



Range High School

APPLICATION FOR EMPLOYMENT

C O N F I D E N T I A L

IMPORTANT NOTE:
APPLICANTS SHOULD READ
THE ENCLOSED GUIDANCE
NOTES CAREFULLY BEFORE
COMPLETING THIS
APPLICATION FORM IN
BLACK INK OR TYPESCRIPT
**CVs MUST NOT BE
SUBMITTED IN PLACE OF
THIS FORM**

1. POST DETAILS

POSITION APPLIED FOR: *

DEPARTMENT/SECTION/ESTABLISHMENT:

VACANCY REF NO:

2. PERSONAL DETAILS

SURNAME:	NI NUMBER:
FORENAME (S):	WORK TEL NO:
ADDRESS:	HOME TEL:
	MOBILE TEL NO:
	E-MAIL ADDRESS:
POST CODE:	
DO YOU HOLD A CURRENT DRIVING LICENCE? YES/NO _____	
IF YES, IS IT PROVISIONAL _____ FULL _____ OTHER e.g. MOTORCYCLE, HGV,PCV _____ ?	
(Please specify)	
DO YOU HAVE ANY ENDORSEMENTS/PENALTY POINTS, IF SO PLEASE GIVE DETAILS:	
DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? YES/NO _____	
ARE YOU APPLYING FOR THIS POSITION UNDER A GOVERNMENT EMPLOYMENT SCHEME? IF SO, PLEASE SPECIFY:-	

3. EDUCATION AND TRAINING

SECONDARY EDUCATION			
SECONDARY SCHOOLS/COLLEGES ATTENDED	DATES		QUALIFICATIONS ATTAINED
	FROM	TO	(SUBJECTS AND GRADES)

FURTHER EDUCATION			
COLLEGES AND/OR UNIVERSITIES ATTENDED	DATES		QUALIFICATIONS ATTAINED
	FROM	TO	(SUBJECTS AND GRADES)

OTHER RELEVANT TRAINING
<i>(Please include organisation, date and duration)</i>

MEMBERSHIP OF PROFESSIONAL OR TECHNICAL BODIES			
TITLE	DATE	LEVEL/GRADE	BY EXAMINATION
			YES/NO ___
			YES/NO ___
			YES/NO ___
			YES/NO ___

4. EMPLOYMENT DETAILS

PRESENT EMPLOYMENT (If applicable)	
JOB TITLE:	
NAME OF EMPLOYER AND FULL ADDRESS:	BRIEF DESCRIPTION OF DUTIES:
POST CODE:	
TEL No:	DATE APPOINTED::
SALARY GRADE AND/OR RANGE:	CURRENT SALARY:
OTHER BENEFITS/ALLOWANCES	NOTICE REQUIRED:

PREVIOUS EMPLOYMENT - STARTING WITH MOST RECENT			
DATES FROM TO	POSITION HELD GRADE/SALARY	EMPLOYER'S NAME AND ADDRESS	REASON FOR LEAVING

[Please continue on a separate sheet if necessary]

5. EXPERIENCE / ACHIEVEMENTS

PLEASE GIVE DETAILS OF YOUR KNOWLEDGE SKILLS AND EXPERIENCE (INCLUDING OUTSIDE INTERESTS, VOLUNTARY WORK, AND EMPLOYMENT SCHEME ATTENDANCE) WHICH YOU FEEL ARE RELEVANT TO THE REQUIREMENTS OF THIS POST.

[Please continue on a separate sheet if necessary]

6. REHABILITATION OF OFFENDERS ACT 1974 & DISCLOSURE

APPLICANTS MUST REFER TO THE GUIDANCE NOTES BEFORE COMPLETING THIS SECTION

If the job you are applying for is regulated and, exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA) you **must not** withhold information about convictions, which for other purposes are considered “spent” under the Act. **Any information given will be treated in the strictest of confidence and will only be considered in relation to applications for such posts. The Authority supports the rehabilitation of offenders and possession of a conviction will not necessarily mean unsuitability for employment in exempt posts. All cases will be examined on an individual basis and given full and fair consideration.**

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE? YES/NO _____

IF YES, PLEASE GIVE DETAILS OF OFFENCE, INCLUDING DATE AND SENTENCE:

If you prefer to disclose your conviction under separate cover this will be acceptable provided that you tick the appropriate box above and attach the details in an envelope stapled to this form. The envelope must state your name and details of the post.

I have attached details of my conviction separately. _____ (PLEASE x IF APPROPRIATE)

Offers of employment to regulated and exempt posts will be subject to receipt of a satisfactory Disclosure via the Disclosure and Barring Service.

7. REFEREES

PLEASE ENTER THE NAME, ADDRESS, AND TELEPHONE NUMBER OF 2 REFEREES. REFEREES SHOULD BE YOUR PRESENT AND PREVIOUS EMPLOYERS, WHEREVER POSSIBLE. HOWEVER, NEITHER SHOULD BE A MEMBER OF THE SELECTION PANEL OR CABINET MEMBER OF THE COUNCIL

Name	Name
Email	Email
Address	Address
Tel No	Tel No

DO YOU HAVE ANY OBJECTION TO REFERENCES BEING TAKEN UP PRIOR TO INTERVIEW? YES/NO _____

8. OTHER INFORMATION

ARE YOU RELATED TO ANY ELECTED MEMBER, OR OFFICER OF SEFTON COUNCIL?
IF SO, PLEASE STATE TO WHOM AND THE NATURE OF THE RELATIONSHIP.

**IF YOU HAVE A DISABILITY PLEASE SEE THE FURTHER INFORMATION SHOWN AT
THE END OF THIS FORM**

9. DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT. I UNDERSTAND THAT CANVASSING, EITHER DIRECTLY OR INDIRECTLY, OF ANY COUNCILLOR OR EMPLOYEE OF THE COUNCIL OR THE GIVING OF FALSE OR MISLEADING INFORMATION MAY LEAD TO DISQUALIFICATION AND, IF APPOINTED, MAY LEAD TO MY DISMISSAL.

FUTHERMORE, I UNDERSTAND THAT THE INFORMATION WILL ONLY BE USED FOR RECRUITMENT AND SELECTION PURPOSES AND THAT IT WILL ONLY BE KEPT ON FILE BY THE AUTHORITY FOR 1 YEAR THEREAFTER. HOWEVER, IF I AM APPOINTED TO THE POST THEN THE INFORMATION THAT IT CONTAINS WILL BE USED TO FORM PART OF MY PERSONAL FILE FOR EMPLOYMENT PURPOSES (EXCEPT FOR DISCLOSURE INFORMATION,IF APPLICABLE, WHICH WILL ONLY BE KEPT FOR 6 MONTHS).

SIGNED:

DATE:

If you return this form by e-mail (without signature) you are deemed to have accepted the above declaration.)

POSITIVE ABOUT DISABLED PEOPLE

Range High School is positive about Disabled people and committed to their employment. The Council's Policy is that any disabled applicant meeting the minimum, ie essential, criteria for the job will be interviewed

The following definitions have been provided for your information and use:

The Equality Act 2010 becomes law in October 2010. The Act harmonises and replaces previous legislation (such as the Disability Discrimination Act 1995 and 2005). To qualify as disabled under the Equality Act, a person will have to show that **each** of the four conditions set out below are met.

1. A disabled person is someone who has a **physical or mental impairment**.

Physical impairment includes hearing and visual impairments and conditions such as diabetes, dyslexia, severe disfigurement, heart conditions and epilepsy. It also includes anyone who has an impairment which is likely to develop over time such as cancer, multiple sclerosis, or someone living with HIV or AIDS.

Mental impairment includes learning disabilities and mental illnesses.

People whose impairments are controlled, corrected or adjusted by medication or appliances are covered by the Equality Act, as are those who have had a disability in the past but have since recovered.

2. The impairment has got to last, or be expected to last, **at least 12 months**.
 - a person with a broken leg who is only temporarily disabled would not be covered.
 - a person who has had an impairment, which may happen again, is covered.
3. The impairment must have a **substantial** and long term adverse effect. This may be obvious in the time it takes someone to carry out a task or in the way he/she carries out the task.
4. The impairment must affect the person's ability to carry out **normal day-to-day activities**.

If you wish your application to be considered under the above Policy, please see below

POSITIVE ABOUT DISABLED PEOPLE

This form should be completed by candidates:

- Who consider themselves disabled under the Equality Act

And

- Who wish to make this application under the Council's Guaranteed Interview Scheme.

The form should then be returned **with your application form**

Do you consider yourself to be disabled as defined overleaf?

Yes

No

PLEASE NOTE:

In order to receive a guaranteed interview you must also meet the minimum criteria for the job therefore please complete the full application form.

Please be aware that the giving of false or misleading information about a disability may lead to disqualification and, if appointed, may affect your employment with the School

Applicant's Signature

Date

Applicant's Name (please print clearly)

EQUAL OPPORTUNITIES IN RECRUITMENT

MONITORING FORM

EQUAL OPPORTUNITIES IN RECRUITMENT MONITORING

Please read the **Guidance Notes** before completing this form and return it with your application form.

Why we are asking you to complete this form:

All applicants for jobs will receive equal treatment, irrespective of their gender, age, race, religion or belief, sexual orientation or disability.

By completing this form you will be helping us to monitor who is applying for jobs and measure how effectively we are reaching all sections of the community.

There are a range of policies in place that are intended to provide a fair workplace for all.

Please be assured that the information you provide will be treated in **absolute confidence**, and will be used for statistical monitoring purposes only.

POST APPLIED FOR:

VACANCY REF NO.

HOW DID YOU FIND OUT ABOUT THIS VACANCY?

GENDER

AGE

MALE

DATE OF BIRTH _____

FEMALE

RACE

WHAT BEST DESCRIBES YOUR ETHNIC ORIGIN?

(Place x in relevant box)

<u>WHITE</u>	BRITISH		<i>MIXED</i> <u>DUAL</u> <u>HERITAGE</u>	WHITE AND BLACK CARIBBEAN	
	IRISH			WHITE AND BLACK AFRICAN	
	POLISH			WHITE AND ASIAN	
	PORTUGUESE			ANY OTHER MIXED BACKGROUND (please specify)	
	ANY OTHER WHITE EUROPEAN (please specify)		<u>CHINESE</u> <u>OR</u> <u>OTHER</u> <u>ETHNIC</u> <u>GROUP</u>		
	ANY OTHER WHITE NON-EUROPEAN (please specify)			CHINESE	
<u>ASIAN</u>	INDIAN			TRAVELLER	
<u>OR</u> <u>ASIAN</u> <u>BRITISH</u>	PAKISTANI			GYPSY	
	BANGLADESHI		ANY OTHER ETHNIC GROUP (please specify)		
	ANY OTHER ASIAN BACKGROUND (please specify)		<u>BLACK</u> <u>OR</u> <u>BLACK</u> <u>BRITISH</u>	CARIBBEAN	
				AFRICAN	
				ANY OTHER BLACK BACKGROUND (please specify)	

DISABILITY/OTHER INFORMATION

The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities. People with HIV, cancer, chronic heart disease and multiple sclerosis are deemed to be covered by the Equality Act effectively from the point of diagnosis.

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? YES NO

IF YES, PLEASE PROVIDE DETAILS OF THE NATURE OF YOUR DISABILITY:

PHYSICAL IMPAIRMENT VISUAL IMPAIRMENT/BLIND
LEARNING DISABILITY MENTAL HEALTH/MENTAL DISTRESS
HEARING IMPAIRMENT/DEAF LONG TERM LIMITING ILLNESS
OTHER (PLEASE SPECIFY) _____

ARE YOU APPLYING FOR THIS POST ON A JOBSHARE BASIS? YES NO

ARE YOU CURRENTLY UNEMPLOYED? YES NO

RELIGION/BELIEF

WHAT IS YOUR RELIGION/BELIEF?

BUDDHIST CHRISTIAN
HINDU JEWISH
MUSLIM SIKH
NO RELIGION ANY OTHER RELIGION OR BELIEF
DO NOT WISH TO DISCLOSE (please specify) _____

SEXUAL ORIENTATION

HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?

BISEXUAL GAY MAN
GAY WOMAN/LESBIAN HETROSEXUAL/STRAIGHT
OTHER DO NOT WISH TO DISCLOSE

GENDER IDENTITY

IS YOUR GENDER IDENTITY OPPOSITE TO THAT ASSIGNED AT BIRTH? YES NO

DO YOU LIVE AND WORK FULL TIME IN THE GENDER ROLE OPPOSITE TO THAT ASSIGNED AT BIRTH?

YES NO

OFFICE USE ONLY

Please tear this slip off before supplying the Application Form to the shortlisting panel. Guidance on collecting monitoring data can be obtained from the Recruitment Monitoring Procedure in the Personnel Policy and Procedures Handbook.

Thank you for completing this form. If you have any queries or comments regarding Equal Opportunities monitoring please contact Range High School on 01704 879315