

## **Associate Staff application form**

FAILURE TO COMPLETE THIS APPLICATION IN FULL WILL PREVENT YOUR APPLICATION FROM BEING CONSIDERED FOR SHORT-LISTING. PLEASE COMPLETE USING BLACK INK OR TYPE.

| APPLICATION FOR THE POST OF: |                 |
|------------------------------|-----------------|
| SCHOOL:                      |                 |
|                              |                 |
| TITLE:Mr/Mrs/Miss/Ms/Dr:     |                 |
| SURNAME:                     | FORENAME(S):    |
| PREVIOUS SURNAME:            |                 |
|                              |                 |
| ADDRESS:                     |                 |
|                              |                 |
|                              |                 |
| POSTCODE:                    | MOBILE:         |
| HOME TELEPHONE:              | WORK TELEPHONE: |
| E-MAIL ADDRESS:              |                 |
|                              |                 |
| N.I. NUMBER:                 |                 |
|                              |                 |
| 1                            |                 |

## **EDUCATIONAL AND ACADEMIC QUALIFICATIONS**

Give details of secondary schools, colleges and universities attended since the age of 16 with examination dates, results and qualifications obtained. Please include membership of relevant professional institutions (and indicate whether membership is by examination or otherwise). Evidence of qualifications may be requested.

| From | То | School, College, University, etc. | Full/Part<br>Time | Examinations to be taken /<br>Qualifications obtained | Date |
|------|----|-----------------------------------|-------------------|---|------|
|      |    |                                   |                   |   |      |
|      |    |                                   |                   |   |      |
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|      |    |                                   |                   |   |      |
|      |    |                                   |                   |   |      |
|      |    |                                   |                   |   |      |

| JOB RELATED TRAINING/CPD           |                    |            |      |
|------------------------------------|--------------------|------------|------|
| Course                             | Title and Provider | Date Atter | nded |
|                                    |                    |            |      |
|                                    |                    |            |      |
|                                    |                    |            |      |
|                                    |                    |            |      |
|                                    |                    |            |      |
| PRESENT EMPLOYMENT (If application | ole)               |            |      |
| Employer's Name and Address:       | Date Appointed:    | <br>       |      |
|                                    | Job Title:         | <br>       |      |
|                                    | Range/Grade:       | <br>       |      |
|                                    | Salary:            | <br>       |      |
|                                    | Notice Required:   | <br>       |      |
|                                    | Reason for leaving | <br>       |      |

| PREVIOUS EMPLOYMENT (Please start with the most recent position) Please continue on a separate piece of paper if necessary. |      |    |           |   |
|---|------|----|-----------|---|
| Name of Employer  | Da   | te | Job Title | Brief Details of Responsibilities and Reasons |
| rume or Employer  | From | То |           | for Leaving                                   |
|   |      |    |           |   |
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| DETAILS IN SUPPORT OF APPLICATION  |  |  |  |  |  |
|--|--|--|--|--|--|
| Please say why you are applying for this job and give details of any work or other experience you have which may be relevant to your application, including interests. Please continue on another sheet of paper or write a separate letter of |  |  |  |  |  |
| application if preferred. This is an essential element of your application and must be completed.  |  |  |  |  |  |
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## **REFERENCES**

1.

Name:

Job Title:

Please give details of two professional referees, one of whom should be your current or most recent employer. If you are not currently working with children, but have done so in the past, an additional reference must be provided from the employer for whom you worked most recently with children. Please note that references will be taken up for shortlisted candidates prior to interview. For certain posts, The Denbigh Alliance reserves the right to take up references from any of your previous employers. References will not be accepted from relatives or friends. Open references will not be accepted.

2.

Name:

**Job Title:** 

If you were known to either of your referees by another name, please give details:

| Address:   | Address:  |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
|  |   |  |  |  |
| Postcode:  | Postcode:   |  |  |  |
| Telephone:   | Telephone:  |  |  |  |
| E-mail address:  | E-mail address:                                     |  |  |  |
| E-IIIaii auuress.  | E-mail address:                                     |  |  |  |
| In what capacity do you know the above?  | In what capacity do you know the above?             |  |  |  |
|  |   |  |  |  |
| If you do not wish us to contact your  | If you do not wish us to contact your referee prior |  |  |  |
| referee prior to interview, please state below and the reason:   | to interview, please state below and the reason:    |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| DISCLOSURE OF CRIMINAL CONVICTIONS   |   |  |  |  |
| The Denbigh Alliance aims to promote equality of opportunity employment with The Denbigh Alliance. This will depend on the control of the con | · · ·   |  |  |  |
| and the particular position for which you are applying.  |   |  |  |  |
| You are required to disclose any previous convictions that are not 'protected' by the Exceptions Order 1975 (2013) amendment in the event of employment. Failure to disclose unprotected convictions could result in dismissal or disciplinary action. Any information given about convictions will be confidential.   |   |  |  |  |
| Do you have any convictions, cautions, reprimands of warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975) as amended in 2013?  |   |  |  |  |
| YES (I have attached details of the unspent convictions, cautions, reprimands or warnings)   |   |  |  |  |
| NO   |   |  |  |  |
|  |   |  |  |  |

