

Education Central Multi Academy Trust Support Staff Application Form

Please do not attach a CV as this will not be considered as part of your application

Application for the post of:

We are legally obliged to ask you to provide evidence of your right to work in the UK. If you are successful, we will ask you to provide appropriate documents, such as a passport, visa or full birth certificate to confirm this. (Further details are available from the UK Border Agency Website).

Application reference number:

Do you have the legal right to work in the UK?

Yes No

Important application guidance and information

Please ensure you provide accurate and up to date information.
 You are only able to submit one application per vacancy so please ensure you thoroughly review prior to submitting.

Where did you hear about this vacancy?

WM Jobs
 TES
 ECMAT Website
 Academy Website
 Other

If you ticked 'other' please give further details

Personal Details

Please provide your full and legally known name

First Name			Middle Name		Last Name		Title	
Former Name(s)								
Date of Birth (dd/mm/yyyy)			NI Number					

Contact Information

Email Address		Alternative Email	
Contact Number		<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Alternative Contact Number		<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
House Number/Name		Address Line 1	
Address Line 2			
Address Line 3		Post Code	

Do you hold a full, valid driving licence? Yes No

Do you have use of a vehicle? Yes No

Interview Arrangements

Please list any dates when you will NOT be available for interview. Although we will try to take these into account, we cannot guarantee to do so.

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Are there any reasonable adjustments ECMAT needs to make in order to support you should you be invited to interview and/or in your employment should you be appointed to the post?

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Employment History

Please provide details of your current and previous employment starting with your current or most recent employer. If you have no previous employment then you do not need to complete this information.

Employer Name		Local Authority (if applicable)	
Job Title			
From		Until	<input type="checkbox"/> Current
Please list brief details of duties and responsibilities			
Salary	Amount	£	Per
Address and telephone number of establishment			
Notice period			
Reason for leaving			
If you have any gaps in your employment then please detail the reason(s). Failure to provide a full account may lead to your application being rejected.			

Other Employment/Work Experience (please add more rows if required)

Job Title	Company	Start Date	End Date	Responsibilities and Achievements	Location	Reason for Leaving

Education

Please provide details of your education history starting with your current or most recent education (please add more rows if required).

Name of school/college/ university	Subject	Date of Completion/ Currently Attending	Result and Qualification Achieved

Training

Please provide details of any relevant training, learning and development starting with your current or most recent experience.

Course Title	Result and Awarding Body	Completion Date

Membership of Relevant Professional Bodies

Please provide details of any memberships you have with any organisations which may be relevant to the job you are applying for.

Association	Membership Type	Membership Number	Expiry Date

References

Please provide two references, one of whom must be your current or most recent employer. If you do not have employment history then please provide character and/or educational referees. This should not be a friend or family member.

It is important to note that failure to provide sufficient referee details will delay the appointment, should you be successful.

Please ensure that you provide official organisational email addresses/postal addresses for referees.

	Reference 1	Reference 2
Title		
First Name		
Surname		
Type of Reference		
Organisation Name (if applicable)		
Relationship to Referee		
Referee Job Title		
Daytime Phone Number		
Email Address		
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		
Are we able to approach this referee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Self-declaration of suitability to work in posts requiring a Disclosure and Barring Service Check

As the work of this post involves working with children, other vulnerable groups or in a position of trust, it is exempt from the provisions of the Rehabilitation of Offenders Act 1974. The organisation will request a Disclosure and Barring Service (DBS) certificate revealing criminal convictions.

Where this post meets the definition of Regulated Activity (as defined in the Safeguarding Vulnerable Groups Act 2006 and as amended by the Protection of Freedoms Act 2012) the relevant barred list(s) for children and adults will also be checked. You must disclose details of all unfiltered reprimands, formal warnings, cautions and convictions as these will be disclosed by the DBS.

Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in withdrawal from any job offer in relation to this form.

Details of positions requiring a DBS certificate can be found here: <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>. For information regarding filtering of convictions please see: <https://www.gov.uk/government/publications/dbs-filtering-guidance>

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?

Yes No

If yes, please specify.

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Personal Declaration

I confirm that the information provided on this form is correct and understand that any misrepresentation or omission may render me liable to summary dismissal, if engaged. I understand that the information will be stored in manual and electronic files and is subject to the provisions of the Data Protection Act 1998. I agree to the information on this form being used by Education Central Multi Academy Trust and the University of Wolverhampton in accordance with the Act.

I Agree I Do Not Agree

Signature (to be completed upon appointment)		Date	
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Supporting Statement

Diversity Information

As part of our equal opportunities policy, we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment.

The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

Ethnic Origin (please tick)

<input type="checkbox"/>	Asian or Asian British (Bangladeshi)	<input type="checkbox"/>	Black or Black British (Caribbean)	<input type="checkbox"/>	Other Ethnic Group (Arab)
<input type="checkbox"/>	Asian or Asian British (Chinese)	<input type="checkbox"/>	Black or Black British (Other)	<input type="checkbox"/>	White Gypsy or Irish Traveller
<input type="checkbox"/>	Asian or Asian British (Indian)	<input type="checkbox"/>	Mixed Ethnic (White and Asian)	<input type="checkbox"/>	White (Irish)
<input type="checkbox"/>	Asian or Asian British (Other)	<input type="checkbox"/>	Mixed Ethnic (White and Black African)	<input type="checkbox"/>	White (Other)
<input type="checkbox"/>	Asian or Asian British (Pakistani)	<input type="checkbox"/>	Mixed Ethnic (White and Black Caribbean)	<input type="checkbox"/>	White (Welsh / English / Scottish/ N. Ireland)
<input type="checkbox"/>	Black or Black British (African)	<input type="checkbox"/>	Mixed Ethnic Group (Other)	<input type="checkbox"/>	Prefer Not To Say

Religion/Belief (please tick)

<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Prefer Not To Say
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	None	<input type="checkbox"/>	Sikh

Date of Birth (dd/mm/yyyy)

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Age Range (please tick)

<input type="checkbox"/>	16-17	<input type="checkbox"/>	25-29	<input type="checkbox"/>	40-49	<input type="checkbox"/>	60-64
<input type="checkbox"/>	18-24	<input type="checkbox"/>	30-39	<input type="checkbox"/>	50-59	<input type="checkbox"/>	65+

Gender (please tick)

Male Female Prefer Not To Say

Sexual Orientation (please tick)

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	Lesbian/Gay Woman	<input type="checkbox"/>	Prefer Not To Say
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Disability (please tick)

The Equality Act (2010) defines a disabled person as someone with a 'physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.'

Do you consider yourself to have such a disability? Yes No Prefer Not To Say

Disability Category (please tick if you answered yes above)

<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Physical Coordination Difficulties	<input type="checkbox"/>	Reduced Physical Capability	<input type="checkbox"/>	Long Standing Illness or Health Condition
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Mobility Impairment	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>	Visual Impairment (not corrected by spectacles)