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| Applic Ref: | |  | | | | | | | | |
| **Confidential** | | | | | | | | | | |
| **Application for Teaching Appointment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The school values diversity and is striving to be an Equal Opportunity Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff and volunteers to share this commitment.  Please complete in black ink or type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Post applied for: | | | | | | | | | | | | | | | | | | |  | | | 1. School/Establishment: | | | | | | | | | | | | | | | | | | |
| Grade/Scale: | | | | | | | | | | | | | | | | | | |
| **Personal** Please complete all sections to enable your application to be considered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Surname: Dr/Mr/Mrs/Miss/Ms | | | | | | | | | | | | | | | | | | |  | | | 1. Forename(s): | | | | | | | | | | | | | | | | | | |
| Previous names: (if relevant) | | | | | | | | | | | | | | | | | | |
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| 1. Address: | | | | | | | | | | | | | | | | | | |  | | | 7. Date of Birth: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 8. E-mail:  Fax: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Postcode: | | | |  | | | | | | | | | | | | | | |  | | | 9. Daytime telephone: | | | | | | | | | | | | | | | | | | |
| 6. NI Number: | | | | | | | | | | | | | | | | | | |  | | | Evening telephone: | | | | | | | | | | | | | | | | | | |
| GTC ref no: | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| DCSF ref no: | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| QTS status: | | | | | | | **Yes** | | |  | | **No** | |  | | | (please tick) | | | | | | | | | | | | | | | | | | | | | | | |
| NPQH: | | | | | | | **Yes** | | |  | | **No** | |  | | | (please tick) | | | | | | | | | Date obtained: | | | | | | | | | | | | | | |
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| **Employment** Please give details of your present/most recent post | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post held: | | | | | | | | | | | | | | | | | | | | Scale/Allowance: | | | | | | | | | | | | | | | | | | | | |
| Incremental point: | | | | | | | | | | | | | | | | | | | | |
| Place of work: | | | | | | | | | | | | | | | | | | | | Annual salary: | | | | | | | | | | | | | | | | | | | | |
| Date first went through threshold, if applicable | | | | | | | | | | | | | | | | | | | | |
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| Main duties/responsibilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date appointed to post: | | | | | | | | | | | | | | | | | | | | Date left (if applicable): | | | | | | | | | | | | | | | | | | | | |
| Name and address of present or most recent school: | | | | | | | | | | | | | | | | | | | | LA Name and address: | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | | | |
| Date employed from:  Date employed to: | | | | | | | | | | | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | | | | | |
| Fax: | | | | | | | | | | | | | | | | | | | | |
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| **Employment background** Please detail chronologically all previous work experience, unpaid and paid, voluntary, non-teaching as well as teaching, since leaving secondary/further education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From month / year** | | | **To month / year** | | | | | **Place of work / employer (if applicable)** | | | | | | | | | | | | | | | | **Scale / grade** | | | | | | **Title / responsibility** | | | | | | **Reason for leaving** | | | | |
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| Have you ever been dismissed by any of the above employers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, further details may be requested from you | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | | | | |
| **Education background** Secondary education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of institution** | | | | | | | | | **From month / year** | | | | | | **To month / year** | | | | | | | | **Qualifications obtained** Please indicate level, subject(s), grades and dates of award | | | | | | | | | | | | | | | | | |
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| **Further, higher and professional education** Proof of qualifications will be required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of institution** | | | | | | | | | **From month / year** | | | | | | | **To month / year** | | | | | | | **Qualifications obtained** Please indicate level, subject(s), grades and dates of award | | | | | | | | | | | | | | | | | |
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| **Professional development/training** State involvement in the last five years appropriate to your application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dates of course** | | | | | | **Length of course** | | | | | | | **Details of course** | | | | | | | | | | | | | | | | | **Course provider** | | | | | | | | | | |
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| **Explanation of any gaps** Please explain any gaps in employment, education or training since leaving full time education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Letter of application** Please include any information you feel would help evaluate your suitability for the post | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Early retirement or ill-health retirement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been granted early retirement or ill-health retirement from any Local Authority? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | **No** | |  | | | (please tick) | | |
| In order to comply with our Valuing Diversity Policy, please indicate if you have a disability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | **No** | |  | | | (please tick) | | |
| If YES, do you require any adjustments to the recruitment process? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | **No** | |  | | | (please tick) | | |
| If YES, please give details in your application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rehabilitation of Offenders Act 1974** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owing to the nature and location of the work, the post is exempt from the previous provisions of the above Act, therefore, applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act.  **The Authority will check information provided under this heading.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you at any time been convicted of any criminal offence? **Yes** (including cautions, bind-overs and any pending prosecutions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **No** | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you disqualified from working with children or subject to any **Yes** sanctions imposed by a regulatory body i.e. GTC? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **No** | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Protection**  In accordance with the Act, you should be aware that personal details submitted with this application form, will be used only for selection and interview procedures, and for employment records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please give the name and address of two persons from whom references may be obtained, **one of these should be your current Head Teacher**. Applicants for voluntary aided schools may wish to include a referee from their relevant Church background. If not currently working with children, then one reference should be from a previous employer in a child related role, if applicable. **References from friends or relatives will not be accepted. References will be sought prior to interview.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (1) Name: | | | | |  | | | | | | | | | | | | |  | | | (2) Name: | | | | | | |  | | | | | | | | | | | | |
| Position held: | | | | |  | | | | | | | | | | | | | Position held: | | | | | | |  | | | | | | | | | | | | |
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| Address: (including Post Code) | | | | | | | | | | | | | | | | | |  | | | Address: (including Post Code) | | | | | | | | | | | | | | | | | | | |
| Telephone No: | | | | | |  | | | | | | | | | | | | Telephone No: | | | | | | | | |  | | | | | | | | | | |
| E-mail: | | | | | |  | | | | | | | | | | | |  | | | E-mail: | | | | | | | | |  | | | | | | | | | | |
| Fax: | | | | | |  | | | | | | | | | | | |  | | | Fax: | | | | | | | | |  | | | | | | | | | | |
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| Current legislation means that you will need to provide documentary evidence (for example National Insurance Number) showing your entitlement to work in the UK. You should be aware that you will be asked to provide this prior to appointment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | | **Date:** | |  | | | | | | | | | | | | | |
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| We regret that we are unable to acknowledge receipt of this form because of the high cost involved. If you receive no further communication within 6 weeks of the closing date, please assume that your application has been unsuccessful. Thank you for your interest in the post. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your application, when completed, should be returned to the address stated in the advertisement.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **For office use only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fairness in Employment Monitoring**  **Bolton%20Council%20new%20branding%20B&W** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strictly Confidential** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Ref:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Grade:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Department:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | Adult Services | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Children's Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Development & Regeneration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | Chief Executive's | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Corporate Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Environmental Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **How did you find out about this job?** *e.g. which publication* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | BEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Guardian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Professional Journal  (*please state which below)* | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | MEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Bolton Council Website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Other, inc any other websites  (*please state below)* | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | Job Centre | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Internal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | Professional journal or other please state | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | **My Racial origin:** *please tick appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **White** | | | | | | | | | | | | | | | |  | | | | | |  | | | | | British | | | | | | | | | | | | | | | |  | | | | | | | | | | Irish | | | | | | | | | | | | | | | | | | | |  | | | | | | | European | | | | | | | | | | | |  | | | | Other | | | | | | | | | |
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|  | | | | **Black or Black British** | | | | | | | | | | | | | | | |  | | | | | |  | | | | | Caribbean | | | | | | | | | | | | | | | |  | | | | | | | | | | African | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | |  |  |
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|  | | | | **Asian or Asian British** | | | | | | | | | | | | | | | |  | | | | | |  | | | | | Indian | | | | | | | | | | | | | | | |  | | | | | | | | | | Pakistani | | | | | | | | | | | | | | | | | | | |  | | | | | | | Kashmiri | | | | | | | | | | | |  | | | | Bangladeshi | | | | | | | | | |
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|  | | | | **Mixed Race** | | | | | | | | | | | | | | | |  | | | | | |  | | | | | White & Black Caribbean | | | | | | | | | | | | | | | |  | | | | | | | | | | White & Black African | | | | | | | | | | | | | | | | | | | |  | | | | | | | White & Indian | | | | | | | | | | | |  | | | | White & Pakistani | | | | | | | | | |
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|  | | | | **Chinese/other group** | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | Chinese | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | For any other racial origin please state | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **My gender:** | | | | | | | | | | | | | | | | | | | |  | |  | | | | | Female | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **My sexuality:** | | | | | | | | | | | | | | |  | | | | | | |  | | | | | Heterosexual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | Lesbian | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | Don't want to say | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | Gay | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | Bisexual | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  | | | | |
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|  | | | | **My present employment:** I currently work for the Council: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Yes | | | | | | | | | |  | | | | | No | | | | | | | | | | | | | | |
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|  | | | | **My disability status:** *please read the definition over the page before answering* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | I am not a disabled person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | I consider myself a disabled person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **My age:** | | | | | | | | | | | |  | | | | | 16-19 | | | | | | | | | |  | | | | | | | | 20-29 | | | | |  | | | | 30-39 | | | | | | | | | | | | | | |  | | | | | 40-49 | | | | | | | |  | | | | | | | 50-59 | | | | | | | | |  | | | | 60-64 | | | | | |  | | | 65+ | | | | |
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|  | | | **My religion:** | | | | | | | | | | | |  | | | | | | Christian *(including*  *Church of England,*  *Catholic, Protestant n*  *and all other Christia*  *denominations)* | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | Sikh | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | Muslim | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | Jewish | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | None | | | | | | | | | | | | | | | | | | |
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|  | | | | For any other religion please write in box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **My caring responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | I look after children | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | I help an adult with her/his daily routine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **For Office Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Part-time | | | | |  | | | Full-time | | | | | | | | | | | | | | |  | | | | | | | | Permanent | | | | | | | | | | | | | | |  | | | | | | | | | Fixed term | | | | | | | | | | | | | |  | | | | | | | Interviewees | | | | | | | | | | | | | | | |  | | | | Candidate(s) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No** | | | | | | |  | | | |  |  | |  | | | | | | | | | | | | | | | | |  |  | | | | | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | **NC** | | | | | | |  | | | | | | | |  |  | | | |  | | | | | | | | | | | | | | |  |  | | selected | | | | | | | |