| ASY   | LUM AND IMMIGRATION ACT 2006  |  |  |  |  |
|---|---|--|--|--|--|
| In accordance with the Asylum and Immigration Act 2006, we can only offer you a job if you have the right to live and work in the United Kingdom. You will, therefore, be requested to produce appropriate documentation. |   |  |  |  |  |
|   | I declare that I am legally entitled to live and work in the United Kingdom and I will be able to provide appropriate documentation.  |  |  |  |  |
| Sign  | edDate:   |  |  |  |  |
| SAF   | EGUARDING STATEMENT   |  |  |  |  |
|   | you currently barred from working with children or vulnerable adults? YES NO  |  |  |  |  |
| Are you subject to any sanctions imposed by a regulated body e.g. General Teaching Council (GTC) or have any other action pending against you?  Yes NO  |   |  |  |  |  |
| If yo   | ou have answered YES to the above, you must enclose details in a sealed envelope of the reasons for you being red.  |  |  |  |  |
|   |   |  |  |  |  |
| OTH   | IER INFORMATION   |  |  |  |  |
| 1.  | a) Do you hold a current driving licence? YES NO  |  |  |  |  |
|   | b) Do you have regular use of a vehicle? YES NO   |  |  |  |  |
| 2.  | Have you been subject to any formal disciplinary sanctions in your current or previous employment? (You must provide details)   |  |  |  |  |
|   | YES NO  |  |  |  |  |
| 3.  | Are you related to any of the Board of Trustees of this School? YES NO  |  |  |  |  |
|   | If yes, please state the name of the Trustee and your relationship:   |  |  |  |  |
| 4.  | Where did you see the advertisement for this post?  |  |  |  |  |
|   | Note:   |  |  |  |  |
|   | I. Failure to disclose a family relationship to any Trustee may disqualify the applicant.   |  |  |  |  |
|   | Additional information (a) Under the Criminal Justice & Courts Services Act 2000 it is an offence for an individual who has been  |  |  |  |  |
|   | disqualified from working with children to knowingly apply for, offer to do, accept, or do any work in a  |  |  |  |  |
|   | 'regulated position'. The position you are applying for is a "regulated position".  |  |  |  |  |
|   | (b) Canvassing, directly or indirectly, an employee or Trustee/member will disqualify the application.  |  |  |  |  |
|   | (c) Candidates recommended for appointment will be required to provide a satisfactory Enhanced DBS certificate and complete a pre-employment medical questionnaire and may be required to undergo a medical |  |  |  |  |
|   | examination   |  |  |  |  |

| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION AND STATEMENTS GIVEN IN THIS APPLICATION ARE FACTUALLY CORRECT WITHOUT OMISSION AND I UNDERSTAND THAT ANY FALSE INFORMATION MAY, IN THE EVENT OF EMPLOYMENT, RESULT IN DISMISSAL WITHOUT NOTICE OR DISCIPLINARY ACTION BY THE BOARD OF TRUSTEES OF THE DENBIGH ALLIANCE.                       |  |  |  |  |
|--|--|--|--|--|
| SIGNATURE:DATE:  |  |  |  |  |
| GENERAL DATA PROTECTION REGULATIONS 2018 (GDPR)  |  |  |  |  |
| The personal information which you supply to us in this application form may be used in a number of ways, for example:   |  |  |  |  |
| Allowing pre- employment checks to be made, eg. references   |  |  |  |  |
| Allowing shortlisting of candidates  |  |  |  |  |
| Checking of qualifications   |  |  |  |  |
| Review of recruitment practices  |  |  |  |  |
| Monitoring of equal opportunities  |  |  |  |  |
| The information may be disclosed, as appropriate, to the Board of Trustees, Occupational Health, the Department for Education, pension, payroll and personnel providers and relevant statutory bodies.   |  |  |  |  |
| We will not give information about you to anyone outside the Denbigh Alliance without your consent unless we are compelled to do so by law or government agency.   |  |  |  |  |
| Your record will be kept on secure file in the HR department for 6 months after the closing date for the role you have applied for. After this date any information will be destroyed by shredder and any electronic copies will also be deleted. By providing consent you do not waive the right to request at a later date that your records be deleted. |  |  |  |  |
| I consent to my personal information being held by The Denbigh Alliance in accordance with GDPR.   |  |  |  |  |
| Signature Date   |  |  |  |  |
|  |  |  |  |  |

