**Ryders Hayes – Application Form – Support Staff**

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| **Please complete ALL sections. *Sections 1-6 of the application form will be used to shortlist candidates for interview.*** | | | | | | | | | | | | | |
| POST APPLIED FOR: | | | |  | | | | CLOSING DATE: | | |  | | |
| **1. PERSONAL DETAILS (please complete in block letters)** | | | | | | | | | | | | | |
| Title by which you wish to be referred: (Mr/Mrs/Miss/Ms/Other/No title) | | | |  | | | | Last Name: | | |  | | |
| First name(s) | | | |  | | | | | | | | | |
| Address for Correspondence: | | | |  | | | | Postcode: | | |  | | |
| Home telephone no: | | | |  | | | | Mobile telephone no: | | |  | | |
| Work telephone no: Extension (if applicable): | | | |  | | | | | | | | | |
| Email address:: | | | |  | | | | | | | | | |
| **2. PRESENT OR LAST EMPLOYER** | | | | | | | | | | | | | |
| Name and address of employer: | | | |  | | | | Name and address of establishment where employed (if different): | | |  | | |
| Postcode: | | | |  | | | | Postcode: | | |  | | |
| Nature of business: | | | |  | | | | Job title: | | |  | | |
| Present annual salary or weekly income (gross): | | | |  | | | | | | | | | |
| Hours worked per week: | | | |  | | | | Other benefits (if applicable): | | |  | | |
| Date appointed: | | | |  | | | | Notice required or leaving date if already left | | |  | | |
| Reason for leaving: | | | |  | | | | | | | | | |
| Brief description of duties: | | | |  | | | | | | | | | |
| **3. PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | |
| Start with the most recent first.  Include work/voluntary experience and also indicate any periods of unemployment/not in employment, with details (using the job title and dates section). Do not leave any unexplained gaps in your employment history. (Please continue on separate sheet if necessary). | | | | | | | | | | | | | |
| Employer name & address | Job title | | | | Salary/income | | Full or part-time (if part-time, give hours) | | Dates (month/year) | | | Reason for leaving | |
|  |  | | | |  | |  | | From | To | |  | |
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| **4. EDUCATION, TRAINING & QUALIFICATIONS** | | | | | | | | | | | | | |
| *(Please continue on separate sheet if necessary). Please start with the most recent.* | | | | | | | | | | | | | |
| Secondary School/College/University | | | Dates | | | | Qualifications gained (state level) | | | Grade/class of degree | | | Date |
|  | | | From | | | To |  | | |  | | |  |
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| **OTHER RELEVANT TRAINING COURSES ATTENDED (Please continue on separate sheet if necessary)** | | | | | | | | | | | | | |
| Organising Body | | | | | Course title | | | | Length of course | | | | |
|  | | | | |  | | | |  | | | | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | | | | | | | | |
| Name of body | | | | | Type of membership | | | | Date obtained | | | | |
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| **5. INFORMATION IN SUPPORT OF YOUR APPLICATION** | | | | | | | | | | | | | |
| Please give details of any relevant experience, skills or knowledge to support your application. Be concise but make sure that you cover ALL the essential points of the person/employee specification.  **NOTE; Your response to this section is extremely important and will be the basis of the short-listing panel's decision to invite you for interview – continue on a separate page if required.** | | | | | | | | | | | | | |
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| **6. REFEREES** | | | | | | | | | | | | | |
| In accordance with our statutory obligations under Keeping Children Safe in Education we are required to obtain references. Please provide details of two referees below that we can contact for a reference. Friends and relatives are NOT acceptable referees. One of the referees must be your present/or most recent employer and normally no offer of employment will be made without reference to him/her. If you have not previously been employed, then Head Teachers, College Lecturers, or other persons who are able to comment authoritatively on your educational background and/or personal qualities, are acceptable as referees.  Please ensure the reference are from a relevant employer from the last time the applicant worked with children.  Ryders Hayes School reserves the right to approach any previous employer or manager.  **Please note:If you are shortlisted and invited to an interview, referees will be contacted and references obtained prior to interview in line with current statutory guidance.** | | | | | | | | | | | | | |
| Name (Referee 1): | |  | | | | | Name (Referee 2): | | |  | | | |
| Title | | Mr/Mrs/Miss/Ms/other | | | | | Title | | | Mr/Mrs/Miss/Ms/other | | | |
| Role: | |  | | | | | Role: | | |  | | | |
| Organisation (if appropriate): | |  | | | | | Organisation (if appropriate): | | |  | | | |
| Address: | |  | | | | | Address: | | |  | | | |
| Postcode: | |  | | | | | Postcode: | | |  | | | |
| Telephone No: | |  | | | | | Telephone No: | | |  | | | |
| Email address: | |  | | | | | Email address: | | |  | | | |
| How long known? | |  | | | | | How long known? | | |  | | | |
| **7. PROTECTION OF CHILDREN** | | | | | | | | | | | | | |
| Ryders Hayes School is required under law and guidance to check the criminal background of all employees. Decisions to appoint will be subject to consideration of an enhanced disclosure, including a Barred List check, from the Disclosure and Barring Service. Because of the nature of the work for which you are applying, this post is exempt from the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 and 2020).  The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.  Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website, which can be accessed here:  <https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>  If shortlisted for an interview you will be required to disclose to us information about any:  ● adult cautions (simple or conditional);  ● unspent conditional cautions;  ● unspent convictions in a Court of Law; and  ● spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020 | | | | | | | | | | | | | |
| **8. GENERAL** | | | | | | | | | | | | | |
| Are you interested in job sharing? | | | | | | | YES  NO | | | | | | |
| Do you hold a current full driving licence? | | | | | | | YES  NO | | | | | | |
| Do you have regular use of a vehicle? | | | | | | | YES  NO | | | | | | |
| You are required to declare below any relationship with or to an employee of the School  Please state name and position: | | | | | | | | | | | | | |
| Have you ever been the subject of formal disciplinary proceedings? If yes, please give details including dates below. | | | | | | | YES  NO | | | | | | |
|  | | | | | | | | | | | | | |
| This information is required, including that related to warnings regarded as "spent" in order to ensure safe recruitment and meet our obligations to safeguard children. However, you should be aware that any disciplinary history declared will not automatically prevent or inhibit appointment and will depend on the dates and circumstances related to the disciplinary action, outcomes and the type of post being applied for. Note that you are also required to include information if you were subject to a disciplinary process but resigned before it was completed. | | | | | | | | | | | | | |
| **9. REASONABLE ADJUSTMENTS FOR A DISABILITY** | | | | | | | | | | | | | |
| If you are disabled, please give details below of how we can ensure that you are offered a fair selection and interview process or if you would prefer, please contact the Head Teacher or Office Manager at the school to discuss any requirements. | | | | | | | | | | | | | |
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| **10. HEALTH/MEDICAL DETAILS** | | | | | | | | | | | | | |
| Successful applicants will be required to complete a confidential medical questionnaire and may be required to undergo a medical examination | | | | | | | | | | | | | |
| **11. DATA PROTECTION** | | | | | | | | | | | | | |
| In completing this application form you should refer to the Recruitment Privacy Notice sent out with this document. The personal information collected on this form will be processed to manage your application in accordance with the Recruitment Privacy Notice. If successful, your personal information will be retained whilst you are an employee and used for payroll, pension and employee administration in accordance with the Workforce Privacy Notice which is available on our website and will be issued on appointment. Information will not ordinarily be disclosed to anyone outside the School without first seeking your permission, unless there is a statutory reason for doing so.  If you are not shortlisted or appointed, then your information will only be retained by us for 6 months from the shortlisting date, in accordance with the Recruitment Privacy Notice. | | | | | | | | | | | | | |
| **12. DECLARATION** | | | | | | | | | | | | | |
| I declare that, to the best of my knowledge and belief, the information given on ALL parts of this form is correct. I understand that, should my application be successful and it is discovered subsequently that information has been falsified, then disciplinary action may be taken which may include dismissal from the post.  I confirm that I have a legal right to work in the UK and if this application is successful, I undertake to produce appropriate documentary evidence to prove this, prior to commencing work with the School. | | | | | | | | | | | | | |
| Signed | | | | | | | Date | | | | | | |
| **Please return you completed form by email, post or by hand by the closing date to:**  **Raj Samra: r.samra@ryders-hayes.co.uk**  **Ryders Hayes School Gilpin Crescent Pelsall Walsall WS3 4HX** | | | | | | | | | | | | | |

