

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/Establishment:

Would you consider part time work or job share? Yes No

PERSONAL DETAILS

Title: Surname: First Name(s):

Former Names: Date of Birth:

(Only required for CRB Posts)

Home Address:

Post Code:

Home Telephone: Work Telephone:

Mobile Number:

Email Address:



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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 Leaving

Please explain any gaps in your career that you may have had since leaving school.

(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 School/College/ Institute/Professional Associations	Subjects, Status & Qualifications Achieved	Level & Grade

Training, Seminars or Short Courses that are relevant to the post

Course Title, Name of the Organisation delivering the Event and a Brief Description	Date of Attendance	Duration of Learning Event

Extra Information

How many periods of Sickness Absence have you had over the past two years?

How many working days has this amounted to?

Are you related to a Governor of the establishment to which your Application is being made, or to a Councillor, or Senior Officer of Thurrock Council? Failure to disclose a family relationship may disqualify your employment Application.

Yes No

Person's Name &
Relationship to you

Can you provide evidence of your legal right to work in the UK? Yes No

National Insurance Number:

Do you have a valid Full Driving 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.

Yes No

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)

Yes No

*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).

Yes No

NOTE: 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 Recruitment@thurrock.gov.uk giving Disclosure, your name and the post for which you are applying in the Subject box.

Yes No

I have read and understood The Disclosure of Criminal Convictions, and the Disclosure Process Document

Yes No

Are you currently working unsupervised with Children, Young people and/or Vulnerable Adults?

Holidays

Please give details of any holiday or other commitments, which may affect possible interview and appointment dates:

Education/Social Work Positions ONLY

General Teaching Council Registration Number:	General Social Care Council Registration Number:	DCSF Number:	Date you obtained this Qualification / Registration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 Local 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 Previous position

Referee's name

Contact Address

Post Code

Contact Number

Email Address

Job Title/Position held

Referee's name

Contact Address

Post Code

Contact Number

Email Address

Job Title/Position held

Your Supporting Statement

Please use this section to tell us how your knowledge, skills and experiences meet the requirements of the job set out in the Person Specification. Please refer to the guidance "Applying for the Job" in the Recruitment Booklet. (Please continue on a separate sheet if necessary)

MONITORING FORM

Post Title:

Post Number:

School/Establishment/Business

PERSONAL DETAILS

Surname:

First 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

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian background, please write in

Black

African

Caribbean

Any other Black background, please write in

White

British

Irish

Other White, please write in

Mixed Heritage

Black African & White

Asian & White

Black Caribbean & White

Any other Mixed background, please write in

Traveller

Gypsy

Irish Traveller

Romany

Other, please write in

Any other Ethnic background, please write in



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4. Disability

Do you consider yourself to have a disability?

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment or an illness which has a sustained and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Yes No

If you are disabled, would you describe your impairment as (tick all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Hidden impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Mobility (a wheel chair user) | <input type="checkbox"/> Mobility (not a wheel chair user) |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Speech | |

Any other, please write in

5. Sexual Orientation

How would you define your sexual orientation?

- | | |
|-------------------|--------------------------|
| Bisexual | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> |
| Gay woman/Lesbian | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Other, please write in

6. Religion

What is your religion, faith or belief?

- | | |
|-------------|--------------------------|
| Buddhist | <input type="checkbox"/> |
| Catholic | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> |
| Judaism | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> |
| Protestant | <input type="checkbox"/> |
| No religion | <input type="checkbox"/> |

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