Sandwell Academy



**Halfords Lane, West Bromwich,**

**West Midlands B71 4LG**

CONFIDENTIAL

### Application Form for Non-Teaching Post

**Please complete all sections (other than Section 5) in Block Capitals. Incomplete forms may be returned.**

**Post for which you wish to be considered:**

|  |
| --- |
|  |

##### 1. Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First name(s): | | Surname: |
| Former name(s): | | | |
| Address: | | | |
| Telephone no.: | | Mobile no.: | |
| Email: | | National Insurance no.: | |
| Do you have the right to work in the United Kingdom? Yes / No | | | |
| Are you in receipt of an Occupational Pension? Yes / No | | | |

## 2. Education / Training / Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| School/College/University | Course | Date | Grade |
|  |  |  |  |

## 3. Relevant in-service courses attended during the last three years

|  |  |  |
| --- | --- | --- |
| Dates | Course | Organised by |
|  |  |  |

#### 4a. Present / most recent position

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address  of employer |  | |  |
| Position Held |  | Dates from: to: |
| Salary including allowances | £ | |
| Reason for Leaving |  | |  |

#### 4b. Details of previous employment history

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of employer | Position held | Salary | Dates from / to | Reason for leaving |
|  |  |  |  |  |

**5. Additional information.**

Please provide a statement explaining how your education and experience meet the requirements of this post, adding any further information which supports your application. Please consider how and why you are suitable will be able to make a positive contribution at Sandwell Academy. Please continue on a separate sheet if necessary. You are also welcome to submit further details by means of a CV, but should complete the section below without references to such documents.

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**6. References**

Please give the name, address and status of two persons who can support your application and who have agreed to their names being used.

**Unless there are good reasons to the contrary, one of the referees should represent your present employer. References will not be accepted from relatives or from people writing solely in the capacity of friends.**

**Please include email addresses.**

|  |  |  |
| --- | --- | --- |
| **Referee 1 May we contact prior to interview? YES/NO** | | |
| Name (including title) : | |  |
| Occupation/Position: | |  |
| Company name (if applicable): | |  |
| Address (including postcode): | |  |
| Telephone number: | |  |
| Email address: | |  |
| **Referee 2 May we contact prior to interview? YES/NO** | | |
| Name (including title) : |  | |  |
| Occupation/Position: |  | |  |
| Company name (if applicable): |  | |  |
| Address (including postcode): |  | |  |
| Telephone number: |  | |  |
| Email address: |  | |  |

**7. Declaration of interests**

Please declare any family or close relationships to existing students, employees, employers (including governors).

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**8. Declaration**

The job for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974 and under the GDPR and Data Protection Act 2018 the School has a lawful basis for which to request access relating to criminal convictions through the means of an enhanced Disclosure and Barring Service (DBS) check.

As the occupant of the post you will have substantial access to children, an enhanced disclosure request will be made to the DBS authority at the point when an offer of a position is made to ascertain whether the records reveal any criminal convictions (including spent ones) relating to you. All information given will be treated in the strictest confidence and will be used for this job application only.

The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making this decision, the panel will consider the nature of the offence, how long ago and what age you were when it was committed, and any other factors which may be relevant.

Sandwell Academy is committed to promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

|  |
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|  |

**I confirm I have read the above statement and understand that failure to agree to an enhanced DBS check will disqualify me from appointment: (Please tick box)**

**I declare that the information I have given on this form and additions is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

|  |
| --- |
| Applicants can normally expect to be invited for an interview within one week of the closing date. Otherwise they may assume that, on this occasion, their application has been unsuccessful. However, career opportunities are sometimes available within the Thomas Telford Multi Academy Trust.  If you are unsuccessful, please indicate if you wish your application form to be considered for future similar vacancies Sandwell Academy. ☐  If you are unsuccessful, please tick this box if you would wish your application form to be considered for future similar vacancies at any of the other schools within the Thomas Telford Multi Academy Trust. ☐ |

**Please return completed Application and Monitoring Forms to:**

[**sandwellacademy@hays.com**](mailto:sandwellacademy@hays.com)

### Sandwell Academy

### logo_300

### Optional Monitoring Form

This information is kept separate from the rest of your application form and is not seen by anyone involved in the selection process.

**Please complete in BLOCK CAPITALS**

|  |  |
| --- | --- |
| Post you are applying for: |  |
| Full Name (including title): |  |
| Sex of Applicant: |  |
| Marital Status: |  |
| No. of dependent children |  |
| Date of Birth: |  |

**Age range:**

Please tick as appropriate:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **16-18** |  | **19-35** |  | **36-49** |  | **50-59** |  | **60-65** |  | **Over 65** |  |

**Medical Information:**

Please tick the box and give details below of any absences from employment that you have had during the last two years:

|  |
| --- |
| **4-10**  **days**  **0-3**  **days**  **11-20**  **days**  **30+**  **days**  **21-29**  **days**  Details: |

**Disabilities:**

|  |
| --- |
| Do you consider yourself to be disabled? **Yes** / **No**  If **Yes** please provide details: |

**Ethnic Origin:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Asian or Asian British** | |  | **Black or Black British** | |  | **Mixed** | |  | **White** | |
| Indian |  |  | Caribbean |  |  | White & Black Caribbean |  |  | British |  |
| Pakistani |  |  | African |  |  | White & Black African |  |  | Irish |  |
| Bangladeshi |  |  | Other |  |  | White & Asian |  |  | Other |  |
| Chinese |  |  |  |  |  | Other |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Other Ethnic Origin (Please specify)** |
|  |