## JOB APPLICATION FORM

## **Data Protection Statement**

The purpose for collecting your personal details on this form is to allow the Council to process your job application effectively. We also need to monitor information about prospective employees so that we can work towards equality for all and meet other legal requirements for employment practices. To assist us with this, we need to collect data on your health, any convictions, asylum status, ethnicity, sexuality and religion. The monitoring form will be separated from your job application at the point of receipt.

Once your application is received the Council will store the details securely and confidentially within the Human Resources Recruitment Team on the HR Database. Access to the information you provide will be a strictly need to know basis and the information will be retained for 1 year for all unsuccessful applicants before being securely disposed of / deleted from our systems. This information will not be shared externally with any other organisations or partners.

I confirm that the information I provide on this form is true and correct and can be treated as part of any future contract of employment. I understand that if I wilfully provide incomplete or inaccurate information you may withdraw any offer of employment made or, if already employed, I could be liable to dismissal.

I hereby give consent for my personal information to be processed as described above.						
Signed:	Name: Date:					
	POST DETAILS					
Post/Job Title:	Post Number:					
School/Establishm	nent:					
Would you conside	er part time work or job share? Yes No					
PERSONAL DETAILS						
Title: Surn	ame: First Name(s):					
Former Names:	Date of Birth:					
Home Address:	(Only required for CRB Posts)					
Post Code:						
Home Telephone:	Work Telephone:					
Mobile Number:						
Email Address:						



Current or most recent employment
Establishment Name:
Address:
Post Code:
Contact Number: Email Address:
Post Title: Salary:
Grade/Band: Pay Point:
Employed From: Date Left: Notice Period:
Brief Outline of your duties in this post: (Please use a separate sheet if needed) (if applicable)
Reason for Leaving:
Previous Employment
Establishment Name:
Address:
Post Code:
Contact Number: Email Address:
Post Title: Salary:
Grade/Band: Pay Point:
Employed From: Date Left: Notice Period:
Brief Outline of your duties in this post: (Please use a separate sheet if needed) (if applicable)
Reason for Leaving:

	Employers Name & Address	Job Title	Start & End Date	Reason for L	eaving		
F	Please explain any gaps in	your career that you may	have had since	leaving school			
F	(Please name any institute or Professional Body in full, rather than using initials)  Please include any qualifications, training and current membership of professional associations that are relevant to the post. Please see the Person Specification and continue on a separate sheet if necessary.						
	Name & Location of Scho		•				
	Institute/Professional Asso		Subjects,St Qualification	atus & ns Achieved			
						Level &	
						Level &	
					ieet ii ne	Level &	
						Level &	
		ociations	Qualification	ns Achieved		Level &	
1	Institute/Professional Asso	ort Courses that are rele	Qualification	ns Achieved	Duratio	Level & Grade	
1	Training, Seminars or Sho	ort Courses that are rele	Qualification	ns Achieved  Date of	Duratio	Level & Grade	
1	Training, Seminars or Sho	ort Courses that are rele	Qualification	ns Achieved  Date of	Duratio	Level & Grade	

Extra Information					
•	nor of the establishment to whice of Thurrock Council? Failure to the Application.	• • •	•		
Yes No	Person's Name & Relationship to you				
Can you provide evidence	of your legal right to work in the	e UK? Yes	No		
National Insurance Number	r:				
Do you have a valid Full Di	riving Licence? Yes	No			
For posts where CRB has not been identified as appropriate:  *Have you been convicted of any criminal offence? please give details (Offence, Date and Sentence) unless the conviction is considered "spent" under the Rehabilitation of Offenders Act 1974 for more information please see the Recruitment Booklet and NOTE below.					
For posts where CRB has been identified as appropriate:  *Due to the nature of the post for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. Have you received a caution / been convicted of any criminal offence at anytime?(spent or otherwise)					No No
For posts deemed to be Regulated or Controlled Activity (refer to Person Specification)  Are you registered with the ISA for Vetting and Barring purposes?  If you answered yes, please give your registration number					
*Have you at any time been fully or partially debarred or restricted from working with Children, Young People and/or Vulnerable Adults?(see NOTE Below).					
<b>NOTE:</b> If you have answered yes to any of the above questions marked * all information should be submitted either in a sealed envelope, marked with your name, post for which you are applying and title of "Disclosure", or by email to <b>Recruitment@thurrock.gov.uk</b> giving Disclosure, your name and the post for which you are applying in the Subject box.					
I have read and understood The Disclosure of Criminal Convictions, Disclosure Process  Document, ISA Guidance and Recruitment Booklet					No
Are you currently working unsupervised with Children, Young people and/or Vulnerable Adults?					No
Holidays Please give details of any h appointment dates:	oliday or other commitments, wh	ich may affect pos	sible interview and	d	
Education/Social Work Po	ositions ONLY				
General Teaching Council Registration Number:	General Social Care Council Registration Number:	DCSF Number:	Date you obtaine Qualification / Re		on

