



Lady Hawkins' School

Application Form (Non-Teaching)

Part One

Please refer to the guidance notes when completing this form. If not completing on line, use BLACK INK or type as it will be copied.

Position applied for:	
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1. PERSONAL INFORMATION	
Last Name:	Title: Miss/Mr/Mrs/Ms/Other (please state)
First Name:	
Address:	
	Post Code:

Contact Details - Please give details of how you would like us to contact you

Telephone	Home:	
	Work:	
	Mobile:	
Email	Home:	
	Work:	
Please indicate if you are happy to receive correspondence via your email address, e.g. invite to interview letter?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Disability Do you consider yourself to have a disability within the terms of the Disability Discrimination Act 1995?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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National Insurance Number	
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2. REFERENCES	
Please give the names and addresses of your two most recent employers (if applicable) and indicate if you wish to be consulted before they are approached.	
Reference 1	Reference 2
Name:	Name:
Title: Miss/Mr/Mrs/Ms/Other:	Title: Miss/Mr/Mrs/Ms/Other:
Job Title:	Job Title:
Address:	Address:
Post Code:	Post Code:
Telephone:	Telephone:
Email:	Email:
Occupation:	Occupation:
Relationship to you:	Relationship to you:
I *give/do not give permission for you to contact the above prior to an offer being made *(delete clearly as appropriate)	I *give/do not give permission for you to contact the above prior to an offer being made *(delete clearly as appropriate)

3. EDUCATION, TRAINING AND QUALIFICATIONS

Please give brief details of qualifications obtained from Schools, Colleges and Universities and of all training and other courses you have undertaken whether or not they are relevant to this post. If an overseas qualification, state UK equivalent. **Please list most recent establishment first.**

Date From	Date To	College/University	Course	Qualification and grades obtained
Date From	Date To	School	Qualifications and grades obtained	

Continue on another sheet if needed

Applicants invited for interview will be required to produce documentary evidence of their qualifications

4. PROFESSIONAL DEVELOPMENT

Training
Professional development (relevant courses and other, including dates)

Professional Bodies
Please give details of job relevant personal development, and/or, activities, courses, membership of professional bodies (type of membership, including dates)

Continue on another sheet if needed

5. EMPLOYMENT

Provide details here of your employment history starting with your current or most recent employer. You can include any voluntary or unpaid work that you may have done, that is relevant to the role.

Current/most recent employer (with address)	Job Title / Responsibilities and Duties	Date From	Date To	Salary and reason for leaving
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Continue on another sheet if needed

**6. RELEVANT SKILLS, KNOWLEDGE AND EXPERIENCE
(SUPPORTING STATEMENT)**

Please refer to the person specification, job description and application guidance when completing this section. Make sure to include examples of **HOW** you have demonstrated skills, knowledge and experience.

(You may continue on additional sheets if required)

AVAILABILITY

If you are shortlisted for interview, may we contact you at work?

Yes No

7. OTHER INFORMATION

JOB SHARING

Jobs which are currently full-time posts may be considered appropriate for candidates to apply for on a job-share basis. Are you applying as a job sharer? Yes No

CANVASSING

Are you related to or do you have a close personal relationship with an employee of Lady Hawkins' School? Yes No

If yes please state relationship:

Name:		Position:		Relationship:	
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***Please note that canvassing of employees of Lady Hawkins' School in relation to this application will disqualify any applicant. If evidence is discovered after your appointment, you may be dismissed without notice.**

HEALTH

If you are offered a post within Lady Hawkins' School it will be subject to a medical check

8. ELIGIBILITY TO WORK IN THE UNITED KINGDOM

Please state here if there are any restrictions to your eligibility to work in the United Kingdom. The School will require successful applicants to provide proof of eligibility to work in the UK, and proof of address as part of the pre-employment checks. This involves at least three original documents such as passport, marriage certificate, driving licence, utility bill.

