

Job Application Form



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| --- | --- | --- | --- |
| Title of post applying for: | **Learning Support Practitioner** | Reference number:  |       |
|  |  |
| Closing date: | Monday 3rd June 2024 – 9.00am | Application number: |       |

When you have completed this form please check you have filled in all the relevant parts and you have signed the form, please return your completed form to **SIPS Education Ltd, 2nd Floor Guardian House,** **Cronehills Linkway, West Bromwich, West Midlands B70 8GS** or via email to **hr@sips.co.uk**

**Please do not send CVs, these will not be accepted.**  Canvassing Governors or members of The School, either directly or indirectly, for any appointment shall disqualify the candidate concerned.

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| Rehabilitation of Offenders Act 1974 |
| All Posts involving direct contact with Children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions order 1975 (2013 & 2020) provide that certain spent convictions and cautions are ‘protected’. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website.Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of the interview. You may be asked for further information about your criminal history during the recruitment process. If your application is successful, this self-disclosure information will be checked against information from the Disclosure and Barring Service before your appointment is confirmed.For posts in regulated activity, the DBS check will include a barred list check. It is an offence to seek employment in regulated activity if you are on a barred list.Any convictions listed on a DBS check will be considered on a case-by-case basis.All information provided by applicants and the DBS will be treated in strictest confidence in accordance with the DBS’s Code of Practice. |
| Immigration (Restrictions on EmplOyment) Order 2007 |
| We are legally obliged to ask you to provide evidence of your right of work in the UK. If you are successful, we will ask you to provide appropriate documents, such as a passport or UK birth certificate combined with an official document giving your NI number. Further details are available from the UK Visa & Immigration Website. |
| Data Protection Act |
| This information will be processed and stored for the purpose of recruitment and employment with The Orchard School. All personal and sensitive information will be processed in accordance with the Data Protection Act 2018 and GDPR 2018. It is your responsibility to notify Office Manager of any changes to your personal information that we hold about you. For more information on our procedures, and what we do with your data, please refer to a copy of our Privacy Notice. For any other enquiry relating to Data Protection matters, including Subject Access Requests, please contact the Data Protection Officer at The Orchard School |
| SAFEGUARDING |
| It is an offence to apply for this role if you are barred from engaging in regulated activity relevant to children.A copy of our child protection policy can be found here: <https://www.orchard.sandwell.sch.uk/safeguarding>In line with Keeping Children Safe in Education, an online search will be undertaken on all shortlisted candidates. This search does not form part of the shortlisting process and you will have the chance to discuss any issues of concern that come up during the search at interview. |
| DECLARATION |
| I hereby consent to The Orchard School and relevant organisations processing and retaining the data contained within this form for recruitment, selection and employment related purposes only. I declare that all the statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information.I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed. (Please note application forms submitted electronically/online will require to be signed should you progress to the next stage of the process). |
| sign and date |
| Name (please print):Sign:Date: |

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Job Application Form

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| --- | --- | --- | --- |
| Title of post applying for: |       | Reference number:  |       |
|  |  |
| Closing date: |       | Application number: |       |

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**1. Personal Information**

 Previous Name(s):(if applicable)

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| --- | --- | --- | --- |
| Last Name |       |  |       |
|  |  |
| First Name(s): |       |
|  |  |
| Home Address:Please specify alternative correspondence address on a separate sheet**.**  |       |
| Postcode:      |
|  |  |
| E-mail address: |       |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance Number (If you have one): |       |       |       |       |       |       |       |       |       |

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| --- | --- | --- | --- | --- |
| Date of Birth: |       |       |       |  |
|  |
| Do you have a full current driving licence? | Yes | [ ]  | No | [ ]  | Home TelephoneNumber: |       |
|  |  |  |  |  |
| Do you have daily use of a vehicle? | Yes | [ ]  | No | [ ]  | Work TelephoneNumber: |       |
|  |  |  |  |  |
| Do you have any penalty points on your licence?If so, how many? | Yes | [ ]  | No | [ ]  | Mobile TelephoneNumber: |       |
|  |
|  |       |  |
|  |  |
| Do you consider yourself to have a disability? | Yes | [ ]  | No | [ ]  |
|  |
| (NB: The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”) |
|  |
| If you have a disability, are there any arrangements which we can make for you if you are called for interview? | Yes | [ ]  | No | [ ]  |
|  |  |  |  |
| If Yes, please outline your requirements or equipment which may assist you: 1. In the recruitment process:
2. To enable you to carry out your job:
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|  |
|  |
| How did you find out about this job?  |       |

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| --- | --- | --- | --- | --- | --- |
| Are you applying on a job share basis? | Yes | [ ]  | No | [ ]  |  |
| If so, please state the proportion of full-time you are willing to work: |       |

# Present (or Most Recent) Employment

|  |
| --- |
| Employer/School Name, Address and Telephone Number:       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |       | Job Title: |       |

|  |  |
| --- | --- |
| Present or Final Grade/Salary: |       |

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| --- |
| Specify any Additional Benefits/Payments you Receive:       |

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| --- | --- | --- | --- |
| Notice Required: |       | Date of Leaving (if applicable): |       |

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| Reason for leaving (if applicable): |       |

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| Please Provide a Brief Description of Duties of the Post (Continue on a separate sheet if necessary): |
|       |

Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

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| --- | --- |
| Job Title: |       |
| Employer, Address & Telephone Number |       |
| Start Date: |       | End Date: (If applicable) |       |
| Salary: |       |
| Brief Details of Duties & Achievements: |       |
| Reason for Leaving |       |

If the job for which you are applying will not be your only job, please give details of all other employment including employer and number of hours worked each week. (N.B. this information is required under the Working Time Regulations)

#### Education

Please give details of all nationally recognised qualifications awarded/results awaited; **from GCE Advanced Level to Further Degree Level** or their equivalents in chronological order.

