CONFIDENTIAL



Committed to equality at work and in our community

Identifying No:

To be completed in <u>black ink</u> . All relevant sections A curriculum vitae must not be submitted in place	
PART ONE (To be detached prior to shortlist	
1. VACANCY INFORMATION	
Application for the post of	
In the	
This form to be returned to Oughtrington Prima	ary School, Howard Avenue, Lymm, WA13 9EH
by the closing date of :	
Advertisement Ref. No. :	Post No :
2. PERSONAL DETAILS	
Surname	Title
Previous Surname	
First Name(s)	Known as
Have you ever been known by any other name?	Yes No No
If yes please give details	
Address	
Postcode	
Telephone : Business	Private
Mobile Tel:	e-mail
	(if shortlisted you may be invited to interview via e-mail)
Work permit required: Yes No No	
Work permit expiry date:	
Are you applying for this job as a job sharer? : You	es 🗌 No 🗍

	Identifying No:
TO BE DETACHED PRIOR TO SHORTLISTING	

3. REFERENCES

Please give details of two people who are not related to you, from whom references about your suitability for the job can be obtained. If presently employed one must be your current employer. If unemployed one must be your most recent employer. In the absence of previous employment experience a reference from your headteacher / tutor or related to relevant voluntary work is acceptable.

If you are not currently working with children and/or vulnerable adults, but have done so in the past, please supply details of an additional employer by whom you were most recently employed to work with children/vulnerable adults. (This is only relevant if the job you are applying for involves working with children/vulnerable adults).

1. C	urrent or most red	cent employer	2.			
Nam	ne:		Nan	ne:		
Title	: (Mr, Mrs etc)		Title	: (Mr, Mrs etc)		
Occ	upation:		Occ	upation:		
Add	ress:		Add	ress:		
Post	tcode:		Pos	tcode:		
Busi	ness Telephone:		Bus	iness Telephone:		
Hom	ne Telephone:		Hon	ne Telephone:		
Mob	ile:		Mob	ile:		
E-m	ail:		E-m	ail:		
How	long has the refer	ee known you?	How	long has the refere	ee known you?	
In w	hat capacity does t	he referee know you?	In w	hat capacity does t	he referee know you?	
	Employer/former	employer		Employer/former	employer	
		colleague or manager but the name a personal basis		Colleague/former referee is given or	colleague or manager but th n a personal basis	е
	Personal			Personal		
If the	•	u by a different name please	If the	•	u by a different name please	
	se tick this box if y contacted prior to	ou do not want this referee interview.		ase tick this box if your contacted prior to	ou do not want this referee interview.	

After shortlisting we reserve the right to take up references. If you have indicated on your application that you do not wish us to contact the referees we will only contact the referees after interview, if you are the successful candidate.

			Identifying No:
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4. DISCLOSURE OF CRIMINAL CONVICTIONS	AND POLICE CI	_EARANCE	
A criminal record will not necessarily exclude you f strictly confidential and will only be considered in re disclose any 'unspent' criminal convictions in line v	elation to the job	for which you are a	applying. You are required to
However, if you are applying for work which involv adults, you are required to give details of <u>all</u> crimin identify that you have a criminal conviction, this will	nal convictions, e	ven if they are rega	rded as 'spent'. Should you
Do you have any criminal convictions, cautions, re (You do not need to include cautions, reprimands for a post with substantial access to children or vul	or warnings whic		
Yes No No			
If "YES", give details below:-			
Details of offence & Sentence	Date	Court or police for offence	ce who dealt with the
Posts that may have substantial opportunity fo the Rehabilitation of Offenders Act and will req			adults are exempt from
Criminal Records Bureau Successful applicants will be asked to apply for a CRecords Bureau.	Criminal Records	s Bureau (Disclosur	e) from the Criminal
Further information about Disclosures can be foun	d at www.disclos	sures.gov.uk	
I acknowledge that it is my responsibility as the information to the panel which may affect work disqualify me from appointment or result in dis	king with childre		
"I certify that the details on this application form are information or withhold relevant information it could			
Signed:	D	ate:	

		identifying ivo:
5. THE ASYLUM AND IMMIGRATION A	ACT 1996 (SECTION 8)	
Please refer to the enclosed guidance no	otes before answering these quest	ions.
Do you have or are you entitled to obtain	a National Insurance Number?	Yes No No
If you have answered "NO" to the above the relevant requested information to pro		work in the UK and can you provide
(Please see guidance notes for details of	f relevant information).	Yes No No
6. DECLARATION OF RELATIONSHIP		
Are you or your spouse related by marria the council? Yes \(\sqrt{No} \sqrt{\sqrt{No}} \)	nge, blood or as a cohabitee to any	y elected member or senior officer of
If you are related please give their name relationship may lead to disqualification f		
Name:	Relationship:	
If you canvass any Member, Committee disqualified. This does not stop a Member		
7. CERTIFICATION / DECLARATION		
I certify that, to the best of my knowledge should I conceal any material fact, I will, i		
Signed:	Date:	
Providing false information is an offence	and could result in:-	
 the application being rejected; 		

• Summary Dismissal if the applicant has been selected.

All offers of employment are subject to suitable references, qualifications check, satisfactory medical clearance, CRB if relevant to post and Asylum & Immigration checks.

If you require further information, please contact the Directorate on the telephone number provided in attached documentation.

We must protect the public funds we handle so may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.

We will record and hold the information given for personnel, employment, education and training purposes in accordance with the Data Protection Act 1998.

