indian 🗌 Pakistani 🗌 Bangladeshi				
British	Any other mixed background 🗌 Please state				
Black or Black British	Caribbean African Any other background Please state				
Chinese or other Ethnic group	Chinese Any other background Please state				
What is your religious background?	Islam 🗌 Christianity 🗌 Judaism 🗌 Sikh 🗌 Hindu 🗌 Buddhist 🗌 None 🗌				
	Other Please state:				
MEDIA Where did you hear about the vacancy?					

Where did you hear about the vacancy?						
School website		TES 🗌	Other website(s) please state			
School employee/trustees						