You will be required to present all original certificates where relevant to the post at interview

Current Position							
Please indicate whether your current post was: Foundation	ation Independent						
Local Authority (LA)	Voluntary Aided (VA)						
Ages Taught: Gender: Boys	Girls Mixed						
Number on Roll:	Salary spine Points:						
Are you currently receiving TLR, SPA or other points?							
Previous Teaching Experience							
Name of School:							
Type of School: Foundation Independent Loc	cal Authority (LA) Voluntary Aided (VA)						
Start Date:	End Date:						
Position Held:	Number on Roll:						
Ages Taught:	Subjects:						
References References will be sought from your current and previous employer, for posts which require a CRB check, references will be requested prior to interviews.  Current position or most recent position							
Referee's name	Referee's name						
Contact Address	Contact Address						
Post Code	Post Code						
Contact Number	Contact Number						
Email Address	Email Address						
Job Title/Position held	Job Title/Position held						

RECRUITMENT MONITORING FORM					
Post Title:	Post Number:				
School/Establishment/Business					
PERSON	NAL DETAILS				
Surname: First	st Name(s):				
Date of Birth:					
1 Gender Are you: Female	Male Transgender				
2 Age Please select your age group: 16-24	25-34 35-49 50-64 65+				
3 Ethnicity Asian or Asian British	Mixed Heritage				
Bangladeshi	Black African & White				
Chinese	Asian & White				
Indian	Black Caribbean & White				
Pakistani	Any other Mixed background, please write in				
Any other Asian background, please write in					
Black or Black British Traveller					
African	Gypsy				
Caribbean	Irish Traveller				
Any other Black background, please write in	Institutere				
NA/L-14 -	Romany				
White	Other, please write in				
British					
Irish					
European Cthan Minital release write in	Any other Ethnic background, please write in				
Other White, please write in					





4. Disability				
Do you consider yourself to have a disability?				
The Equality Act 2010 defines a disabled person as a person with 'a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities, please refer to attached guidance.  Yes No				
If you are disabled, please describe your impairment in the box below				
5. Sexual Orientation	6. Religion			
How would you define your sexual orientation?  Bisexual  Gay man  Gay woman/Lesbian  Heterosexual	What is your religion, faith or belief?  No religion  Buddhist  Christian  Hindu  Judaism  Muslim  Sikh  Any other religion, please write in			
If you are invited to interview you will need to bring with you evidence of your legal right to live and work in the UK. Your passport, birth Certificate or confirmation of your National Insurance number, are acceptable documents. Should these not be available we will notify you of the appropriate documents.				
Where did you see this post Advertised?				
Please state the name of the publication or source where you saw this post advertised.				
Please return this form by the closing date shown in the advertisement, to the address below. If you have downloaded this form from the Internet, please return this application to:  Recruitment Team, Thurrock Council, Civic Offices, New Road, Grays, Essex RM17 6SL				

## EQUALITY ACT GUIDANCE RELATING TO THE DEFINITION OF DISABILITY

The code defines normal day-to-day activities as:

Activities which are carried out by most men or most women on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or a sport to a professional standard, or performing a skilled or specialised task at work.

However, someone who is affected in a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition.

Day to day activities thus include activities such as walking, driving, using public transport, cooking, eating, lifting and carrying every day objects, typing, writing (and taking exams), continence, talking and hearing, reading, taking part in normal social interaction or forming social relationships, nourishing and caring for one's self. They also encompass the activities which are relevant to professional life.