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| Attended | Name ofSchool/College/ University: | Qualification: | Subject: | F/Tor P/T | Grade/Level: | Date Gained: |
| From (mm/yy) | To (mm/yy) |
|       |       |       |       |       |     |       |       |
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Copies of essential qualifications will be required on appointment.

Training (Other Continuing Professional Development)

Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary).

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Course: | Organising Body: | Awards (if any): | Date of Attendance: (mm/yy) |
|       |       |       |       |
|       |       |       |       |
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**Letter of Application**

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you. (Please continue on a separate sheet if necessary).

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|       |

**References**

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references.

**1st Referee**

|  |  |
| --- | --- |
| Name: |       |

|  |  |
| --- | --- |
| E-Mail Address: (Please provide wherever possible) |       |

|  |  |
| --- | --- |
| Address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |       | Capacity: |       |

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**2nd Referee**

|  |  |
| --- | --- |
| Name: |       |

|  |  |
| --- | --- |
| E-Mail Address: (Please provide wherever possible) |       |

|  |  |
| --- | --- |
| Address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |       | Capacity: |       |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |
|  |  |

May we contact your current employer at this stage without further reference to you?

**Self declaration of criminal record**

If you have been convicted of any offence(s), or if there are any proceedings pending against you which are relevant to the post, please give details. (In accordance with the Rehabilitation of Offenders Act 1974 only relevant convictions will be taken into account when assessing your capability. However you are required to declare all, including spent, convictions if the post is covered by an Exception Order of the Act).

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|       |

Please complete the following, Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

IMPORTANT NOTE FOR ALL PERSONS APPLYING FOR POSITIONS IN SCHOOLS AND COLLEGES, AND OTHERS WHO WILL WORK WITH YOUNG PERSON UNDER THE AGE OF 18.

The rehabilitation of Offenders Act 1974 (exceptions) Order 1975 does not allow employees with access to children and young persons under the age of 18 years the right to withhold information regarding previous criminal convictions, including cautions, for any offences (not just those involving children) which for other purposes are ‘spent’ under the provisions of the Act. You must disclose in this section any previous convictions.

Failure to disclose any previous convictions (including cautions) could result in dismissal should it be subsequently discovered. Any information given, either when returning this application form or at interview will be entirely confidential and will be considered only in relation to this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Type of offence | Grade / Class | Date Passed |
|       |       |       |       |
|       |       |       |       |
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Immigration, Asylum and Nationality Act 2006

All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. Please confirm that you are able to provide the appropriate documents.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes [ ]  | No **[ ]**  |

Health Requirements

Appointment is subject to a satisfactory medical report from the County Occupational Health Physician.

**Details of person to contact in an emergency**

|  |  |
| --- | --- |
| Name: |       |

|  |  |
| --- | --- |
| Telephone number: |       |

|  |  |
| --- | --- |
| Relationship: |       |

|  |  |
| --- | --- |
| Address: |       |

Declarations

To your knowledge are you related to a member of staff, governor of the school or anyone elected to or employed by Sandwell County Council?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes [ ]  | No **[ ]**  |

If ‘Yes’, please state their name and position held:

|  |  |
| --- | --- |
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I declare that the information given on this form is correct to the best of my knowledge and belief and I understand that any false statements on this form will justify dismissal from The Orchard School.

Signed:

Date:

**Equal Opportunities**

The Orchard School is committed to ensuring equality of opportunity. Your application will be considered on your ability ONLY. The information requested below will ONLY be used to monitor The School’s practices and will be treated confidentially. **If you fail to complete this page fully, it will be viewed as indicating your implied opposition to the Equality Policy and your application will not be accepted.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | Male | **[ ]**  |  | Female | **[ ]**  |
| **Ethnicity** |  |  |  |  |  |
| **White** | British | **[ ]**  | **Mixed** | White & Black Caribbean | **[ ]**  |
|  | Irish | **[ ]**  |  | White & Black African | **[ ]**  |
|  | European | **[ ]**  |  | Any other mixed background | **[ ]**  |
|  | Any other White background (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Any other mixed background (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Black or Black British** | Caribbean | **[ ]**  | **Asian or Asian British** | Indian | **[ ]**  |
|  | African | **[ ]**  |  | Sikh | **[ ]**  |
|  | Any other Black background ((please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Pakistani | **[ ]**  |
| **Chinese, Yemini or other ethnic group** | Chinese | **[ ]**  |  | Bangladeshi | **[ ]**  |
|  | Yemini | **[ ]**  |  | Any other Asian background (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |