

APPLICATION FORM FOR EMPLOYMENT

reference number:

(office use only)

Please complete all sections in black or blue ink.



SECTION A – JOB DETAILS

Position applied for	Post Reference
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SECTION B – PERSONAL DETAILS

Last Name	Forename(s)
Preferred Title Mr / Mrs / Ms / Miss / Dr / Other (Please delete as applicable)	Previous Names
Address	
Postcode	
Telephone Number	Mobile
Home	
Other	
Email Address	
National Insurance Number	
Do you require a work permit to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please supply details:	
Do you hold a current Driving Licence? (Please tick)	Full <input type="checkbox"/> Provisional <input type="checkbox"/> No <input type="checkbox"/>

SECTION C – EDUCATION, QUALIFICATIONS AND TRAINING

School / College / University / Other	Full or Part-Time

Please include all qualifications (GCSEs, NVQs, Degrees), with the class of award and the main/subsidiary subjects:

Qualification with class	Awarded by

Training and Professional Memberships. Please include your grade of membership and date of election, as well as brief details of training, published work, educational projects:

Professional Membership/Training Course	Date

SECTION D – PRESENT/LAST EMPLOYER

Name	
Address	
Postcode	Telephone
Position Held	Full or Part Time
Date of Appointment	Salary, including Grade
Date Left (if applicable)	Notice period
Reason for Leaving	

SECTION E – PREVIOUS EMPLOYMENT

Please list in chronological order (most recent first):

Employer	Position Held / Subject Taught (if applicable)	Full-Time or Part-Time	From – To (M/Y) - (M/Y)	Reason for Leaving (continue on additional sheet if needed)

SECTION F – UNPAID OR VOLUNTARY WORK EXPERIENCE AND KEY ACHIEVEMENTS

Please include if you wish, any time away from employment spent on family responsibilities. Please detail your key achievements (achieved either in a work or personal capacity).

SECTION H – REFERENCES AND SUPPLEMENTARY INFORMATION

All offers of employment are subject to satisfactory references, one of whom should be from your current employer, or most recent.

Current (or last) Employer	Previous Employer/Second Referee
Name	Name
Position Held	Position Held
Relationship	Relationship
Address	Address
Telephone Number	Telephone Number
Email	Email
May we contact this referee prior to interview? Y / N	May we contact this referee prior to interview? Y / N

Name of Pension Scheme to which you currently contribute?

DFES Teacher's Reference Number (if applicable)

Institute for Learning (IFL) Membership Number (if applicable)

Are you related to any member of college staff? If so, please provide details. Failure to disclose such information may disqualify you for the appointment or you may be liable to dismissal without notice if you are already in post.

Declaration

In applying for this post I confirm that, to the best of my knowledge, the details I have given are complete and correct. I confirm that I hold the academic and professional qualifications as detailed in my application and can produce formal certificates as evidence if required. I agree that, in accordance with the Data Protection Act 1998, Stratford-upon-Avon College may hold and use the information about me contained in this application form, including any information which falls within the definition of "sensitive personal data" under the terms of the Data Protection Act 1998, for the purposes of processing this application, for my personal HR records and administration purposes including analysis for management and statutory returns, if an offer of employment is made. If no offer is made I agree that Stratford-upon-Avon College may hold a record of my application for twelve months.

Signed	
Name in Capital Letters	Date

EQUAL OPPORTUNITIES

SECTION I – DECLARATION AND OTHER INFORMATION

Please be aware that as part of our equal opportunities and diversity-based recruitment and selection procedures, the following information will not be provided to the shortlisting panel.

Please state where you saw this vacancy advertised?

Health

Please provide the number of days sickness absence within the last 12 months and reason(s):

Criminal Convictions Disclosure

This information is considered to be sensitive personal data under the Data Protection Act 1998 and will only be used for the purposes of this recruitment exercise. If this post has been disclosed as a position that involves direct contact with young people or vulnerable adults, then it will be exempt from the provisions of Section (4) (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Therefore, the College is entitled to request information about convictions or cautions which for other purposes are "spent" under the provisions of the Act and, in the event of employment, **any failure to disclose such convictions or cautions could result in dismissal or disciplinary action by the College.** You are requested to disclose any convictions or outstanding criminal or civil proceedings or cautions against you in the space below. Any information given will be treated confidentially and will be considered only in relation to the position for which you are applying.