| MONITORING EQUAL OPPORTUNITIES   | PAGE 1                                      |  |  |  |
|--|---|--|--|--|
| The Denbigh Alliance is committed to being an equal opportunities employer. The School does not discriminate on the basis of race, religion or belief, gender, sexual orientation, age, physical or mental disability, martial status, nationality, ethnic of national origin. All matters related to employment are decided on the basis of qualifications, ability and business needs. |   |  |  |  |
| This monitoring information section will not be kept with your application form and will not be used for selection purposes. It will only be used for statistical monitoring purposes to ensure all applicants receive the same consideration and are treated fairly when applying for jobs.   |   |  |  |  |
| Please complete the Equal Opportunities Monitoring form to enable us<br>Opportunities policy in regard to applicants.  | s to monitor the effectiveness of our Equal |  |  |  |
| Information will be treated in the strictest confidence and used only for monitoring purposes and will not form part of the recruitment decision process. Data is collected in accordance with the requirements of the Data Protection Act and Code of Practice issued by the Chartered Institute of Personnel and Development.  |   |  |  |  |
| DISABILITIES DISCLOSURE STATEMENT  |   |  |  |  |
| The Denbigh Alliance has a duty under the Equality Act 2010 to make "reasonable adjustments" for people with disabilities who want to work for the School. To do this it is important that you let us know if you have a disability so we can make reasonable adjustments, for example at the interview/selection process.   |   |  |  |  |
| In order to make adjustments, some information regarding your disability may have to be disclosed to various members of staff. No information will be passed on unless it is relevant to making reasonable adjustments.  |   |  |  |  |
| You can request that no information about your disability be passed on, or you can request that information is restricted to certain people. However you should be aware that this could restrict the types of adjustments that can be made.   |   |  |  |  |
| You should also be aware that even if you have stated that you do not wish information to be passed on, in certain circumstances relating to Health & Safety or emergency evacuation there may be a need to do so.   |   |  |  |  |
| I do not consider myself to have a disability  |   |  |  |  |
| I agree to information regarding my disability to be passed on: Yes  | No Restricted                               |  |  |  |
| If you have ticked "Restricted", please identify to whom you agree the info  | rmation can be passed:                      |  |  |  |
|  |   |  |  |  |

| MONITORING EQUAL OPPORTUNITIES   |   | PAGE 2 |  |  |  |
|--|---|--------|--|--|--|
| Disability   |   |        |  |  |  |
| Under the Equality Act 2010 the definition of disability includes anyone with a "physical or mental impairment which has a substantial, long term, adverse effect on their ability to carry out normal day to day activities". Once diagnosed this can include cancer, HIV and other such long term illnesses. |   |        |  |  |  |
| Under this definition do you consider yours  | self to have a disability? :            |        |  |  |  |
| Yes No Do not wish to disclos  | se                                      |        |  |  |  |
| If yes, which of the following best describe   | es your disability:                     |        |  |  |  |
| Speech Visual (not include   | ding wearing glasses or contact lenses) |        |  |  |  |
| Hearing Co-ordination d  | exterity or mobility:                   |        |  |  |  |
| Mental health Other physical   | or mental conditions (please specify)   |        |  |  |  |
| Learning difficulties  |   |        |  |  |  |
| Religion or belief   |   |        |  |  |  |
| Christian Hindu  | Buddhist                                |        |  |  |  |
| Jewish Muslim  | No religion                             |        |  |  |  |
| Sikh Other   | Do not wish to disclose                 |        |  |  |  |
| Marital Status   |   |        |  |  |  |
| Single Civil Partner   | Separated                               |        |  |  |  |
| Married Divorced   | Widow/Widower                           |        |  |  |  |
| Living with partner Do not wish to disclose  |   |        |  |  |  |
|  |   |        |  |  |  |
| Gender   |   |        |  |  |  |
| Male : Female :  |   |        |  |  |  |

Please return this form to:

Recruitment
Human Resources Department
The Denbigh Alliance
Burchard Crescent
Shenley Church End
Milton Keynes
MK5 6EX