

Application Form (Teaching/Leadership)



Please complete in black pen. Do not enclose a C.V. or additional documents as these will not be considered

All sections of the form must be completed. You may attach continuation sheets if necessary.

This form is available, on request, in large print, Braille, on tape or in electronic format

Post applied fo	r:		Ref number:	
	ou read the City of York ded in the 'How to apply'			
I confirm I have	read the Recruitment of	Ex Offenders policy	statement	
Personal	Details			
Title	Surname			
Forenar	me	Fore	name 2	
Preferred nar	me		revious urname	
NI numb	per			
Address	Details			
House Name/	Number			
	Street			
Area		Town/City		
County		Postco	de	
	Country			
Contact Details Please provide a email address.	s a telephone number and			

Employment history

- Please provide your full employment history starting with your present or most recent position.
- All periods of unemployment/gaps must be accounted for in the 'Gaps in Employment' section.
- If you do not have any previous employment history, please enter n/a.
- Use additional sheets to add further entries.

	<u>_</u>			
Current	or last job title			
Employ	ment start date		Employment en	d date
School/com _l	pany name and address			
	Type of School secondary etc.)			
Local I	Education Author	ty		
Num	ber of pupils on r	llo		
,	Age range of pup	ils		
Job details (please provide a brief description of the role)				
Reason for				
leaving				
Salary on leaving				

Start date	Date of leaving	Name and address of employer. If a school please state: • LEA • No. of pupils on roll • Age range of pupils	Brief description of role	Reason for leaving	Salary on leaving

Employment history (contd)

Please use continuation sheet(s) if necessary.

Please account for any gaps with dates, of three months or more, in your employment history including any travel abroad below:

Education and Qualifications

Employment history gaps

- Enter details from the most recent to the earliest.
- Include any professional qualifications in this section
 - Qualifications will be verified on appointment.

Please use continuation sheet(s) if necessary.

Place of learning and institution type	Subject	Qualification level (e.g GCSE/A Level)	Grade	Date of attainment

Professional memberships

Please give details of an	v professional	I memberships that are	relevant to the	post applied for,	stating:

- professional body name
- your level of membership
- the date obtained and expiry or renewal date

your membership or registration number
Membership details
Teacher registration
Please provide information regarding your current teaching registration. This will be verified on appointment.
Teacher registration number (Does number):
If you gained qualified teacher status (QTS) after 1999 please state the date of successfully completing the induction period or details of outstanding period if relevant. You will be asked to provide your QTS certificate on offer of appointment.
Date:
Training
Please enter details of any training undertaken that you feel is relevant to your application.

Su	pporting Information
•	Please use the following section to address each point on the skills and knowledge section of
	the Job Description. You should provide information, examples and evidence to illustrate how
	you feel you meet the criteria for the job.

The length of this sta	tement should be no lo	onger than one A4 pa	age of text.	

References

- Please enter details of two referees who can provide a reference. One of the referees must be your present employer, or if you are unemployed, your most recent employer.
- As this position involves working with vulnerable adults or children any number of previous employers may be contacted, *without seeking further permission* from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

Reference 1 (pre	sent or most rece	ent employer)
Title	Surname	
Forename		Reference Type Employment
Email address		
Telephone		
Company Name		
Position in company		
Contact address		
Reference 2		
Title	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email address		
Telephone		
Company Name		
Position in company		
Contact address		

Declarations of criminal records, cautions and convictions

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA).

This means that you must disclose information about spent or unspent convictions or cautions when applying for this post, *except* where they are protected convictions and cautions as described in article 2A of the ROA Act 1974 (Exceptions) Order 1975.

article 2A of the ROA	Act 1974 (Exception	ns) Order 1975.
		spective employees through the Disclosure & Barring vill not necessarily prevent your employment.
Please see the 'How t	o apply' guidance fo	or further information about what you need to disclose to us.
	ever been, barred fro	n children, young people or adults? om working with, or been included on a list of people barred or vulnerable adults?
Yes No	If yes please give details	
-		oven/unproven investigation(s), complaints(s) in relation to vulnerable adults, whether in a paid or voluntary capacity of
Yes No	If yes please give details	
	victions, cautions, re	primands or final warnings that are not protected as defined 5 (as amended in 2013)?
Yes No	If yes please give details	

Additional details
Guaranteed interview scheme We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria on the job description.
Are you a disabled person applying on that basis? Yes No
Job share (Job sharing is different to part time working – see the How to Apply guidance for further information) The City of York Council welcomes individuals to apply on a job-share basis (unless specified
otherwise in the job advert). Please indicate below if you wish to be considered for a job share. Are you applying for this post on a job share basis? Yes No
Relationship with the council Are you related to any employee of City of York Council or do you have any substantial connection with any employee of City of York Council? Yes No
Please give details
Applicant status For monitoring purposes please indicate if you are already an employee of City of York Council. Yes No
(Work with York /City of York Trading workers, Explore, Be Independent and Veritau employees are not considered CYC employees).
Availability for interview Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.
Unavailable dates
Eligibility to work in the UK Do you need permission to work in the UK? Yes No
If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.

How did you hear about this job? Internal advertising	
Declaration	
I declare that the information given in this form and in any accompanying documentation is true best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK, registrations and for th release by other people or organisations of necessary information to verify the content.	
I understand my application may be rejected and/or I may be dismissed following appointment in have given any false or misleading information or have withheld any relevant details.	f I
Signed	
Print name	
Date	
Please indicate if you are happy for us to contact you about your application, via the details provon your application form, for purposes of the Recruitment & Selection process.	vided
Yes No No	
On occasions we may need to contact you for feedback regarding the Recruitment & Selection process. Please indicate if you are happy for us to do this.	
Yes No No	
(Please refer to the 'How to apply' guidance for further information on the above consent questions and details on how the information you provide in this application will be store	

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and used).)

Equal Opportunities Monitoring

The following pages will be removed and will not be seen by those shortlisting or interviewing applicants.

The equal opportunities information provided will be treated in confidence and used only for monitoring purposes. It is not used as part of the selection process and the recruiting panel do not have access to any of this information.

Equal Opportunities Monitoring (confidential)

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

Post applied for					Ref Number				
Gender: N	∕lale ☐ Fe	male Prefe	er not to say 🗌						
Do you ide	entify yours	elf as trans? Yes	☐ No ☐ Prefe	er not to	say				
Date of Birth:		Age:		Nationality:					
Sexual	orientation	n:							
☐ Heterosexual / Straight☐ Homosexual / Gay man☐ Not specified				Lesbian / Gay womanBisexualPrefer not to say					
Marital	status								
☐ Married ☐ Partner ☐ Civil Pa ☐ Divorced ☐ Separated ☐ Widowe					rtnership Single d Prefer not to say				
Religior	ı								
☐ Baha ☐ Musli		☐ Buddhist ☐ Sikh	☐ Christian ☐ No Religior	n _] Hindu] Other	☐ Jain ☐ Prefer	not to say] Jewish y	
Ethnic Origin: Prefer to not say White: British Irish Other White background				Asian or Asian British: Indian Pakistani Bangladeshi Other Mixed background					
Mixed Race: White and Black Caribbean White and Black African White and Asian Other Mixed background				Black or Black British: Caribbean African Other Mixed background					
Any o	thnic Grou other backg ese or othe	•	inese						

Equal Opportunities Monitoring (confidential)

Disability information

The Disability Discrimination Act 2010 states that someone is disabled if they have a 'physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.

Do you consider yourself to be disabled?							
☐ Yes ☐ No Prefer to not say ☐							
If you tick "Yes", please tick as many boxes below as apply:							
☐ Physical impairment (such as using a wheelchair to get around and / or difficulty using arms, legs etc)							
☐ Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)							
☐ Mental health condition (such as depression or bipolar)							
Learning disability (such as Downs syndrome or dyslexia or cognitive impairment such as autism or one resulting from head-injury)							
☐ Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)							
Other please give details							
Carer responsibilities							
City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).							
Are you a carer for family/friends? Yes No Prefer not to say							
If yes please tick the appropriate box:							
Carer for: Elderly relative Friend Relative Young relative (under 18yrs)							

Thank you for helping us to continue to improve our policies and practices.