**Honeywell Infant School**

CorpLogo-No1-left-black**Application Form** (Confidential)

|  |  |
| --- | --- |
|  | **DETAILS OF JOB APPLIED FOR** |

|  |  |
| --- | --- |
| Post applied for:  Location / School: | **Please return the completed form to:**  Sandra Pahari  Honeywell Infant School  Honeywell Road, Battersea SW11 6EF  sandra.pahari@honeywell.wandsworth.sch.uk |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PERSONAL DETAILS** | | | | | | | | | | | |
| Last name | | | |  | | | | | | | | |
| First and other name(s) | | | |  | | | | | | | | |
| Title | | | | Mr/Mrs/Miss/Ms/Other | | | | | | | | |
| Previous last names used | | | |  | | | | | | | | |
| **B** | |  | |  | | | | | |  | |  |
| National Insurance Number | | | |  | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | |
|  | |  | |  | | | | | |  | |  |
| Address | | | |  | | | | | | | | |
|  | | | | Post Code | |  | | | | | | |
|  | |  | |  | | | | | |  | |  |
| Address for correspondence  if different from above | | | |  | | | | | | | | |
|  | | | | Post Code | |  | | | | | | |
|  | |  | |  | | | | | |  | |  |
| Email address | | | |  | | | | | | | | |
|  | |  | |  | | | |  | | |  | |
| Telephone numbers | | | Home |  | | | | Work | | |  | |
|  | |  | |  | | | |  | | |  | |
|  | | | Fax Number |  | | | | Mobile | | |  | |
|  | |  | |  |  | | | | |  | | |
| Present nationality | | | |  | | | | | | | | |
|  | |  | |  | | |  | |  | | | |
| Are you subject to any conditions relating to your employment in this country? | | | | YES  NO | | | | If YES, please give full details with dates | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Under the Asylum and Immigration Act 1996 (Section 8 Amended 1 May 2004) all successful applicants will be required to produce evidence of their right to work in the United Kingdom.** | | | | | |
| **NOTE:** Successful candidates will be required to complete a medical questionnaire (and may be asked to attend a medical examination), and will also be subject to an enhanced Disclosure and Barring Service check. | | | | |
|  | **TEACHER STATUS** | | |
| Are you recognised by the Department for Education and Skills as a qualified teacher in this Country? | | YES  NO | If yes, please give date of recognition: |
| Have you successfully completed a period of induction as a qualified teacher in this Country, as required by the Department for Education and Skills? | | YES  NO | Department for Education and Skills number:       / |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT OR MOST RECENT EMPLOYER** (if applicable) - Please state name of school / college and pupil roll if applicable. | | | | | | | | | | | | | | |
| Name and address | | |  | | | | | | | | | | | |
|  | | | Post Code | | |  | | | | | | | | |
| Job Title | |  | | | | | | | Dept/School | | |  | | |
| Date appointed | |  | | | Grade/Pay Scale | | | |  | | | Annual Salary |  | |
| Allowances | Management | | | |  | | Special Needs | | | |  | Recruitment & Retention | |  |
| Notice Required | | | |  | | | | Reason for leaving | |  | | | | |
| Date of Leaving (if not current employer) | | | |  | | | |  | |  | | | | |

**EMPLOYMENT HISTORY**

Please list below your employment history starting with the most recent. Include details of voluntary work, employment on a temporary contract or via an employment agency. **You must account for all your time since leaving school and give details of any gaps in employment below**. Please continue on a separate sheet if necessary and attach to your form.

From: DD/MM/YY Position:

To: DD/MM/YY Duties:

Employer’s name and address:

Telephone number:       Reason for leaving:

Salary (on leaving):

From: DD/MM/YY Position:

To: DD/MM/YY Duties:

Employer’s name and address:

Telephone number:       Reason for leaving:

From: DD/MM/YY Position:

To: DD/MM/YY Duties:

Employer’s name and address:

Telephone number:       Reason for leaving:

From: DD/MM/YY Position:

To: DD/MM/YY Duties:

Employer’s name and address:

Telephone number:       Reason for leaving:

From: DD/MM/YY Position:

To: DD/MM/YY Duties:

Employer’s name and address:

Telephone number:       Reason for leaving:

**Periods of Non-Employment**

**Please indicate nature/reasons for any periods of non-employment including relevant dates (DD/MM/YY)**

**EDUCATION, TRAINING AND QUALIFICATIONS**

Starting with the most recent, please provide accurate details, dates and grades for the educational establishments and qualifications relevant to the job you are applying for, and include any listed in the person specification. Please note that shortlisted applicants may be required to bring to the interview or selection process the original certificates of all qualifications listed. Alternatively, you will be asked to provide them if a conditional offer is made to you. *(Please continue on a separate sheet if necessary and attach it to your form).*

Name of School, Name of Date taken/ Qualification level/

College/University Course/Studies to be taken grade obtained

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

            DD/MM/YY to DD/MM/YY

**MEMBERSHIP OF PROFESSIONAL BODIES/PROFESSIONAL QUALIFICATIONS**

Qualification

of membership Membership Date Gained by Still

Name of body (class/grade) number obtained examination? Current?

                  DD/MM/YY  Y  N  Y  N

                  DD/MM/YY  Y  N  Y  N

                  DD/MM/YY  Y  N  Y  N

**I understand that I must provide original evidence of all qualifications listed above.**  (Please tick)

**SUPPORTING STATEMENT**

Please use this space, with separate sheets attached as necessary, to tell us how you meet the job requirements that are listed in the person specification.

You must address ALL the items in the list to enable us to assess your suitability to be shortlisted and put forward for the selection process

You must supply evidence of your strengths and give clear, relevant examples of your experience, skills and knowledge when addressing each requirement. Your evidence may include skills and experience gained in employment, voluntary work, community or leisure activities.

Do not attach a CV as it will not be considered

**REFERENCES**

Please provide full details of two referees: one must be your present or most recent employer and the other should be a previous employer. If you have not been in paid employment please give the name of the head of education or training establishment that you attended and / or the manager of a voluntary group for whom you have worked.

**Please note: The School reserves the right to seek a reference from any previous employer / school / college or university and take up more than two references. We will be taking references from establishments covering the last 5 years. We will take up references prior to interview.**

**If you are shortlisted:**

**May we contact your first referee prior to interview?**  YES  NO

**May we contact your second referee prior to interview?**  YES  NO

Name of referee:

Job title:

Organisation:

Address:

Date of employment/study. From: DD/MM/YY To: DD/MM/YY

Relationship with referee (e.g. line manager):

Telephone number:       Fax number:

Email:

Name of referee:

Job title:

Organisation:

Address:

Date of employment/study from: DD/MM/YY To: DD/MM/YY

Relationship with referee (e.g. line manager):

Telephone number:       Fax number:

Email:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER) 1986 AND CRIMINAL RECORDS BUREAU (DBS)** | | |
| Have you ever been convicted of a criminal offence? | | | Yes  No |
| This Authority operates checking procedures in accordance with the Home Office Circular 86/44 DES Circular 4/86. If you are selected for appointment you may be subject to these procedures. | | | |
| Do you already hold a current Disclosure and Barring Service – Enhanced Disclosure Certificate? | | | Yes  No |
| If Yes, please give date of issue: | |  | |

|  |  |
| --- | --- |
|  | **OTHER INFORMATION** |

Are you related to, or do you have a friendship\* with or close personal/business association with, any Councillor OR any employee of Wandsworth Council?  YES  NO

If YES please complete this section. You may attach an additional sheet if necessary.

Councillor’s name:

Relationship:

Employee’s name:

Position:

Relationship:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EQUALITIES ACT 2010** | | | |
| The DDA protects people with disabilities from unlawful discrimination. If you tell us that you have a disability we will make reasonable adjustments to your working environment and to your work arrangements and practices, if it is reasonable for us to do so. | | | | |
| Do you consider yourself to have a disability? | | | Yes | No |
| If Yes, please describe your disability: | | |  | |
| If you are invited to an interview and you believe that we should make reasonable adjustments for you please describe what will be required: | | | | |
| a. | At the interview |  | | |
| b. | In the work place  (if appointed) |  | | |

|  |  |
| --- | --- |
|  | **GENERAL DATA PROTECTION REGULATIONS (2018) Personnel Information Protection Statement** |
| The School respects your privacy rights and is committed to ensuring that it protects your details and other information about you available to the School (“your information”).  The Schoolwill use your information to:   * make informed decisions in connection with your potential or current employment * meet its statutory obligations * prevent and detect fraud * complete School Workforce Census for DfE * carry out equal opportunities monitoring   Unsuccessful candidates’ forms will be stored securely at the school for a period of six months. No information from this form is shared with any other organisation. After this period it will be shredded.  Successful candidates’ forms will be transferred to an individual HR file, which will be stored in line with the school’s GDPR Policy | |

|  |  |
| --- | --- |
|  | **DECLARATION** |
| This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.  Providing any misleading or false information to support your application or canvassing Councillors or staff of the Council directly or indirectly for an appointment will disqualify you from appointment, or if appointed will render you liable to dismissal without notice.  I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph. | |
| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |
| --- |
| **HONEYWELL INFANT SCHOOL**  **EQUAL OPPORTUNITIES EMPLOYMENT POLICY** |
| Honeywell Infant School defines itself as an Equal Opportunities Employer and we are working towards equality and diversity. The School is actively opposed to all forms of unfair discrimination and is therefore committed to the principle that no job applicant or employee shall be discriminated against on the grounds of gender, marital status, being a lesbian or gay man, age, religious beliefs, HIV status, disability (covering sensory and physical disabilities, learning difficulties and mental health status) and race, colour, nationality or ethnic origin. |

|  |
| --- |
| **SAFEGUARDING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS STATEMENT** |
| This school is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MONITORING INFORMATION** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| This page is removed from the application form prior to shortlisting and interview. Please complete all information requested. | | | | | | | | | | | | | | | |
| **1.** | **Gender** | | |  | | **3.** | **Age Group** | | | | | | | | |
|  |  | | Female |  |  |  | 16-17 | | |  |  | | | | |
|  |  | | Male |  |  |  | 18-20 | | |  |  | | | | |
| **2.** | **Religion** | | | | |  | 21-24 | | |  |  | | | | |
|  | Christian | |  |  |  |  | 25-30 | | |  |  | | | | |
|  | Buddhist | |  |  |  |  | 31-49 | | |  |  | | | | |
|  | Hindu | |  |  |  |  | 50-64 | | |  |  | | | | |
|  | Jewish | |  |  |  |  | 65+ | | |  |  | | | | |
|  | Muslim | |  |  |  | **4.** | **I consider myself to have a disability** | | | | | | | | |
|  | Sikh | |  |  |  |  |  | | | | | Yes | |  | |
|  | None | |  |  |  |  |  | | | | | No | |  | |
|  | Other (Please Specify) | |  | | |  |  | | | | |  | |  | |
| **5.** | **Ethnic Origin**  Please tick one box in this section | | |  |  |  | |  |  | | | |  | |  |
| **A.** | **White** | British | |  | 01 | **C.** | | **Mixed** | White & Black Caribbean | | | |  | | 21 |
|  |  | Irish | |  | 02 |  | |  | White & Black African | | | |  | | 22 |
|  |  | Albanian | |  | 0B |  | |  | White & Asian | | | |  | | 23 |
|  |  | Other specify below | |  | 03 |  | |  | Other specify below | | | |  | | 24 |
|  |  |  | |  |  |  | |  |  | | | |  | |  |
|  |  |  | |  |  |  | |  |  | | | |  | |  |
| **B.** | **Asian or** | Indian | |  | 41 | **D.** | | **Black or** | Caribbean | | | |  | | 61 |
|  | **Asian British** | Pakistani | |  | 42 |  | | **Black British** | African | | | |  | | 62 |
|  |  | Bangladeshi | |  | 43 |  | |  | British | | | |  | | 63 |
|  |  | Asian British | |  | 44 |  | |  | Other specify below | | | |  | | 64 |
|  |  | Afghan | |  | 4B |  | |  |  | | | |  | |  |
|  |  | Other specify below | |  | 45 |  | |  |  | | | |  | |  |
|  |  |  | |  |  |  | |  |  | | | |  | |  |
|  |  |  | |  |  | **E.** | | **Chinese or** | Chinese | | | |  | | 81 |
|  |  |  | |  |  |  | | **Other** | Vietnamese | | | |  | | 8B |
|  |  |  | |  |  |  | |  | Middle Eastern | | | |  | | 8C |
|  |  |  | |  |  |  | |  | Other specify below | | | |  | | 82 |
|  |  |  | |  |  |  | |  |  | | | |  | |  |
|  |  |  | |  |  |  | |  |  | | | |  | |  |