

Job Application form



PART A – This section will not be viewed by the recruitment panel

Application number: (for internal purposes)	
I am applying for the role of	
Job Reference No.	

Your Details

Title	Mr/Mrs/Miss/Ms/Dr/Professor/Sir/Other (please state)	
Surname		
First name		
Preferred Name (what you like to be called)		
Previous names (if this applies) and dates you used them		
Home address and postcode		
Home phone number		
Mobile phone number		
Email address		
National Insurance No.		
Do you have the right to work in the UK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what documentation can you produce to evidence your right to work in the UK?		
Where did you see this role advertised?		

We are committed to protecting the welfare of learners and expect all who work with or on behalf of us to share this commitment. We are also an equal opportunity employer.



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References

Please provide details of **two referees** – one should be your current or most recent employer (or educational establishment if you have never been employed). The other should also be a previous employer. Neither of the referees should be related to you. Please note that references must be received and agreed as satisfactory to the College before commencing the role. We will be contacting your previous employer before interview. If you have worked with children or vulnerable adults previously, both referees should be able to comment on your suitability to work with children and vulnerable adults.

Referee 1: **Current Employer** **Most Recent Employer**

Organisation Name			
Organisation Telephone No.			
Organisation Address			
Referee Name			
Referee Email Address			
Referee Telephone No.			
How do you know your referee?			
Please answer the following questions and we will ask your referee to verify your answers.			
This post involves working with/being in contact with young people and/or vulnerable adults. Do you have any reason why you may not be considered unsuitable for this kind of work, or if you have any concern about your suitability for such work?			
Please provide details of any allegations, proven disciplinary offences/sanctions, during the period of employment, which would be relevant to this appointment, including any disciplinary/capability issues outstanding at the time of leaving.			
For management/supervisory roles: How many staff and what type of staff did you manage/supervise?			
My performance rating in this role was described as:	Above Expectations	Meets Expectations	Below Expectations
Ability to complete the role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional Comments			
Authorisation: I give authorisation for the College to contact this referee if I am shortlisted for the role. I understand that if this is my current employer and I do not give authority to contact them at this stage, that I will be expected to give authorisation in the event of the College making me a job offer.			<input type="checkbox"/> Yes - approved <input type="checkbox"/> Not approved



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Referee 2

Organisation Name			
Organisation Telephone No.			
Organisation Address			
Referee Name			
Referee Email Address			
Referee Telephone No.			
How do you know your referee?			
Please answer the following questions and we will ask your referee to verify your answers.			
This post involves working with/being in contact with young people and/or vulnerable adults. Do you have any reason why you may not be considered unsuitable for this kind of work, or if you have any concern about your suitability for such work?			
Please provide details of any allegations, proven disciplinary offences/sanctions, during the period of employment, which would be relevant to this appointment, including any disciplinary/capability issues outstanding at the time of leaving.			
For management/supervisory roles: How many staff and what type of staff did you manage/supervise?			
My performance rating in this role was described as:	Above Expectations	Meets Expectations	Below Expectations
Ability to complete the role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional Comments			
Authorisation: I give authorisation for the College to contact this referee if I am shortlisted for the role. I understand that if this is my current employer and I do not give authority to contact them at this stage, that I will be expected to give authorisation in the event of the College making me a job offer.			<input type="checkbox"/> Yes - approved <input type="checkbox"/> Not approved



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Criminal Convictions

Before completing this section, please read this:

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020)

All roles in the college are exempt under the above Act because all staff have access to learners.

The disclosure of a criminal record, or other information, will not necessarily preclude you from appointment. In making the decision we will consider the nature of the offence / offences, how long ago they occurred and what age you were when they were committed. Any information you provide will be treated in strictest confidence.

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) England & Wales Order 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you subject to any current or outstanding disciplinary procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the post for which you are applying involved regulated activity with vulnerable adults: Have you ever had action taken against you by an authority regarding vulnerable adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered Yes to any of the above questions, please give full details. Yes, please give details.		

Providing false information or leaving out information that means we may not consider you for a role is an offence. This could result in us rejecting your application or dismissing you if we employ you and possibly referring the matter to the police and/or other regulatory bodies.

The College will carry out Disclosure and Barring Checks appropriate the post and all staff are required to obtain a minimum of an Enhanced Disclosure from the DBS.

When was the last time you had an Enhanced Disclosure?	Date	Certificate No.
Are you registered with the DBS Update Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information

Are you related to an employee or governor of South Staffordshire College? If so, who?

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Driving Licence Information

Do you hold a full UK Driving Licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have regular use of a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, would you be prepared to use the car for work purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Equal Opportunities Monitoring

It is South Staffordshire College's policy to employ the best qualified people and to ensure equality of opportunity for applicants and staff. Under the provisions of the Equality Act 2010 it is our policy that we do not discriminate against or disadvantage anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, union membership, sex or sexual orientation.