We should like to take this opportunity to thank you for your interest in the advertised post. If you have not been contacted concerning your application within 4 weeks of the closing date, please assume you have not been shortlisted for interview.

		le	dentifying No:
TO BE DETACHED PRIOR TO SHO			
8. EQUAL OPPORTUNITIES AND M	ONITORING	L	
Warrington Borough Council is an equall backgrounds, irrespective of race,			
We need to carry out diversity monito order to meet our statutory obligations			
The information given in this section value shortlisting or interview process.	will be used for statistical purposes	only and will n	ot form part of the
1. Post applied for			
2. Directorate / Unit			
2. How would you docaribe your of	hnia arigin? (places tick)		
3. How would you describe your et (A) White			
(-,	British		
	Irish		
	Any other White background		
(B) Mixed	White & Black Caribbean		
	White & Black African		
	White & Asian		
	Any other mixed background		
	,		
(C) Asian or Asian British	Indian		
	Pakistani		
	Bangladeshi		
	Any other Asian background		
(D) Black or Black British			
(D) Black of Black British	Caribbean	Ш	
	African		
	Any other black background		
(E) Chinese or other ethnic group	Chinese	П	
	Other		
4. Are you:	Male	Female	\sqcup

		Identifying No:
5. Do you have a disability	in accordance with the	definition under the Disability Discrimination Act?
		had a physical or mental impairment which has a substantial arry out normal day to day activities"
Yes		
6. Are you currently emplo	yed?	
Yes ☐ No ☐		
7. Date of birth dd/i	nm/yyyy	
8. What is your religion?	Not prepared to say	
	Christian	
	Muslim	
	Hindu	
	Jewish	
	Sikh	
	Buddhist	
	Other	
	None	
9. RECRUITMENT MONITO	RING	
Please indicate where you <u>fi</u>	<u>rst</u> saw or heard about the	e advertisement for this vacancy.
INTERNET	VACANCY BULLETIN	☐ LOCAL PRESS ☐ NATIONAL PRESS ☐
JOBCENTRE PLUS	OTHER	☐ Please state where

	Identifying No:
PART TWO	
10. VACANCY DETAILS (to be completed by WBC)	
Application for the post of	
Directorate / Unit:	Advert Ref No.:
Interview Date / Time:	
Interview Availability:	
NOTE TO APPLICANT : In meeting our commitment to equal opportunities the interview will only be based on the information you enter onto the following page	
11. DISABILITY AND REASONABLE ADJUSTMENTS	
By answering the following questions, you will assist the Council to comply with Disability Discrimination Act 1995(as amended by DDA 2005). You are not complined information. However, if you advise us that you do have a disability and you meet person specification, the Council will guarantee you an interview.	pulsorily required to give this
DISABILITY DEFINITION (DDA 1995 as amended by AS AMENDED BY DDA 2	2005)
"a physical or mental impairment which has a substantial and long term adverse carry out normal day to day activities"	effect on a person's ability to
DO YOU HAVE A DISABILITY IN ACCORDANCE WITH THE ABOVE DEFINIT (regardless of whether or not it has an impact on your ability to do the job for wh	— —
If you do have a disability or health condition, and require particular adjustments participation in the selection process, please give details below.	or arrangements to facilitate your
12. INTERVIEW ATTENDANCE	
Please indicate any periods when you may not be available for interview. We ca alternative dates.	nnot guarantee to accommodate

						Identifying No:
13. EDU	JCATION	ATTAINMENTS				
Education	on, trainin	ng and professional	qualifications			
FROM	ТО	Full Name and Ad	dress of School /		Qua	alifications
(Month &	& Year)	College / Universit		Gained	(with grades)	For which you are studying
		_ BODIES alls of any profession	nal body of which you a	re a Mem	ber. Indicate tho	se obtained by examination)
(9	,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , ,
Diagram		h a (inations attained
Piease	e note ti	nat you will be r	equired to produc	e evide	ence or qualit	ications attained.
14. DRI	VING LIC	ENCE DETAILS				
Do vou l	hold a full	I current licence?	Yes 🗌 No 🗌			
		of licence: -	Private / Light Good	s 🗌	HGV 🗌	CLASS 🗌
Other						

	Identifying No:	
15. CURRENT EMPLOYMENT DETAILS		

Title of present/most recent job:		
Name & address of employer:	Date appointed:	Date left if applicable:
	Current salary or at time of leaving:	
	Permanent or Temporary:	
Tel No.	Reason for leaving if already left:	

16. FULL OCCUPATIONAL HISTORY

Please give details of **ALL** full and part-time work as well as particulars of **ALL** paid or unpaid employment experience e.g. commercial experience, raising a family, youth work, voluntary work or periods when you were not employed.

Please complete the columns by entering the most recent first. PLEASE DO NOT LEAVE ANY GAPS IN THIS HISTORY. (Continue on a separate sheet if necessary)

Type of experience/Post title (paid or unpaid) and reason for leaving	Nama & Address of Employer	Dates		
	Name & Address of Employer	From	То	

	Identifying No:
7 WRITE IN SUPPORT OF VOUR ARRIVATION HERE. This coation must be	nompleted

A Curriculum Vitae must <u>not</u> be submitted in place of any information required on this form. You may, however, wish to submit supplementary evidence to your application form by attaching a maximum of 2 sides of A4 paper.

Please explain how you meet the requirements outlined in the Person Specification. You should give examples from previous paid, unpaid or voluntary experience.