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## THE FITZWIMARC SCHOOL - SUPPORT STAFF APPLICATION FORM

Please complete all sections in black ink or type. The Declaration (section 12) must be completed and signed.

Post applied for:

### 1. Personal Details

Title:	Last Name:	First Name(s):
Present Address:	All previous names:	
	Home telephone number:	
	Mobile or work telephone number:	
	Please tick if you do not wish to be contacted at work <input type="checkbox"/>	
Date of Birth:	Email address:	
National Insurance Number:	Do you have the right to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 2. Present Employment.

Employer's Name and Address :	Job Title:
	Current Grand/Band:
	Current Salary : £
	Date Appointed:
Period of Notice:	Reason for leaving:
Brief Outline of duties:	

### 3. Previous employment .(Please list most recent first & continue on a separate sheet, if necessary)

Name and Address of Employer:	Job Title:	Reason for leaving:	Start date MM/YY	End date MM/YY

**4.Breaks in Employment History** If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, voluntary work, training etc.

<b>From</b>	<b>To</b>	

**5.Education** Please list most recent first.

Name of School(s)	From MM/YY	To MM/YY	Qualification/subject obtained & awarding body	Grade	Date

**6.Continuing Education** List most recent first (please include any professional qualifications obtained)

Educational Establishment	From MM/YY	To MM/YY	Qualification/subject obtained & awarding body	Grade	Date(s)

**7.Training** including details of professional or personal development courses attended in the last 5 years continue on separate sheet if necessary.

Course title	Organising Body	Brief Description of Course Content	Date

**8. ICT Skills** :Please indicate level of competence with a tick

	Basic	Competent	High	Other (please specify)	Basic	Competent	High
<b>Microsoft Office</b>							
Word							
Excel							
Outlook (email)							
PowerPoint							
Access (database)							

## 9. Statement in support of your application

Please use this section to show how your experience, skills and qualifications make you suitable for this post. You should ensure information submitted reflects your experience relating closely to the competencies detailed in the person specification. Include relevant skills and experience that you have obtained through previous employment and voluntary or community involvement, personal interests or education. Please continue on a separate sheet if necessary.

## 10. References.

Please give the name and address of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. **Applicants must ensure referees consent to be contacted (by post/email) and for reference information to be held for 6 months. Please note references will be requested for short-listed candidates prior to interview.** The school may contact other previous employers for a reference without your consent. References will not be accepted from relatives or from people writing solely in the capacity of friends.

Full Name:	Full Name:
Job Title:	Job Title:
Address:	Address:
Telephone Number:	Telephone Number:
Email Address:	Email Address:
Relationship between applicant & referee:	Relationship between applicant & referee:
Period of time applicant known to referee:	Period of time applicant known to referee:

If either of your referees know you by another name, please give details:

## 11. Close Personal Relationships

Are you a relative or partner, or do you have a close working relationship with, any employee, Trustee or Governor of the school? If 'YES' please state name(s) of the person(s) and relationship.

**YES** ☐ **No** ☐

Failure to declare such a relationship may disqualify you. Canvassing of Governors, Trustees or senior staff members by you or on your behalf is not allowed.

## 12. Declaration.

**Please read the following statements and information relating to the application carefully. By ticking the boxes and signing below you are certifying that the information supplied is accurate and to the declarations made are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or in the event of employment, in disciplinary investigation by the school, and is likely to result in dismissal.**

### Declaration

☐ I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.

### Disclosure of Criminal Convictions

☐ Short-listed candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application. A conviction/caution/reprimand will not necessarily be a bar to obtaining employment, except in case of management posts where S128 Direction issued by the Secretary of State will prohibit employment.

### Safer Recruitment and Childcare Disqualification Checks

☐ I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post. Short listed candidates applying for a relevant post in a school setting covered by the Childcare (disqualification) Regulations 2009 ("the Regulations") will be asked to complete a Disqualification Declaration form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. By signing this application form you acknowledge and consent to completing the Disqualification Declaration Form if you are shortlisted for a relevant post in a setting covered by the regulations.

### Data Protection

I acknowledge by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be used in line with the Privacy Notice.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for taking the time to apply for this post**

**It is not The FitzWimarc Schools practice to acknowledge receipt of applications. However, if you would like to be informed of the outcome of your application once the selection process has been completed, then please enclose a stamped addressed envelope.**

## Recruitment monitoring information

Post title: \_\_\_\_\_

We are committed to ensuring that applicants are selected on the basis of their skills/attributes relevant to job. In Accordance with our Equality & Diversity Policy, we provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity. In order to monitor how successful this policy is we monitor all job applications. This information will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment.

There is no obligation on you to provide this information. All applicants will be treated the same regardless of whether or not they provide this information. All information will be treated in confidence and will not be seen by the shortlisting panel. The information provided on this form will be converted into anonymised data, stored separately from your application form and only used to provide statistics for monitoring purposes. If you do not wish to answer any of the questions you can select the “prefer not to say” option.

### AGE

<input type="checkbox"/> 15 – 19	<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 55 – 59	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> 20 – 24	<input type="checkbox"/> 40 – 44	<input type="checkbox"/> 60 – 64	
<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 45 – 49	<input type="checkbox"/> 65 – 69	
<input type="checkbox"/> 30 – 34	<input type="checkbox"/> 50 – 54	<input type="checkbox"/> 70+	

### GENDER

Which of the following describes how you think of yourself?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
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### MARITAL STATUS

<input type="checkbox"/> Married (opposite sex)	<input type="checkbox"/> Married (same sex)	<input type="checkbox"/> Civil partner	<input type="checkbox"/> Single	Other: _____
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### SEXUAL ORIENTATION

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Gay woman / lesbian	<input type="checkbox"/> Heterosexual/ Straight
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other		

### ETHNIC ORIGIN

#### White:

<input type="checkbox"/> British	<input type="checkbox"/> Welsh
<input type="checkbox"/> Scottish	<input type="checkbox"/> Northern Irish
<input type="checkbox"/> Irish	Other, please specify: _____

**Mixed:**☐

White &amp; Black Caribbean

☐

White &amp; Black African

☐

White &amp; Asian

Other, please specify: \_\_\_\_\_

**Asian, Asian British, Asian Black, Asian Scottish or Asian Welsh:**☐

Indian

☐

Pakistani

☐

Bangladeshi

Other, please specify: \_\_\_\_\_

**Black, Black British, Black English, Black Scottish or black Welsh:**☐

Caribbean

☐

African

Other, please specify: \_\_\_\_\_

**Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:**☐

Chinese

Other, please specify: \_\_\_\_\_

**Other Ethnic group:**☐

Prefer not to say

Other, please specify: \_\_\_\_\_

**RELIGION OR BELIEF**☐

No religion or belief

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jewish

☐

Muslim

☐

Sikh

☐

Prefer not to say

Other, please specify: \_\_\_\_\_

**DISABILITY**

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: *“a physical or mental impairment which has a “substantial” and “long term” negative effect on a person’s ability to carry out normal day-to-day activities”.*

To be protected under the Act:

- An individual must have an impairment which can be physical or mental.
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which

fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) **and**

- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people).

Do you consider yourself to have a disability?

☐

Yes

☐

No

☐

Prefer not to say

### Data Protection

I hereby acknowledge that the data provided on this form will be anonymised and then collated and held in a central electronic file/format within a period of 4 working weeks, after which time this form will be destroyed. I acknowledge that the data is collated for the purposes of equal opportunities monitoring and will be processed in accordance with the Data Protection Policy. I acknowledge that information about how my data is used is provided in the Recruitment Monitoring Form Privacy Notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_