The information collected is only used for monitoring purposes in an anonymised format to assist us in analysing the profile and make up of individuals who apply, are shortlisted for, and appointed to each vacancy. In this way, we can check that we are complying with the Equality Act 2010.

This section of the application form will not be used as part of the selection process. Please avoid using "prefer not to say" option wherever possible to ensure full and accurate reporting.

This information will be retained by the College for a period of 12 months following the successful completion of the campaign. This information will then be deleted from our systems unless you are the successful candidate.

Thank you in advance for your cooperation.

Gender, Sexuality and Relationship Status			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
Is your gender identity the same as on your birth certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If not, please tell us what identity you associate with	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Are you currently undergoing gender reassignment or recognition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Sexual Orientation	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual
	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Prefer not to say	
Marital Status	<input type="checkbox"/> Civil Partnership	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married
	<input type="checkbox"/> Not Married - Divorced		<input type="checkbox"/> Not Married - Single
	<input type="checkbox"/> Not Married - Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Prefer not to say

Ethnicity and Nationality	
Ethnic Origin	<i>Asian or Asian British:</i>
	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other
	<i>Black or Black British:</i>
	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other
	<i>Mixed/Multi-Ethnic Groups:</i>
	<input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Other
	<i>White:</i>
<input type="checkbox"/> British <input type="checkbox"/> European <input type="checkbox"/> Irish <input type="checkbox"/> Other	
	<input type="checkbox"/> Any other ethnic background <input type="checkbox"/> Prefer not to say
Nationality	



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Age	
Date of Birth (dd/mm/yyyy)	

Religion or Belief			
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Judaism
<input type="checkbox"/> Muslim	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Sikhism	
<input type="checkbox"/> No Religion	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Prefer not to say	

Disability			
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please give a disability description			
Do you need any adjustments to participate in the selection process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please give details			
Do you need any adjustments to in order to fulfil your role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please give details			

Caring Responsibilities		
Please give full details of your caring responsibilities. The College has a number of family friendly policies that may be useful for you if you have responsibilities for a child or adult.		
Is there anyone who relies on you for their care or daily routine?	<input type="checkbox"/> Yes	
If yes, please state who you care for and how many people		

Declaration

Do you have continuous service with another FE College, Local Authority or other employer subject to the e Redundancy Payments (Continuity of Employment in Local Government, etc) (Modification) Order 1999?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please give continuous service date	
<p>The information given above, in Part B of my application, and in any supporting documents, is true and I have not left out anything that would affect the application. I understand that any false or misleading information given in this application may mean you would immediately end my contract of employment. If I am appointed. I agree that you can use information provided on this application form for data processing in accordance with legislation governing data protection.</p>			
Your signature		Date	
<input type="checkbox"/>	If you are filling in this form electronically, please tick this box to confirm the information is accurate and that you are happy to go ahead with the application process. (You do not need a signature.)		



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PART B – This section will be viewed by the recruitment panel

Application number: (for internal purposes)	
I am applying for the role of	
Job Reference No.	

Where have you previously worked?

Please give a list, in date order, starting with the most recent and go backwards to when you left full-time education or for a minimum of 20 years and include details of unpaid work.

Current/ most recent Employer name and address:				
From (dd/mm/yyyy):		To (dd/mm/yyyy):		
Job title:				
Are you currently working there?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, are you currently working your notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving or seeking a new role?				
Salary:		Notice period:		
Brief description of duties:				

Previous Employment History

Employer name and address:				
From (dd/mm/yyyy):		To (dd/mm/yyyy):		
Job title and duties:				
Reason for leaving:		Salary:		
Brief description of duties:				

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Previous Employment History (Continued)

Name and address of employer	Post held and brief outline of duties	From	To	Salary and reason for leaving
		dd/mm/yyyy)		

Please explain any gaps in employment

Membership of professional organisations

Are you a member of a professional organisation? Please give details below.



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Education and Qualifications

Please tell us about your education, training and qualifications. We will ask you to provide evidence of your qualifications.

School, college or university	From	To	Course or subject taken	Qualification gained, date achieved and awarding body
	mm/yyyy)			

Are you currently working towards any qualifications? Please give details

What other training or qualification that is specific to this role do you want us to take into account?



What else do you want to tell us that is relevant to the role?

Please make sure that you tell us how you meet the job specification and person specification (continue on a separate sheet of paper if you need to.)



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If you are applying for a teaching role, please fill in this section.

Please tell us the subjects or skills you can offer.

Subject or skill area:	Level:
1	
2	
3	
4	
5	
6	
7	

If you are applying for a part-time teaching post, please fill in the following.

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Declaration

The information given above, in Part A of my application, and in any supporting documents, is true and I have not left out anything that would affect the application. I understand that any false or misleading information given in this application may mean you would immediately end my contract of employment. If I am appointed. I agree that you can use information provided on this application form for data processing in accordance with legislation governing data protection.

Your signature	
Date	
<input type="checkbox"/>	If you are filling in this form electronically, please tick this box to confirm the information is accurate and that you are happy to go ahead with the application process. (You do not need a signature.)