**APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please use black ink/type when completing this form** | | | | | | | | | | | | | | | | | | | | | | | |
| **Application for the post of School Office Administrator** | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant's** **details** | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | |  | | | | | | | | | First name | |  | | | | | | | | | | |
| Any other last names | |  | | | | | | | | | Title | |  | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Postcode | | | | |  | | |
| Day time contact no. | | |  | | | | | | | | Evening / Mobile no | | | | | | |  | | | | | |
| Email address | | |  | | | | | | | | | | | | | | | | | | | | |
| **Education and qualifications**  (If part-time study, state and give details throughout). N.B. details of courses studied and not completed successfully must also be given.  **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | | |
| **Secondary / further education** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of school / college | | | Dates | | | | | | | | Subject and  Qualification | | | | | | | Grade and date  awarded | | | | | |
| From | | | | | | To | |
|  | | |  | | | | | |  | |  | | | | | | |  | | | | | |
|  | | |  | | | | | |  | |  | | | | | | |  | | | | | |
|  | | |  | | | | | |  | |  | | | | | | |  | | | | | |
| **Higher Education and Courses leading to other relevant qualifications.**  Such as those leading to qualified status or graduate status and to membership of professional institutions.  **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | | |
| Higher Education:  Establishments attended | | | | | | Dates | | | | Qualification obtained and date of award | | | | | Subjects | | | | | | | | |
| From | To | | | Main | | | | | Subsidiary | | | |
|  | | | | | |  |  | | |  | | | | |  | | | | |  | | | |
|  | | | | | |  |  | | |  | | | | |  | | | | |  | | | |
|  | | | | | |  |  | | |  | | | | |  | | | | |  | | | |
| **Present appointment** | | | | | | | | | | | | | | | | | | | | | | | |
| Establishment | | | | |  | | | | | | | | | | | | | | | | | | |
| Local Authority  (if applicable) | | | | |  | | | | | | | | | | | | | | | | | | |
| Post Held (specify any additional allowances) | | | | |  | | | | | | | | | | | | | | | | | | |
| (If part-time, please give details) | | | | |  | | | | | | | | | Date appointed | | | | |  | | | | |
| Notice required and / or date available if appointed | | | | | | | | | | | |  | | | | | | | | | | | |
| Current gross salary (scale and salary point) | | | | | | | | | | | |  | | | | | | | | | | | |
| **Previous experience**  If part-time appointment, please state. You **should not** provide a curriculum vitae as a substitution.  **A continuous employment history is required from when you left full time education.**  **Any gaps in employment will be discussed should you be called for interview**  **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Establishment | | | | Role | | | | Brief description of duties/responsibilities | | | | | | | | | Reason for Leaving | | | | | Employment Period  (month & year) | |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  |  |
| **Other paid employment (including Service in H.M. Forces, industry). State responsibilities and reasons for leaving. Please indicate details of gaps in employment here**  **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Statement in support of application.** Please provide evidence of how your experience, skills and abilities are relevant to your suitability for the post advertised and how you meet the requirements of the post and the person specification.  Applicants should confine this to approximately two sides of A4. An additional letter is not required.  **Please continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Statement in support of application cont.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Statement in support of application cont.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Confidential References**  We will take up references when we receive your application form. However, if you do not wish your referees to be contacted until after appointment, please indicate.  Names, addresses and status of two people who can comment on your leadership/management skills and suitability for this post. | |
| **Present employer** | **Second Referee** |
| Name  Address  Tel No *(inc. STD code)*  Fax No  Email address | Name  Address  Tel No *(inc. STD code)*  Fax No  Email address |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Further information** | | | | | | | |
| National insurance number | |  | | | | | |
| Would you require sponsorship (previously a work permit) to take up this post? | | YES | | NO | Date | |  |
| Where did you see the advertisement for this post? | |  | | | | | |
| **Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975** | | | | | | | |
| This post is covered by the **Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975** because it is a post which involves working directly with children or young people. If shortlisted for interview you are therefore required to declare whether you have any criminal convictions (or cautions or bind-overs) including those which are ‘spent’. The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provide that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website:  <https://www.gov.uk/government/collections/dbs-filtering-guidance> | | | | | | | |
| **Further information** | | | | | | | |
| * If your application is successful, prior to taking up your post, you will be required to undergo a **Formal Disclosure** process through the **Disclosure and Barring Service**. This will require you to complete a separate DBS application form and to provide a range of more than one piece of documentary evidence of your identity. * Although a criminal record involving offences against children is likely to debar you from appointment of this type of post, the existence of other criminal convictions will not necessarily be a bar to employment unless other restrictions are in place through the Children’s Barred List, DBS, or Teacher Regulation Agency. * **Any criminal record information arising out of the disclosure process will be discussed with you before any final decision is made about your employment.** * It is a criminal offence to apply for or accept a position (paid or unpaid) working with children if you are excluded from such work by virtue of a court order or exclusion by the DBS. * A copy of the Criminal History (DBS) and Non-Police Personnel Vetting Checks Policy is available on request. * Criminal record certificates will only be issued directly to the applicant.  Positive Behaviour Support for Learning will request that you show them your certificate and will record the Disclosure number and issue date and retain this on your personnel record and on its computerised personnel record system in accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018 (the Data Protection Legislation). The school abide by the DBS Code of Practice and Keeping Children Safe in Education which state that a copy of the DBS Disclosure Certificate may only be retained with the permission of the applicant and shall not be retained for longer than 6 months, to comply with the requirements of the Data Protection Legislation. | | | | | | | |
| **Declaration** | | | | | | | |
| I hereby confirm that the information I have given above is true.  I understand that, should any of the particulars I provide in this application be found to be false within my knowledge, or should there be any wilful omission of material fact, this may be reported to the Police as well as leading to my application being rejected or the contract being null and void if I have already been appointed. | | | | | | | |
| **Signature of Candidate** |  | | **DATE** | | |  | |