Valuing

Diversity

**Fairness in Employment Monitoring Sheet**

The information that you give us on this form will be used for monitoring and will not be used for any other purpose. The form will be separated from your application as soon as it is received and it will not be passed on to anyone involved in short-listing or interviewing for the post for which you are applying.

**Help us to help you**

Bolton Council is committed to achieving fairness and equality in employment. We want to make sure that all job applicants and employees are treated fairly and are judged solely on their merits and abilities.

One of our most important ways of making sure that we are being fair is by monitoring - counting the people that apply to us for jobs, and those who get our jobs. To help us to do that, please fill out the form on the other side of this page and return it with your application.

**What information are we looking for?**

We need different kinds of information for different reasons. We ask about your race, your gender, your age, whether or not you consider you are disabled and your religion so that we can check how closely the numbers of people who apply to us for jobs, or who get jobs with us, match up to the local population.

This tells us a lot about whether our recruitment processes are fair and equally open to everyone.

In addition we are asking you to tell us something about your caring responsibilities. By that we mean looking after a child, whether as a parent, guardian or foster parent, or helping an adult carry out their daily routine. This might mean providing assistance to an adult relative or friend who is disabled or has a long term illness. These questions help us to assess the demand for family-friendly policies, such as more flexible working arrangements.

We are also asking about whether you already work for the Council, which helps us to make sure that both internal and external candidates have equal chances of getting Council jobs.

**Disability - Definition**

Under the terms of the Disability Discrimination Act 1995 a person has a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.