a) I am eligible to work in the United Kingdom Yes No

b) Do you need a work permit to be employed in the United Kingdom Yes No

9. CRIMINAL RECORDS BUREAU DISCLOSURES

If you have been convicted of any offence, you must disclose it, unless it is 'spent' under the Rehabilitation of Offenders Act 1974. However, having a criminal record will not necessarily bar you from employment with Wigmore School (see guidance note 9). Any information revealed here or as a result of a Disclosure will be considered in light of the responsibilities of the post. As the post you are applying for is in a school, you have substantial access to children therefore you MUST state any convictions, bind over orders or cautions whether current or spent. In the event of employment, any failure to disclose these and/or pending investigations could result in disciplinary action and/or dismissal. All posts with access to children, the vulnerable or elderly, will be subject to a Criminal Records Bureau Disclosure. Please give details of:

a) any convictions (including driving offences)

b) disqualifications from driving, or performance of professional duties

10. DECLARATION

I declare that the information I am giving in this application is accurate and true. I understand that providing misleading or false information may disqualify me from appointment or may result in my dismissal.

Name:

Signature: Date:

11. DATA PROTECTION

All information given on this form will be treated in strict confidence. If you are appointed, this application will form the basis of your personal file and information on this form may be held on computer. We will observe strict confidentiality and disclosures will only be made for payroll, employment administration and statistical purposes. If your application for this post is unsuccessful your details will be kept for a period of 6 months and will then be destroyed.

Part two

Diversity monitoring form

Please return this form in a sealed envelope you're your application form

Your Name:		Job Applied For:	
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The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you.

The Diversity Monitoring form will not be seen by the selection panel. It will be detached and the information used for monitoring purposes only.

Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

Your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other, please specify:
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Your date of birth	
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Your age category:

<input type="checkbox"/> 0-15 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 65-74 years
<input type="checkbox"/> 16-24 years	<input type="checkbox"/> 45-64 years	<input type="checkbox"/> 75+ years

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do or you have been diagnosed with a condition such as HIV, cancer, multiple sclerosis which is deemed to be covered from point of diagnosis rather than from when the condition may affect ability to carry out normal day to day activities.

<input type="checkbox"/> Yes – please specify below (tick all that apply):	<input type="checkbox"/> No
<input type="checkbox"/> Deaf/hard of hearing/acute hearing	
<input type="checkbox"/> Blind/partially sighted/sensitive to light	
<input type="checkbox"/> Learning disability or difficulty	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Progressive/chronic illness (e.g. MS, cancer)	
<input type="checkbox"/> Mobility difficulties	
<input type="checkbox"/> Other (please specify):	

Your sexual orientation (please tick one only):

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

Your religion/belief (please tick one box only):

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist
<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify):	

Your ethnicity (please tick one box only):

<input type="checkbox"/> WHITE	<input type="checkbox"/> British	<input type="checkbox"/> Irish Traveller
	<input type="checkbox"/> Romany/Gypsy	
<input type="checkbox"/> Other White background (please specify):		

<input type="checkbox"/> BLACK	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black background (please specify):		

<input type="checkbox"/> ASIAN	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Other Asian background (please specify):		

<input type="checkbox"/> CHINESE	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Chinese background (please specify):	

<input type="checkbox"/> MIXED	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Black Caribbean	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Chinese
<input type="checkbox"/> Other Mixed background (please specify):		

<input type="checkbox"/> OTHER	<input type="checkbox"/> Any other background (please specify):
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Your national identity (please tick one box only):

<input type="checkbox"/> English _	<input type="checkbox"/> Scottish	<input type="checkbox"/> British
<input type="checkbox"/> Welsh _	<input type="checkbox"/> Irish	<input type="checkbox"/> Other (please specify):

Disability

We guarantee to interview any applicant with a disability, who meets the requirements of the post. Do you consider yourself to have a disability? (Please refer to the Application Guidance)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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