# **Guidance Notes for Applicants Schools Application Form**



# Thank you for expressing interest in a post in a Rotherham School or Setting

Rotherham Local Authority, working in partnership with schools and settings, is committed to developing the whole workforce. We hope that you will recognise this commitment and look upon Rotherham as an exciting and innovative authority in which to progress your career, whatever the role that interests you at this time.

### **Equal Opportunities**

Rotherham Local Authority is committed to ensuring equality of opportunity thorough the recruitment process. We welcome and encourage applications from people of all backgrounds and your application will be assessed on your ability to do the job.

The school will make reasonable adjustments to the selection process where requested by an applicant with a disability and provide all relevant information in an alternative medium (e.g. large print.)

### **Completing the application form**

- You must complete all parts of the application form. A C.V. will only be accepted if it is in addition to the fully completed form.
- Read all the information provided this will help you to decide whether or not the post is suitable for you.
- Please write or type your application in black ink so it can be photocopied.
- Show clearly how your experience, knowledge, skills and abilities are relevant to the requirements of the post as detailed in the job description and person specification.
- Give full details of your duties in your present post or most recent job if you have been employed before. Do not miss out experience gained in previous jobs, but select the most relevant points, including details of any skills and experience gained from voluntary/community work.
- Continue any sections of the form, if necessary, on the continuation sheet. Add further sheets if necessary.
- Observe any specified word or page limits e.g. for the supporting statement.
- Check the closing date and allow time for your application to reach us.
- Please keep a copy of your application form.

### Returning the application form

Please follow the instructions for the return of this application form in the advert or job application pack All completed applications should be returned directly to the school or setting unless stated otherwise.

If you are returning the form electronically:

- 1. You can type directly into the form and return it as an email attachment. Any continuation sheets can be attached to the email.
- 2. You will not be able to sign the form. By emailing it to the school or setting, you declare that the information in the form, and your answers to the Rehabilitation of Offenders Act, 1974, are true and accurate. Email is taken as a substitute for your signature.

If you are returning the form by post:

- 1. Complete the form in black ink and ensure it is legible. Attach any continuation sheets to the form ensuring that your name is on these.
- 2. Do not write outside of the lines
- 3. Ensure that you have signed the form.

### **Invitation for Interview**

- If you are invited for interview and require any arrangements or assistance e.g. access to the building, please specify so the school can make any adjustments on the day.
- If you have an enquiry or complaint about the recruitment process, please contact the particular school or setting dealing with you application.
- Please remember to bring to the interview *original* copies of all qualifications, photo identification and proof of address.
- If you have changed your name since you gained any qualifications, please bring marriage or other certificate to confirm your identity.

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# **Application for Employment**



ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please ensure you read the guidance notes on the cover page before filling in this form.

Your application (All fields with \* MUST be completed) \*Position applied for: \*Vacancy reference

| *How did you find out about this job      | 0?  |                   |   |
|---|---|-------------------|---|
| *Name of school or setting:               |   |                   |   |
| *Closing Date:                            |   |                   |   |
| Personal details (All fields v            | with * MUST be completed)                   |                   |   |
| *Title: Mr Ms Mi                          | iss Mrs Other (please                       |                   |   |
| *Forenames:                               |   | *Surnam           |   |
| *Address (for correspondence):            |   |                   |   |
|   |   |                   |   |
|   |   |                   |   |
| *Postcode:                                | Email address:                              |                   |   |
| Phone numbers: *Hom                       | Wor   |                   | Mobile  |
| *National Insurance No:                   |   |                   |   |
|   | UK (All fields in this section MUST be co   |                   | om. If you are appointed to a post you will receive |
| Are you eligible to work in the UK?       | Yes: No:                                    |                   |   |
| Is this subject to a Work Permit or Visa? | Yes: No:                                    |                   |   |
| For Teaching Posts only                   | / (Please complete all applicable fields in | this section)     |   |
| Are you recognised by the DFE as          | a qualified teacher in this country?        | Yes: No:          |   |
| DfE Teacher Reference number:             |   | Date awarded QTS: |   |
|   |   | ·                 |   |

| Are you recognised by the DFE as a qualified teacher in this country?        | Yes: No:                                  |
|--|---|
| DfE Teacher Reference number:  | Date awarded QTS:                         |
| Date of completion of statutory induction (Newly Qualified Teachers) or numb | per of terms towards induction completed: |

