

Application for a Support Staff Post

Please complete in black ink or type

Post Scale/Grade

School/Service

If part time or job share, state preferred days/times

Personal Details (Please complete in BLOCK CAPITALS)

Surname	Previous Surname(s)										
First name(s)	Title (Mr/Mrs/Ms/Miss/Other)										
Home address	Date of birth:										
	Do you consider that you have a disability? (Tick as applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>										
	If yes, as an employer we are keen to support the careers of disabled people. Please let us know of any adaptations or special conditions that you would require at interview:										
Tel:											
Mob:	Permission to work in the United Kingdom (UK)										
E-mail:	Are there any restrictions on your rights to work in the UK? (Tick as applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>										
NI Number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Please note: Permission to work with a previous employer or in a previous post is not transferable

Qualifications and Training

Details of degrees/diplomas and any other qualifications obtained or in progress					
Full name and address of College, University or other Institution	Inclusive dates Month & Year		Degree/Course Title	Grade/Class (or state if still in progress)	Main subject
	From	To			

NB. You will be required to provide evidence if a qualification is essential to this post. We reserve the right to contact the relevant institution for verification

Secondary School(s) or equivalent					
Full name and address of School/College	Inclusive dates Month & Year		Examinations passed		Grades
	From	To	Subject	Date	

Referees

Please list referees who can comment on your skills and abilities to carry out the duties of the post for which you are applying. One of these must be your current or last employer. (NB. If you are not currently working with children but have done so in the past, the second referee should be the employer by whom you were most recently employed in work with children). You should be aware that referees will be asked about disciplinary/capability investigations or warnings, as well as any child protection concerns, including any in which the penalty is time expired.

(a) Name

Address

Tel:

Fax:

E-mail:

Status:

Our normal practice is to take up references prior to interview. Are you willing to allow us to contact referee (a)?

YES

NO

(b) Name

Address

Tel:

Fax:

E-mail:

Status:

Our normal practice is to take up references prior to interview. Are you willing to allow us to contact referee (b)?

YES

NO

(Please note: If you do not allow us to take up references prior to interview, you should be aware that you may not be shortlisted).

State any date(s) inconvenient for interview:

Declaration

Are you, to your knowledge, related to any elected Member or Senior Officer of the Council, or Governor or Senior member of staff of a school in the London Borough of Enfield?

YES

NO (Tick as appropriate)

If YES, state details

I understand that canvassing elected members of the Council, School Governors or School staff, directly or indirectly, for any appointment, will disqualify my application.

I confirm that I am not barred, either totally or to a limited extent, from employment involving regular contact with children, young persons or other vulnerable people, nor subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, the Secretary of State or a regulatory body.

I understand that failure to disclose any relevant information, or the provision of false information, could result in the withdrawal of any offer of appointment, or my dismissal without notice at any time in the future, and possible criminal prosecution.

In accordance with the Data Protection Act 1998, I agree that information I have provided may be held and used for personnel reasons.

I hereby declare that information given on this form is complete and accurate.

Signature:

Date:

Please return form to: