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| **Application for a Support Staff Post in Schools** |
| Please read the Information to Candidates document before completing this form |

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| Post Title: |  |
| Post Reference No: |  |
| School: |  |
| Applicant’s Reference No. |  |
| If you require this form in an alternative format (braille, large print, audio tape etc.) please contact Recruitment Services, P.O. Box 113, Civic Centre, Sunderland SR2 7DN.  Telephone (0191) 561 1756, Fax (0191) 553 1748 or e-mail: [ijm@sunderland.gov.uk](mailto:ijm@sunderland.gov.uk).  As this application may be photocopied, please complete the form in black ink or type.  Please note C.V.’s will not be considered  **Equal opportunities and monitoring**  The information requested in Part A of this form will be used for monitoring and administration purposes only, and is not seen by the recruitment panel. The information requested on Part C, is used for checking convictions, and will not be seen by the shortlisting panel but will be seen by the interview panel if you are invited to interview. Part B is separated when we receive your application form, and given to the recruitment panel for shortlisting. This is done to reduce the possibility of unfair and unlawful discrimination. | |

**Part A**

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| **Personal Details** | | | | |
| First Name/s |  | | | |
| Surname/Last Name |  | | NI Number |  |
| All Previous Names |  | | | |
| Address |  | | | |
|  | | | Post Code |  |
| Telephone No. (Home or Mobile) | |  | | |
| Telephone No. (Work) – if convenient | |  | | |
| e-mail address | |  | | |

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| **Equal Opportunities Monitoring** | | | | | | | | | | | | | | | | | | | | |
| Gender: | Male | |  | | Female |  | | Transgender | | | |  | Do not wish to say | | | |  | |  | |
| Date of birth: |  | | | | | | | | | | | | | | | | | | | |
| **Disability**  For the purpose of the Equality Act 2010 a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse affect on his/her ability to carry out normal day to day activities. | | | | | | | | | | | | | | | | | | | | |
| Do you have a disability, long standing illness or infirmity? | | | | | | | | | Yes | | | | |  | No |  | |  | | |
| **Ethnic Origin/Religious Belief/Faith/Relationship Status/Sexual Orientation**  Please tick one of the boxes below to best describe your ethnic origin, religious belief/faith, relationship status and sexual orientation. Please note that United Kingdom citizens can belong to any of the categories shown. | | | | | | | | | | | | | | | | | | | | |
| **White**   |  |  |  | | --- | --- | --- | |  |  | British | |  |  |  | |  |  | Irish | |  |  |  | |  |  | Any other white background | |  | | Please write in: | | | | |  | | **Black or Black British**   |  |  |  | | --- | --- | --- | |  |  | Caribbean | |  |  |  | |  |  | African | |  |  |  | |  |  | Any other black background | |  | | Please write in: | | | | | | | | |  | **Chinese or other ethnic group**   |  |  |  | | --- | --- | --- | |  |  | Chinese | |  |  |  | |  |  | Gypsy/Roma/Traveller | |  |  |  | |  |  | Any other ethnic group | |  | | Please write in: | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | |
| **Asian or Asian British**   |  |  |  | | --- | --- | --- | |  |  | Indian | |  |  |  | |  |  | Pakistani | |  |  |  | |  |  | Bangladeshi | |  | |  |  | Any other Asian background | |  | | Please write in: | | | | | **Mixed**   |  |  |  | | --- | --- | --- | |  |  | White and Black Caribbean | |  | |  |  |  | |  |  | White and Black African | |  | |  |  |  | |  |  | White and Asian | |  | |  |  | Any other mixed background | |  | | Please write in: | | | | | | | | | **Religious Belief/Faith**   |  |  |  | | --- | --- | --- | |  |  | Christianity | |  |  |  | |  |  | Hinduism | |  |  |  | |  |  | Islam | |  | |  |  | Judaism | |  |  |  | |  |  | Sikhism | |  | | | |  |  | Buddhism | |  |  |  | |  |  | No Religion | |  |  |  | |  |  |  | |  |  | Prefer not to say | |  | | |   Please write in: | | | | | | | | | |
|  | |  | | | | | |
| **Relationship Status**   |  |  |  | | --- | --- | --- | |  |  | Divorced/dissolved civil partnership | |  | |  |  |  | |  |  | Married/In a civil partnership | |  | |  |  |  | |  |  | Single | |  | |  |  | Widow/Widower | |  |  |  | |  |  | Prefer not to say | |  | | | | | **Sexual Orientation**   |  |  |  | | --- | --- | --- | |  |  | Heterosexual | |  |  |  | |  |  | Gay | |  |  |  | |  |  | Lesbian | |  | |  |  | Bisexual | |  |  |  | |  |  | Prefer not to say | |  | | | | | | | | |
| **Are you responsible for caring for anyone?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | I am not responsible for caring for anyone |  | Any other person  please write in: |  | |  |  | |  | I care for children/a child | |  |  | |  | I care for another relative | | | | | | | | | | | | | | | | | | | | |
| Where did you see this job advertised? | | | | | | |  | | | | | | | | | | | | |