We’re bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.

The following information will not be used during the selection process. It will be used for monitoring purposes only.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **equalities monitoring information** | | | | | | | |
| **What is your date of birth?** | | **D** | **D** | **M** | | **M** | **Year** |
|  |  |  | |  |  |
| **What is your sex?** | | ☐Male  ☐Female | | | | | |
| **What gender are you?** | | ☐Male  ☐Female  ☐Other  ☐Prefer not to say | | | | | |
| **Do you identify as the gender you were assigned at birth?** | | ☐Yes  ☐No  ☐Prefer not to say | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | |
| **White**  ☐British  ☐Irish  ☐Gypsy or Irish Traveller  ☐Any other White background  **Asian or British Asian**  ☐Bangladeshi  ☐Indian  ☐Pakistani  ☐Chinese | **Black or Black British**  ☐African  ☐Caribbean  ☐Any other Black background  **Mixed**  ☐White and Asian  ☐White and Black African  ☐White and Black Caribbean  ☐Any other mixed background | | | | **Other Ethnic groups**  ☐Arab  ☐Any other ethnic group  ☐Prefer not to say | | |
| **Which of the following best describes your sexual orientation?** | | | | | | | |
| ☐Bisexual  ☐Heterosexual/straight  ☐Homosexual | | ☐Other  ☐Prefer not to say | | | | | |
| **What is your religion or belief?** | | | | | | | |
| ☐Agnostic  ☐Atheist  ☐Buddhist  ☐Christian  ☐Hindu | ☐Jain  ☐Jewish  ☐Muslim  ☐No religion | | | | ☐Other  ☐Pagan  ☐Sikh  ☐Prefer not to say | | |
| **Pregnancy and maternity** | | | | | | | |
| Are you pregnant?  ☐Yes  ☐No  ☐Prefer not to say | | Have you given birth within the last 12 months?  ☐Yes  ☐No  ☐Prefer not to say | | | | | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | | | | | |
| ☐Yes  ☐No  ☐Prefer not to say | | | | | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | | | | | |
| ☐Physical impairment  ☐Sensory impairment  ☐Learning disability/difficulty  ☐Long-standing illness  ☐Mental health condition  ☐Developmental condition  ☐Other | | | | | | | |