## SUPPORT STAFF APPLICATION FORM

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| **POST TITLE: Academic Mentor** |
| **REFERENCE NUMBER: 07/21** |
| **CLOSING DATE: Monday 27thSeptember 2021 (12 noon)** |

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| 1. Personal details |

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| Mr/Mrs/Ms/Miss: | Are you applying for a job share? Yes / No |
| Surname/Last Name: | First Names: |
| Address: | Telephone Number (Home): |
| Telephone Number (Business): |
| Telephone Number (Mobile): |
| Email: |
| Where did you see or hear of this Job | NI Number |

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| **2. Educational / Technical / Professional Qualifications** |

(Please name any institute or professional body in full, rather than using initials)

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| --- | --- | --- | --- |
| Where attained | Subjects / Qualifications | Year | Grade |
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| **3. Details of relevant training courses** |

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| Course subject and provider | Length of course | Year |
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| 4. Employment history |

Please give details of **all** jobs held including part time and unpaid work, **starting with your present** **/ last employer.**

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| --- | --- | --- | --- | --- | --- |
| Employer (Name  & Full Address) | Jobs held and  main duties | From | To | Salary/  Grade | Reason for leaving |
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| **5. Relevant Knowledge, Experience & Skills** |

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| Please tell us how your knowledge, experience and skills meet the job requirements described in the person specification. Please refer to the guidance notes.  **Please attach your supporting statement on A4 sheets in needed** |

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| 6. Final Section |

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| Do you hold a current driving licence? Yes / No  Is it a Full / Provisional / LGV / PCV licence? | |
| If you are a person with a disability is there anything we need to know in order to offer you a fair selection interview?  For example, please let us know if you need wheelchair access, a sign language interpreter, etc. | |
| All candidates for employment must state in writing whether they are the parent, grandparent, partner, child, stepchild, adopted child, grandchild, brother, sister, uncle, aunt, nephew or niece of an existing Governor or employee of The Castle View Enterprise Academy.  Are you related to an existing Governor or employee of the Academy as described above? Yes / No  If yes, please provide the following details:  Surname/Last Name: First Names:  Address: Relationship: | |
| Please indicate two people who can provide references, one of whom must be your present/last employer: | |
| Name:  Address:  Tel. No.  E-mail:  Occupation:  Please note references will be taken up prior to interview for all shortlisted candidates. | Name:  Address:  Tel. No.    E-mail:  Occupation:  Please note references will be taken up prior to interview for all shortlisted candidates. |

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| Are there any restrictions to your residence in the UK which might affect your right to take up employment with the Academy? Yes / No |
| If Yes, please provide details: |
| If you are successful in your application, would you require a work permit prior to taking up employment? Yes / No |
| ***Applicants should note that failure to declare any restrictions to employment or the need for a work permit could lead to termination of service.*** |
| I declare that the information I have given is accurate and true Signed: Date: |
| ***Please return your completed application form to:* Castle View Enterprise Academy**  **Cartwright Road**  **Sunderland**  **SR5 3DX**  ***by email only to:* enquiries@cvea.co.uk** |
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| **Equal Opportunities Monitoring** |

To help us check that we are employing people fairly, please mark the appropriate sections below.

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| Female | Male | Date of Birth |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you consider your ethnic origin to be: | | | | | | | |
| **White** |  |  | **Mixed** |  |  | **Black** |  |
| British |  |  | White and Black Caribbean |  |  | Black British |  |
| Irish |  |  | White and Black African |  |  | Caribbean |  |
| Any other white background |  |  | White and Asian |  |  | African |  |
|  |  |  | Any other mixed background |  |  | Any other black background |  |
|  |  |  |  |  |  |  |  |
| **Asian** |  |  | **Any other ethnic group** | |  |  |  |
| Asian British |  |  | Chinese / Vietnamese |  |  |  |  |
| Indian |  |  | Cypriot Greek |  |  |  |  |
| Pakistani |  |  | Cypriot Turkish |  |  |  |  |
| Bangladeshi |  |  | Cypriot Other |  |  |  |  |
| Any other Asian Background |  |  | Any other ethnic group |  |  |  |  |
| Do you consider yourself to have a disability: | | | | | | | |
|  | | | | | | | |
| If yes, please state nature of disability: | | | | | | | |
| **The Disability Discrimination Act defines disability as**  **“A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities”** | | | | | | | |

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| **Personal Details** |

#### Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment with The Castle View Enterprise Academy. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with the Academy, the information will be used in the administration of your employment with us and to provide you with information about the Academy or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form it will be assumed by the Academy that you agree to the processing of sensitive personal data, (as described above), in accordance with the Academy’s registration with the Data Protection Commissioner.

**Declaration of Criminal Offences**

The job for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions or cautions you may have, even if they would otherwise be regarded as "spent" under this Act. The information you give will be treated in confidence and will only be taken into account in relation to an application where the exemption applies. As the occupant of the post will have substantial access to children, a disclosure request will be made of the Criminal Records Bureau (CRB) to ascertain whether their records reveal any criminal convictions (including spent ones) relating to the successful applicant. All information given will be treated in the strictest confidence and will be used for this job application only. The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making this decision the panel will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors which may be relevant.

Failure to declare a conviction may, however, disqualify you from appointment, or result in summary dismissal if the discrepancy comes to light.

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| Details of offence(s) | Place & Date of Judgement(s) | Sentence(s) |
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