**PLEASE COMPLETE IN BLACK INK IN CLEAR HANDWRITING OR TYPE**

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|  | Post of: Reprographics Co-Ordinator |

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| PERSONAL | Surname:  | Forename(s):  |
| Previous name(s)if applicable: | Dr. [ ]  Prof. [ ]  Mr. [ ]  Mrs. [ ]  Miss [ ]  Ms. [ ]  Other (please state):  |
| Address: |
| E-mail:  | Post Code: |
| Mobile Tel. No: main no. [ ]  | Home Tel. No: main no. [ ]  |
| Work Tel. No: main no. [ ]  | Other Tel. No: main no. [ ]  |
| Date of birth: | National Insurance No: |
| Do you wish to job-share? yes [ ]  no [ ]  |
| Will you need a work permit for this post? yes [ ]  no [ ]  |

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| CURRENT EMPLOYMENT | Name of Employer:  | F/T or P/T: |
| Address: |
|  | Post Code:  |
| Date of Appointment: | Post Title: |
| Brief summary of main duties: |
| Current Salary: | Date of Leaving (if applicable): |
| Period of Notice: | Reason for Leaving (if applicable): |
| Do you have any employment which will continue if you are appointed? yes [ ]  no [ ]  |
| Please provide details if yes: |

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| PREVIOUS EMPLOYMENT | Please list your previous employment starting with the most recent. Pease note all time since leaving full time education must be accounted for, e.g. training, unemployment or time taken out of paid employment due to caring responsibilities. Please continue on a separate sheet if necessary. |
| **Name of Employer** | **Position Held** | **Grade/Salary** | **Dates of Employment** **From To** | **Reason for Leaving**  |
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| QUALIFICATIONS, TRAINING AND PROFESSIONAL MEMBERSHIP | **Qualifications** |
| **Qualification** | **Grade** | **From To****(month & year)** | **FT/PT** |
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| **Training** |
| **Date** | **Course Title** | Brief Details |
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| Professional Membership |
| **Professional Body** | **Type of Membership** | Date Admitted | Expiry Date |
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| SUPPORTING INFORMATION |
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| Please bullet point any additional information you would like to bring to the attention of the selection panel and which is not covered in your covering letter. |

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| HEALTH AND VOLUNTARY REDUNDANCY | Have you been granted early or ill health retirement or taken voluntary redundancy from any Local Government employer? yes [ ]  no [ ]  If yes, did you receive any enhancement? yes [ ]  no [ ] If Yes, please give the name of the employer |
| Please give details and a brief declaration about your current state of health. Mention anything which may prevent you from carrying out the duties of this post.If appointed you will be asked to declare your sickness levels for the past 5 years. |

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| DISCLOSURE OF CRIMINAL BACKGROUND | Information requested under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 |
| Normally, under the above act, some criminal convictions do not have to be disclosed after a period of time they become ‘spent’. This does NOT apply to posts which are involved with vulnerable groups (e.g. children, elderly people, etc.).Due to the nature of the work for which you are applying, this post is made exempt from these rules by the above Order. This means that you MUST answer the following questions about current and ALL previous criminal convictions. Any information will be treated with the strictest confidence and you will be considered only in relation to this application. Disclosure of a criminal record will not exclude you from the appointment unless the School considers that the conviction renders you unsuitable.Failure to disclose this information could lead to your application being rejected, or if you were appointed, to dismissal if it is subsequently learnt that you have a criminal conviction.Please delete as necessary:-1) Have you ever been cautioned, or convicted of any criminal offence? yes [ ]  no [ ] If Yes, please give details of the caution(s) or conviction(s) and date(s)2) Have you ever been charged with any offence which has not yet been brought to trial? yes [ ]  no [ ] If Yes, please give details of the charge and the date of the hearing (if known)If you are ultimately offered the position we will carry out an independent check through the Disclosure and Barring Service. I confirm that the information given above is correct and I understand that a failure to disclose any convictions may lead to my dismissal.Signed Date  |

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| REFERENCES | Please give the names and addresses of two persons (stating profession or status, etc.) willing to act as referees, if required. One of these must be your present or most recent employer. Referees should not be a relative or a member of the Governing Body. |
| Reference 1 |
| Name:  | Relationship to you:  |
| Job Title:  | Company/Organisation:  |
| Address:  |
| Post Code:  |
| Telephone No.  | E-mail:  |
| Can we take up a reference at this stage?  yes [ ]  no [ ]  |
| Reference 2 |
| Name:  | Relationship to you:  |
| Job Title:  | Company/Organisation:  |
| Address:  |
| Post Code:  |
| Telephone No.  | E-mail:  |
| Can we take up a reference at this stage?  yes [ ]  no [ ]  |

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| INTERVIEW ARRANGEMENTS | If you are a disabled person, are there any arrangements which we can make for you if you are called for interview and / or work-based exercise? yes [ ]  no [ ] If Yes, please specify (e.g. sign language interpreter, audio tape, etc.)  |

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| DECLARATION | I confirm to the best of my knowledge that the information given on this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment. (WARNING: any person appointed by the School having given false information will be liable to summary dismissal). \*Please note that a 6 month probationary period applies to all employees of the school, regardless of previous government service.Signature Date  |
| If submitting electronically you will be asked to sign a copy of this form if you are invited to interview. |

\*Canvassing of Governors or employees of Stretford Grammar School, directly or indirectly, for any appointment will disqualify your application.

All information contained in this form will be treated as strictly confidential. By supplying information you will also be indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks which may be made. It will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of six months, then destroyed. If you are a successful candidate, your application form will be used as part of your personnel record.