**EMPLOYMENT HISTORY** (Please complete all fields relevant to your application. Please clarify any gaps in your employment)

### **Current or most recent employment**

| Employer/School name & address:                 |                            |  |                    |  |  |
|---|----------------------------|--|--------------------|--|--|
| Job title:                                      |                            |  |                    |  |  |
| Start date: End date (if applicable):           |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
| Point of Scale:                                 |                            | Salary:  |                    |  |  |
| Additional allowances (if applicable):          |                            |  |                    |  |  |
| Brief description of duties/responsibilities:   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
| Other previous employment (Please               | use the continuation sheet | provided, if necessary). Please list the most recent                               | first.             |  |  |
| 5 1 (01 1 0 11                                  | 5 . (( )                   |  | 5 ( ) ;            |  |  |
| Employer/School name & address                  | Dates (from/to)            | Job title and brief description of duties (give type of school & number on roll if | Reason for leaving |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
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| Please clarify any gaps in your paid employment | t                          |  |                    |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |
|   |                            |  |                    |  |  |

**Voluntary work or experience** (Please use the continuation sheet provided, if necessary). Include relevant work experience, voluntary or unpaid work. Please list the most recent first.

| Employer/School name & address | Dates (from/to) | Job title and brief description of duties (give type of school & number on roll if | Reason for leaving |
|--------------------------------|-----------------|--|--------------------|
|                                |                 |  |                    |
|                                |                 |  |                    |
|                                |                 |  |                    |
|                                |                 |  |                    |

### **EDUCATION AND QUALIFICATIONS**

**Secondary School Education** (Please use the continuation sheet provided, if necessary). Please list the most relevant qualifications, most recent first.

| Name of School | Education level and subjects (e.g. GCSE or A level) | Grade | Date achieved |
|----------------|---|-------|---------------|
|                |   |       |               |
|                |   |       |               |
|                |   |       |               |
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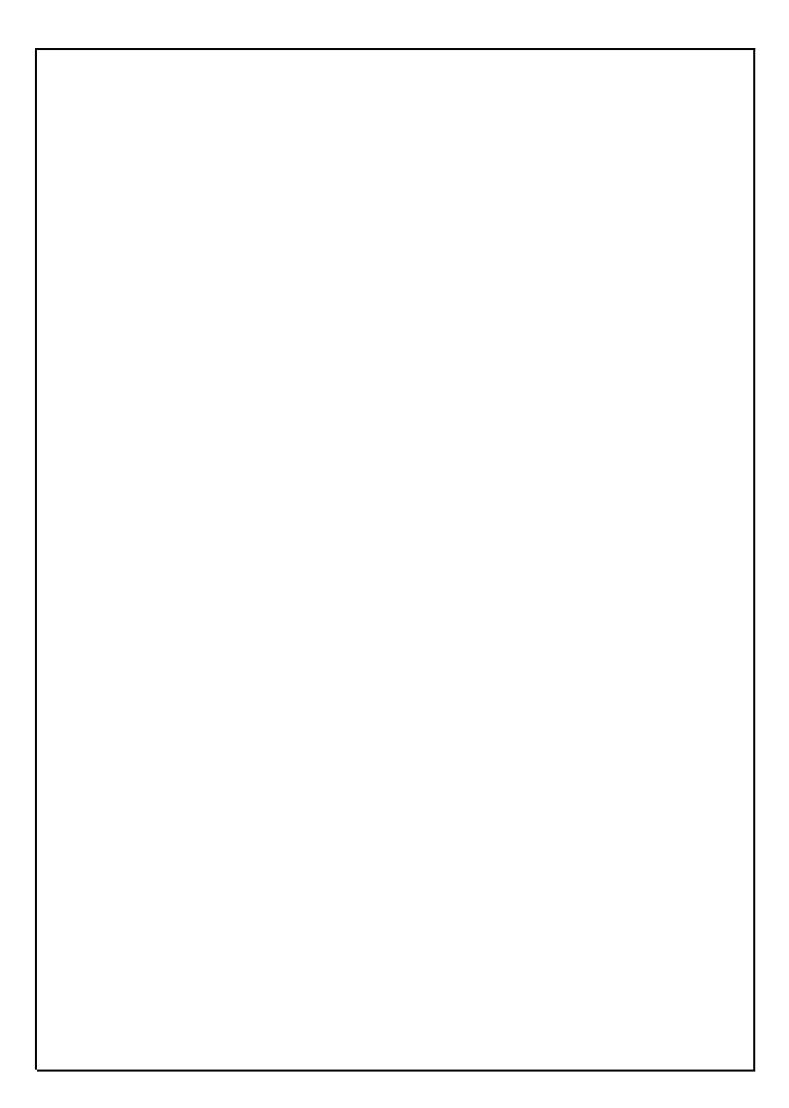
| Name of University /college/<br>institute/awarding body | Examinations passed and education level (e.g. Degree) | Grade | Date started (mm/yy) |
|---|---|-------|----------------------|
|   |   |       |                      |
|   |   |       |                      |
|   |   |       |                      |
|   |   |       |                      |