Do you have any spent or unspent criminal convictions, cautions, reprimands or final warnings? YES/NO
If Yes, please provide details:

Declaration

In applying for this post I confirm that, to the best of my knowledge, the details I have given are complete and correct. I confirm that I hold the academic and professional qualifications as detailed in my application and can produce formal certificates as evidence if required. I agree that, in accordance with the Data Protection Act 1998, Stratford-upon-Avon College may hold and use the information about me contained in this application form, including any information which falls within the definition of "sensitive personal data" under the terms of the Data Protection Act 1998, for the purposes of processing this application, for my personal HR records and administration purposes including analysis for management and statutory returns, if an offer of employment is made. If no offer is made I agree that Stratford-upon-Avon College may hold a record of my application for twelve months.

Signed

Name in Capital Letters

Date

This form, duly signed and completed, should be returned by the closing date to:

The Human Resources department
Stratford-upon-Avon College
The Willows North, Alcester Road
Stratford-upon-Avon
Warwickshire CV37 9QR

Tel: 01789 417332 (24hr recruitment answerphone)
humanresources@stratford.ac.uk



INVESTORS IN PEOPLE



CUSTOMER SERVICE EXCELLENCE



Stratford-upon-Avon College Corporation is an Equal Opportunities employer. The Corporation operates a policy which aims to ensure that unfair discrimination does not take place. To help the Corporation monitor the effectiveness of its recruitment policy, you are asked to provide the information requested below.

The details supplied are confidential - they will not be taken into account when making an appointment to the post and this form will remain separate from your application form during the recruitment process.

Please complete this form and seal it in the enclosed envelope before returning it with your application.

Post to which this form relates: _____ P Ref: _____

Date of Birth: _____ Age: _____

To which of these groups do you consider you belong? (Tick ONE only)

- | | | | |
|----------------------------|--------------------------|-------------------------------|--------------------------|
| White - British | <input type="checkbox"/> | Mixed - White/Black Caribbean | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Mixed - White/Asian | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Mixed - White/Black African | <input type="checkbox"/> |
| | | Any other Mixed background | <input type="checkbox"/> |
| Asian - British | <input type="checkbox"/> | | |
| Asian - Indian | <input type="checkbox"/> | Black - British | <input type="checkbox"/> |
| Asian - Pakistani | <input type="checkbox"/> | Black - Caribbean | <input type="checkbox"/> |
| Asian - Bangladeshi | <input type="checkbox"/> | Black - African | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |

OTHER ETHNIC CATEGORIES

- | | |
|-------------------------------------|--------------------------|
| Chinese | <input type="checkbox"/> |
| Any other group | <input type="checkbox"/> |
| Ethnicity information not disclosed | <input type="checkbox"/> |

Gender

What is your gender? Please tick the appropriate box.

Male Female

Religion

What is your religion? Please select from this list:

- | | | | | | |
|----------|--------------------------|-----------|--------------------------|----------------------|--------------------------------|
| Baha'i | <input type="checkbox"/> | Christian | <input type="checkbox"/> | Parsi | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Rastafarian | <input type="checkbox"/> |
| C of E | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Catholic | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> _____ |

Sexual Orientation

What is your sexual orientation? Please tick the appropriate box.

- Heterosexual Gay Lesbian Bisexual
- Other (Please state) _____ Information not disclosed

PLEASE CONTINUE

Disability

Please complete the following questions as fully as possible. Should you be shortlisted for interview and/or employment, any disclosure of disability will be used to ensure that we endeavour to make responsible adaptations, as far as is reasonably practical.

Do you consider yourself to be a disabled person? Yes No
 Please tick the appropriate box.

If yes, please indicate main disability:

Visual impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Disability affecting mobility <input type="checkbox"/>	Other Physical <input type="checkbox"/>
Other Medical (eg epilepsy) <input type="checkbox"/>	Emotional/behavioural <input type="checkbox"/>	Mental health difficulty <input type="checkbox"/>	Multiple <input type="checkbox"/>
Temporary after illness <input type="checkbox"/>	Profound/Complex <input type="checkbox"/>	Aspergers syndrome <input type="checkbox"/>	Other <input type="checkbox"/>

Do you consider yourself to have a learning difficulty: Yes No

If yes, please indicate main learning difficulty:

Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Dyscalculia <input type="checkbox"/>
Other specific <input type="checkbox"/>	Autism spectrum <input type="checkbox"/>	Multiple <input type="checkbox"/>	Other spectrum <input type="checkbox"/>

THANK YOU FOR YOUR ASSISTANCE