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| --- | --- | --- | --- | --- |
| Job position applied for | |  | | |
| Grade |  | | Closing Date: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | |
| Your preferred title: |  | | | | | |
| First name or names: |  | | | | | |
| Last Name: |  | | | | | |
| Address: |  | | | | | |
|  | | Post Code | |  | |
|  | |  | | |  |
| Home phone number: |  | Mobile phone number: | |  | | |
| Work phone number: |  |  | |  | | |
| E-mail address: |  | | | | | |
| National Insurance Number: |  | | | | | |
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| **CURRENT OR MOST RECENT EMPLOYMENT** | | | | | | |
| Employer’s name & address: |  | | | | | |
|  | | | | | |
|  | | | Postcode | |  |
| Job title: |  | | | | | |
| Current salary: | £ | | | | | |
| Dates employed | **From** |  | **To** | |  | |
| Notice you need to give: |  | | | | | |
| Reason for leaving: |  | | | | | |
|  | | | | | | |
| Brief description of your duties (please continue on a separate sheet if necessary): | | | | | | |
|  | | | | | | |
| **Fair Processing Notice**  This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.  For further information, see <http://www.lbbd.gov.uk/AboutBarkingandDagenham/CouncilDepartments/ChiefExec/Pages/FairProcessing.aspx> or contact the Corporate Anti-Fraud Team  0208 227 2264 | | | | | | |

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| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | |
| Please list the most recent first and continue on a separate sheet if necessary. | | | | | | | | | | | |
| **Dates you were**  **employed from and to** | | | **Employer’s name**  **and address** | | **Job title** | | | **Reason for leaving** | | | |
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| If you have had any breaks in employment since leaving school, please give details of these periods and your activities during these times (for example, unemployment, raising a family, voluntary work, training and so on). | | | | | | | | | | | |
| **RELEVANT EDUCATION, TECHNICAL AND/OR PROFESSIONAL QUALIFICATIONS** | | | | | | | | | | | |
| **(Please name any Institute or Professional body in full, rather than using initials)**  Please include any qualifications, training and current membership of professional associations that are relevant to the post. Continue on a separate sheet if necessary. | | | | | | | | | | | |
| **Date from** | | **Date to** | | **Name and location of School/ College/Institute/Professional Association** | | **Subjects, status and qualifications achieved** | | | **Level and grade** | | **Date achieved** |
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| **TRAINING, SEMINARS OR SHORT COURSES THAT ARE RELEVANT TO THE POST**  Details of relevant personal development/training courses (Please continue on a separate sheet if necessary.) | | | | | | | | | | | |
| **Brief description and course title** | | | | | | | **Date of attendance** | | | **How long it lasted** | |
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| **PERSONAL STATEMENT** |
| Please use this section to tell us how your knowledge, skills and experiences meet the requirements of the job. Please continue on a separate sheet if necessary, with a maximum of two sheets. |
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| **REFERENCES** | | | | |
| Please give details of two employers who can provide us with a reference, one of whom must be your current or most recent employer. In the case of a first appointment, one referee should be from your school or college. You should only give personal references if employment references are not available. | | | | |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |  | Postcode |  |
| Daytime Phone No |  |  | Daytime Phone No |  |
| E-mail address |  |  | E-mail address |  |
| Job Title/Position within Organisation: | |  | Job Title/Position within Organisation: | |
|  | |  |  | |
|  | |  |  | |

**We may contact your referees if you are short listed for an interview,**

**do you have any objections to this?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes I agree to my referees being contacted |  |  | No – I do not want my referees contacted |  |

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| **EXTRA INFORMATION** | | | | | |
|  | | | | | |
| Can you provide evidence of your legal right to work in the UK? | Yes |  | No |  |  |
| If you are related to any Councillor or member of staff of this Council, please give details. | | | | | |
|  | | | | | |
|  | | | | | |
| Please answer the following questions only if the post includes these requirements. | | | | | |
| •Do you have a valid driving licence? | Yes |  | No |  |  |
|  |  |  |  |  |  |
| •Do you have access to a vehicle which you are able to use for work purposes? | Yes |  | No |  |  |
|  |  |  |  |  |  |
| •If not, are you able to travel, for work purposes, by another form of transport? | Yes |  | No |  |  |
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| This post is exempt from the Rehabilitation of Offenders Act 1974. In the event of a successful application for a post working with children, you will be required to apply for an enhanced DBS (previously known as CRB) disclosure. You must declare all convictions, however long ago they occurred. You must also declare details of all police cautions, both spent and unspent, any time spent in prison (both here or abroad), or time in police custody. You must declare if you have any bind-overs, if there are any cases outstanding, or if you are on the Children or Adult Barred List or are disqualified from working with children. This information is strictly confidential. Continue on a separate sheet if necessary. |
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| **IMPAIRMENT OR DISABILITY** | | | | | | |
|  | | | | | | |
| Do you consider yourself to have a physical, learning, sensory or mental health impairment or disability? | | Yes |  | No |  |  |
| If yes, please specify |  | | | | | |
|  | | | | | |
|  |  | | | | | |
| (Some examples of impairments that meet the definition of disability under the Disability Discrimination Act 1995 are hard of hearing, partially sighted, severe back problems, arthritis, phobias, depression, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions.)  All disabled applicants, including people with personal experience of mental health illnesses, who show on their application form that they meet the minimum criteria for the vacant job will be guaranteed an interview. | | | | | | |

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| **DECLARATION** | | | |
| I confirm that the information I have given on this form is true and correct, and you can treat it as part of any future  contract of employment. I understand that if I do not provide complete and correct information, you may withdraw an  offer of employment or, if I am already employed, dismiss me immediately. I also give you permission to use my personal information for monitoring and management purposes.  I understand that you will deal with all the information in line with the data protection legislation. | | | |
| Your signature: |  | Date: |  |
|  | | | |

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| **Please return this form by the closing date shown in the advertisement, by e- mail to:** [**jkenning@valenceprimaryschool.com**](mailto:jkenning@valenceprimaryschool.com) **or by post to HR Department, Valence Primary School, St. Georges Road, Dagenham, Essex, RM9 5AJ.** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We are committed to ensuring equal opportunities in employment, and by law must monitor the diversity of people applying to us for employment. By completing this form you will be helping us to monitor the effectiveness of our Equal Opportunity in Employment Policy.  The information requested below is for statistical purposes only and will not be available to people responsible for selection. This information is covered by the Data Protection legislation, so we can only use the information for the purpose given (that is, as statistical information for monitoring purposes). | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status:** (tick only one) | | | | | | | | | | | | | | | | | | | | | | | | |
| Single |  | | Divorced | | | | | |  | Legally separated | | | |  | Prefer not to say | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Married / Civil partnership | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Post applied for:** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Date applied for:** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Where did you see the post advertised?** *(if in a newspaper/journal or on a website, please state name)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sex:** Are you (tick only one) | | | | | | | | | | | | | Female? | | |  | | Male? | | |  | |  | |
| **Age:** (tick only one): | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 to 19 | | | |  | 50 to 59 | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 to 29 | | | |  | 60 to 65 | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 to 39 | | | |  | 66 to 74 | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 to 49 | | | |  | 75+ | | | | | |  |  | | | | | | | | | | | | |
| **Where do you live** | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you live in the Borough of Barking & Dagenham? (Tick only one) | | | | | | | | | | | | | | | | | Yes | |  | No | |  | |  |
| **Employment** | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently employed by the London Borough of Barking & Dagenham | | | | | | | | | | | | | | | | | Yes | |  | No | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| **Ethnic origin** | | |
| I would describe my ethnic origin as the following: (please highlight or tick one). | | |
| **White** | | |
|  |  | British (WB) |
|  | | |
|  |  | Irish (WI) |
|  | | |
|  |  | Any other white background |
| (please specify below) (WO) | | |
|  | | |
| **Black** | | |
|  |  | British (BB) |
|  | | |
|  |  | African (BA) |
|  | | |
|  |  | Caribbean (BC) |
|  | | |
|  |  | Any other black background |
| (please specify below) (BO) | | |
|  | | |
| **Asian** | | |
|  |  | British (ABR) |
|  | | |
|  |  | Bangladeshi (AB) |
|  | | |
|  |  | Indian (AI) |
|  | | |
|  |  | Pakistani (AP) |
|  | | |
|  |  | Any other black background |
| (please specify below) (AO) | | |
|  | | |
| **Mixed** | | |
|  |  | White and black Caribbean (MWBC) |
|  |  | |
|  |  | White and black African (MWBA) |
|  |  | |
|  |  | White and Asian (MWA) |
|  |  | |
|  |  | Black and Asian (MBA) |
|  | | |
|  |  | Any other black background |
| (please specify below) (MO) | | |
|  | | |
| **Chinese** | | |
|  |  | British (BC) |
|  |  | |
|  |  | Chinese (C) |
|  | | |
|  |  | Any other black background |
| (please specify below) (CO) | | |
|  | | |
| **Other ethnic group** | | |
|  | | |
|  |  | (Please specify below (O) |
|  | | |

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| --- | --- | --- | --- | --- |
| **Traveller** | | | | |
|  |  | Irish Traveller (IT) | | |
|  | | | | |
|  |  | Romany (R) | | |
|  | | | | |
|  |  | English Gypsy (EG) | | |
|  | | | | |
|  |  | Other | | |
| (Please specify) (TO) | | | | |
|  | | | | |
| **Sexual Orientation** | | | | |
| This information will help us to monitor workforce and the effectiveness of our Equalities Policy. Which one of these best describe your sexual orientation? | | | | |
|  |  | Bisexual | | |
|  | | | | |
|  |  | Lesbian | | |
|  | | | | |
|  |  | Gay Man | | |
|  | | | | |
|  |  | Heterosexual (“straight”) | | |
|  | | | | |
|  |  | I prefer not to say | | |
|  | | | | |
|  |  | Other | | |
| (please specify below) | | | | |
|  | | | | |
| **Faith / Religion** | | | | |
|  |  | Buddhist | | |
|  | | | | |
|  |  | Christian | | |
|  | | | | |
|  |  | Hindu | | |
|  | | | | |
|  |  | Sikh | | |
|  | | | | |
|  |  | Muslim | | |
|  | | | | |
|  |  | Jewish | | |
|  | | | | |
|  |  | I prefer not to say | | |
|  | | | | |
|  |  | I don’t know | | |
|  | | | | |
|  |  | I do not identify with any religious groups | | |
|  | | | | |
|  |  | Other | | |
| (please specify below) | | | | |
|  | | | | |
| **Caring Responsibilities** | | | | |
| Do you have any caring responsibilities? | | | | |
|  | | | | |
|  |  | Yes |  | No |
|  | | | | |
| **A carer is defined as some who:** | | | | |
| “…cares for, or expects to care for, husband, wife or partner, a relative such a relative such as a child, uncle, sister, parent-in-law, son-in-law or grandparent, or someone who falls into neither category but lives at the same address as the carer”. | | | | |