### Relevant Professional Development (Please use the continuation sheet provided, if necessary)

Please list the most relevant or significant professional development courses attended, or qualifications obtained. Please list the most recent first.

| Course title | College/organisation | Qualification (if appropriate) | Date and length of course |
|--------------|----------------------|--------------------------------|---------------------------|
|              |                      |                                |                           |
|              |                      |                                |                           |
|              |                      |                                |                           |
|              |                      |                                |                           |
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|              |                      |                                |                           |
|              |                      |                                |                           |
|              |                      |                                |                           |
|              |                      |                                |                           |

Information in Support of your Application (Please use the continuation sheet provided, if necessary)



### References

Print name:

Please give the names and addresses of two individuals, not related to you, from whom we may obtain references. If you have worked before or are currently working, one of your referees must be your present or last employer.

\*If you have worked with children in the past but are not currently doing so, you must provide as a third referee details of the person by whom you were

| Referee 1   | Referee 2   |   | Referee 3 (*if applicable)   |
|---|---|---|--|
| Name:   | Name:   |   | Name:  |
| Job title:  | Job title:  |   | Job title:   |
| Address:  | Address:  |   | Address:   |
| Postcode:   | Postcode:   |   | Postcode:  |
| Telephone:  | Telephone:  |   | Telephone:   |
| Email:  | Email:  |   | Email:   |
| Type of reference (please indicate): Employer Personal Academic   | Type of reference (please indicated Employer Personal                       | ate):<br>Academic 🗌                           | Type of reference (please indicate):  Employer  Personal  Academic                                       |
| Rehabilitation of Offenders Act 197 This post is exempt from the Rehabilitation of Offen bind-over orders which for any other purposes are "striminal record will not necessarily bar you from work your offence.                   | nders Act 1974, applicants are ther<br>spent" under the provisions of the A | refore not entitled to<br>Act. Any informatio | o withhold information about convictions, cautions or on given will be completely confidential. Having a |
| I confirm that I am not disqualified from working with Please note that the successful applicant will be re   |   |   |  |
| Signed (see Guidance Notes):  | · · · · · · · · · · · · · · · · · · ·                                       | Date:   | •  |
| Further information (*We need this info<br>are guaranteed an interview)   | ormation as all disabled app  | licants who me                                | et the essential shortlisting requirements   |
| Do you receive a local government pension?  |   |   | Yes No No  |
| Do you have a current driving licence?  |   |   | Yes No No  |
| *Do you consider yourself to be disabled?   |   |   | Yes No   |
| Are you related to any Councillor, senior employed head teacher from the school for which you are a   |   |   | Yes No No  |
| If 'Yes', please give details:  |   | Name:<br>Job title:                           | Relationship to you:   |
| Please give any dates when you are not available two months:  | e for an interview within the next  |   |  |
| <b>Declaration</b> (To be signed by all applicants) I agree to you storing and using the information I have in this application form. I declare that all information p made any false or misleading statements, or withheld Police. | rovided in this application form is true                                    | e and accurate to th                          | · ·  |
| Signed:   | I   | Date:   |  |

