

## STAFF APPLICATION FORM



(ALL SECTIONS MUST BE COMPLETED ELECTRONICALLY)

APPLICATION FORM FOR T	HE POST OF:				
Are you applying for:	Full Time				
	Part time or Job Share	Please state hours you are available:			
		·			
1. APPLICANT'S	PERSONAL DETAILS				
TITLE: (Mr, Mrs, Ms, etc)		ADDRESS FOR ALL CORRESPONDENCE:			
SURNAME: (in capital lett	ers)				
PREVIOUS SURNAME(S):	(if any)	DATE OF BIRTH:			
FIRST NAME: (in capital le	tters)	HOME TELEPHONE NUMBER:			
WORK TELEPHONE NUMBER:		MOBILE NUMBER:			
E-MAIL ADDRESS:		NATIONAL INSURANCE NUMBER:			
2. CURRENT EM	PLOYMENT				
PRESENT POST:		DATE APPOINTED:			
NAME OF EMPLOYER:		LOCAL EDUCATION AUTHORITY (if applicable):			
ADRESS:		RESPONSIBILITIES:			

3.	CURRENT SALARY					
SALAR	LARY: (BASIC) (Please give spine point if applicable)		olicable)	ADDITIONS: (Total of any allowances, bonus etc)		
4.	OTHER EMPLOYMENT	(PLEAS	E START	WITH EARLIEST APPOINTMENT)		
EMPLO	OYER:	FROM	то	POST HELD AND RESPONSIBILITIES:		
5.	PLEASE ACCOUNT FO	R ANY TI	ME SING	CE LEAVING SCHOOL WHICH IS NOT		
	5. PLEASE ACCOUNT FOR ANY TIME SINCE LEAVING SCHOOL WHICH IS NOT INCLUDED IN YOUR EMPLOYMENT HISTORY ABOVE					

6. EDUCATION AND	QUALIFICAT	TIONS			
SECONDARY SCHOOL(S) AND ADDRESS	FROM	ТО	EXAMINATIONS PASSED WITH GRADES		DATES
COLLEGE OF FURTHER EDUCATION	FROM	ТО	EXAMINATIONS PASSED WITH GRADES		DATES
UNIVERSITY OR POLYTECHNIC	FROM	ТО	DEGREE/CLASS	PRIN	ICIPAL SUBJECTS
OTHER QUALIFICATIONS			GRADE/CLASS (if applicable)	DATE OF AWARD	

7. PROFESSIONAL DEVELOPMENT				
TRAINING COURSES ATTENDED DURING THE LAST THREE YEARS				
COURSE TITLE (and award if gained)	PROVIDER	DATE		
8. OUTSIDE INTERESTS				
9. SUPPORTING STATEMENT				
Please provide, on separate sheets, a statement in support o	f your application. This	should be typed in font		
size 12 and be no more than two sides of A4 in length.				
10. CONFIDENTIAL INFORMATION				
DO YOU CONSIDER YOURSELF TO BE DISABLED?	YES / NO			
IF YOU WISH, PLEASE GIVE FURTHER DETAILS HERE				
A DE THERE ANY SDECIAL ARRANGEMENTS VOLUMOUS DECL	LIDE TO ATTEND AN	VES / NO		
ARE THERE ANY SPECIAL ARRANGEMENTS YOU WOULD REQUIRE TO ATTEND AN INTERVIEW?  YES / NO				

IF YES, PLEASE GIVE DETAILS				
IF OFFERED THE POSITION, ARE THERE ANY ARRANGEMENTS OR ADJUSTMENTS THAT THE SCHOOL WOULD NEED TO MAKE TO ENABLE YOU TO CARRY OUT THE ROLE?	YES / NO			
IF YES, PLEASE GIVE DETAILS				
I understand that under the terms of the Asylum and Immigration Act 1996 should I post for which I am applying, I will provide for the governing body, as employer, an showing my entitlement to work in this country.				
*Acceptable documents include your National Insurance card, a birth certificate issu P45 from your previous employer, a valid passport, or any relevant authorisation all this country.				
ARE YOU RELATED TO ANY MEMBER OF HILLEL PARK SCHOOL, HILLEL BRIGHT FUTURES TRUST OR BRIGHT FUTURES 4 ALL BOARD OF TRUSTEES / GOVERNORS OR A SENIOR EMPLOYEE OF OUR SPONSORS.	YES / NO			
IF YES, PLEASE GIVE DETAILS:				
Depending on the outcome of your application on this occasion, we may wish to cor opportunities at the School.	ntact you about future			
Please tick this box if you do not wish to be contacted in this way				
Please state where (or how) you first learned of this vacancy:				
Our normal practice is to take up references prior to interview.				
To the best of my knowledge the information on this form is correct. I am in posses which I claim to hold. I understand that wilful falsification or omissions may, if I am a dismissal.				
You are reminded that any canvassing direct or indirect will disqualify candidates.				
Successful candidates may be required to produce their birth certificate and origina and undergo medical examination.	I proof of qualifications			
Hillel Park School is committed to safeguarding and promoting the welfare of childre and expects all staff and volunteers to share this commitment.	en and young people			
SIGNATURE: DATE:				

It is essential that you provide full contact details for all your referees.

Referee 1 (Current or most	recent employer)
Contact name	
Position/Profession	
Address	
Telephone number(s)	
Email address	
Occupation	
Defense 2	
Referee 2 Contact name	1
Position/Profession	_
Address	+
Address	
Telephone number(s)	
Email address	
Occupation	
Referee 3	
Contact name	
Position/Profession	
Address	
Tolombono municipa (a)	
Telephone number(s) Email address	
Occupation	
Referee 4 (For SLT Only)	
Contact name	
Position/Profession	
Address	
7 tadi C33	
Telephone number(s)	1
Email address	
Occupation	
·	<del>-</del>



Please tick the appropriate boxes.

## **EQUAL OPPORTUNITIES MONITORING**

The School is keen to ensure that all applications for posts are considered on an equal basis. Without monitoring an organisation will never know whether its equal opportunities policy is working. To help us achieve this we achieve this we ask all candidates to complete this equal opportunities monitoring form. This is confidential and the form will be removed from the application prior to shortlisting. It will not be used in any way as part of the selection process.

Gender	☐ Male		Female		
Age	<ul><li>□ 20 − 29</li><li>□ 50 − 59</li></ul>	_	30 – 39 60 – 65		40 – 49
Ethnic group Choose one sec	ction from A - E and then tick the a	appropria	ite box to	indicate	e your cultural background:
Α.	White		C.		Asian, Asian British, Asian English, Asian Scottish or Asian Welsh
	British				Indian
	English				Pakistani
	Scottish				Bangladeshi
	Welsh				Any other Asian background, please write in:
	Irish				
	Any other White background, write in:	, please	D.		Black, Black British, Black English, Black Scottish or Black Welsh
					Caribbean
В.	Mixed				African
	White and Black Caribbean				Any other Black background, please write in:
	White and Black African				
	White and Asian		E.		Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or Other Ethnic Group
	Any other Mixed background	l, please			Chinese
_	write in:				Any other background, please write in:

Please send all submissions to info@brightfutures4all.com