# If you needed additional space to answer any of the questions above, please use this continuation sheet. If you need more than one page, please either attach additional sheets to your hard copy application form or, if submitting electronically, create a separate continuation document and attach it to the email you send.

**Continuation sheet** 

## **Equal Opportunities Monitoring**



### **Strictly Confidential**

We have a legal duty to promote equality. This applies to everything we do both as an employer and provider of services. We also have a duty to ensure that minority groups are not excluded from our recruitment process. We want to make sure that our equal opportunities policy is working and also find out how well our recruitment process works. To help us with this we need to ask you a few questions.

Please note: The Equal Opportunities Monitoring section will be removed prior to shortlisting and will not be used for selection purposes. It is used for monitoring purposes only.

| Post details                   |                        |                 |               |                |              |                          |   |
|--------------------------------|------------------------|-----------------|---------------|----------------|--------------|--------------------------|---|
| Post applied for:              |                        |                 |               |                | Vacancy re   | ference number:          |   |
| Gender (Please tick)           |                        |                 |               |                |              |                          |   |
| Male                           | Fei                    | male 🗌          | D             | o not wish to  | o disclose [ |                          |   |
| Age group (Please ti           | ick)                   |                 |               |                |              |                          |   |
| 16-24                          | 25-39                  | 40-49           | 50            | 0-64           | 65+          | Do not wish to disclose  |   |
| Disability (please tic         | :k)                    |                 |               |                |              |                          |   |
| Do you consider yourself to    | have a disability      | ?               |               | Yes: No        | o: Do no     | wish to disclose:        |   |
| If yes, which of the following | g best describes y     | our disability: |               |                |              |                          |   |
| Autistic spectrum              |                        | Physical impai  | irment:       |                |              |                          |   |
| Long-standing illness          |                        | Other develop   | mental cond   | lition:        |              |                          |   |
| Mental health condition:       |                        | Other physical  | l or mental c | onditions      |              |                          |   |
| Learning difficulties:         |                        | (please specify | y):           |                |              |                          |   |
| Religion/belief(ple            | ease tick)             |                 |               |                |              |                          |   |
| Catholic:                      |                        | Hindu:          |               | Jain:          | :            |                          |   |
| Church of England:             |                        | Buddhist:       |               | No re          | eligion:     |                          |   |
| Jewish:                        |                        | Muslim:         |               | Othe           | er:          |                          |   |
| Orthodox Jewish/Charedi:       |                        | Sikh:           |               | Plea           | se specify:  |                          |   |
| Do not wish to disclose:       |                        |                 |               |                |              |                          |   |
| Carer responsib                | <b>ilities</b> (please | tick)           |               |                |              |                          |   |
| Do you have a carer respor     | nsibility for anyon    | e? Yes:         | No:           | Do not wish to | disclose:    |                          |   |
| Sexual orientati               |                        | -               |               |                |              |                          | _ |
| Are you? Hetero                | sexual:                | Gay/Lesbia      | an:           | Bisexua        | l:           | Do not wish to disclose: |   |

### Ethnic Origin (please tick) **MULTIPLE HERITAGE** WHITE White and Black Caribbean: British: Irish: White and Black African: Other: White and Asian: Any other Mixed background: Please specify: Please specify: **BLACK OR BLACK BRITISH** ASIAN OR ASIAN BRITISH Caribbean: Indian: African: Pakistani: Please specify: Bangladeshi: Any other Black background: Any other Asian background: Please specify: Please specify: CHINESE AND OTHER Chinese: Any other background: Please specify: Do not wish to disclose: