Please complete in black pen. Do not enclose a C.V. or additional documents as these will not be considered All sections of the form must be completed. You may attach continuation sheets if necessary.

This form is available, on request, in large print, Braille, on tape or in electronic format

Post applied for	or:				Ref number:	
				cil's policy state nce, before sub		Ex
I confirm I have	e read the	Recruitment	t of Ex Ot	ffenders policy	<u>statement</u>	
Personal	Detail	S				
Title	S	Surname				
Foren	ame			Fore	name 2	
Preferred na	ame				evious rname	
NI nun	nber					
Address	Details	S				
House Name	e/Number					
	Street					
Area				Town/City		

Postcode

County

Country

Contact Details – our preferred n contact telephone number.	nethod of contact is ema	il. Please provide an en	nail address <u>and</u>
Email address			
Telephone number			
Employment history			
 Please provide your full em All periods of unemployme If you do not have any prev Use additional sheets to ad 	nt/gaps must be account rious employment history	ed for in the 'Gaps in E	
Current or last job title			
Employment start date		Employment end date	
School/company name and address			
If schohol, type of School (primary/secondary etc.)			
Local Education Authori	ty		
Number of pupils on ro	llc		
Age range of pupi	ils		
, igo rango or papi			

Job details (please provide a brief description of the role)	
Reason for leaving	
Salary on leaving	

Star t dat e	Date of leavi ng	Name and address of employer. If a school please state:	Brief description of role	Reason for leaving	Salary on leaving

Employment history (contd)

Please use continuation sheet(s) if necessary.

Please account for any gaps with dates, of three months or more, in your employment history including any travel abroad below. State the start and end date of the gap and details:	

Education and Qualifications

Employment history gaps

- Enter details from the most recent to the earliest.
- Include any professional qualifications in this section

Place of learning and institution type	Subject	Qualification level (e.g GCSE/A Level)	Grade	Date of attainment

Qualifications will be verified on appointment. Please use continuation sheet(s) if necessary.

Professional memberships

Please give details of any professional <u>memberships</u> that are relevant to the post applied for, stating:

- professional body name
- your level of membership
- the date obtained and expiry or renewal date
- your membership or registration number

Membership details	
details	

Teacher registration

Please provide information regarding your current teaching registration. This will be verified on appointment.
Teacher registration number (Dfe number):
If you gained qualified teacher status (QTS) after 1999 please state the date of successfully completing the induction period or details of outstanding period if relevant. You will be asked to provide your QTS certificate on offer of appointment.
Date:

Professional Standing

Teaching staff only: Do you hold a letter of professional standing for any countries where you have worked as a teacher? Yes No

If yes, please provide the country and date of issue:

Time spent abroad

Do you hold a Certificate of Good Conduct for any time spent outside of the UK (for a period of 3 months or more) in the last 5 years

Yes

No

Training

Please provide details of training and/or development courses you are undertaking or have completed. Please include the date attended and where applicable, if you passed or failed the course.

Supporting Information

- Please use the following section to address each point on the skills and knowledge section of the Job Description. You should provide information, examples and evidence to illustrate how you feel you meet the criteria for the job.
- The length of this statement should be no longer than one A4 page of text.

References
riease effici details of two referees who can provide a reference. One of the referees must be
 your present employer, or if you are not currently employed, your most recent employer. Referees should not be a relative and, ideally, should both be able to comment on your suitability for this post.

• As this position involves working with vulnerable adults or children any number of previous employers may be contacted, *without seeking further permission* from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

Reference 1 (present or most recent employer)

Title		Surname			
For	ename			Reference Type	Employment
Email a	ddress				
Tele	ephone				
Company	/ Name				
	sition in ompany				
Contact a	nddress				
Reference	e 2				
Title		S	Surname		
For	ename			Reference Type (delete as applicable)	Employment/Character
Email a	ddress				
Tele	ephone				
Company	Name				
	sition in mpany				
	-				

Co	ntact address		
	L		
De	claration	s of criminal r	ecords, cautions and convictions
disab			egular contact with children, vulnerable adults, people with empt from the provisions of the Rehabilitation of Offenders
apply	ing for this pos		ation about spent or unspent convictions or cautions when re protected convictions and cautions as described in as) Order 1975.
		•	spective employees through the Disclosure & Barring ill not necessarily prevent your employment.
Are y	ou, or have you		children, young people or adults? m working with, or been included on a list of people barred or vulnerable adults?
Yes	No	If yes please give details	
Inve	stigations		
inves	tigated and pro	oven to be unsubstanti	oven/unproven investigations (other than those that were ated) in relation to your work with children, young people or untary capacity or carried out privately?
Yes	No	If yes please give details	

Criminal backgroundDo you have any convictions, cautions, reprimands or final warnings that are not protected as defined by the ROA 1974 (Exceptions Order) 1975 (as amended in 2013)?

Voc	No
res	INO

If yes please give details	

Additional details

Guaranteed interview scheme

We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria for the job. You must provide us with evidence in your application form which demonstrates that you generally meet the level of competence required for each element within the skills and knowledge section of the job description.

Are you a disabled person applying on that basis? Yes No

Job share (Job sharing is different to part time working – see the How to Apply guidance for further information)

The City of York Council welcomes individuals to apply on a job share basis (unless it has been specified within the job advert that the role is unsuitable for job share). Please indicate below if you are applying on a job share basis.

Are you applying for this post on a job share basis? Yes No

\Box	Intiana	DID VA	ith tha	AAIIMAII
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	шилы	111 <i>D</i> VV		council

Are you related to any employee of City of York Council or do you have any substantial connection with any employee of City of York Council? Yes No Please give details

Applicant status

For monitoring purposes please indicate if you are already an employee of the City of York Council (If you work for Explore or Veritau you are not a CYC employee)

Yes No

Availability for interview

Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.

Unavailable dates	

Eligibility to work in Do you need permission Yes No		
If your permission is limit any other relevant inform		ails of your immigration status, renewal dates and
How did you hear abou Internal advertising City of York Council jobs	Lir	kedIn cebook
Jobs fair	Tw	itter
Universal Jobmatch/Job Word of mouth		tional Apprentice Website IS jobs
Community Care		ildren's Social Work Matters
School website Other – please give deta		hool website
picase give deta		
Declaration		
Declaration		
best of my knowledge ar qualifications, experience	nd belief and give my perr e, dates of employment, riç	I in any accompanying documentation is true to the nission for enquiries to be made to confirm that to work in the UK, registrations and for the sary information to verify the content.
		r I may be dismissed following appointment if I have withheld any relevant details.
Signed		
Print name		
Date		

Consent

Under General Data Protection Regulations we are obliged to ask for your consent for us to contact you via the details you have supplied on your application form.

Please indicate if you are happy for us to contact you about your application, via the details provided on your application form, for purposes of the Recruitment & Selection process.

Yes No.

On occasions we may need to contact you for feedback regarding the Recruitment & Selection process. Please indicate if you are happy for us to do this.

Yes No

You have the right to withdraw your consent for us to process your data at any time.

Equal Opportunities Monitoring

The equal opportunities information provided will be treated in confidence and used only for monitoring purposes. It is not used as part of the selection process and the recruiting panel do not have access to any of this information.

Equal	Opportunitie	s Monitoring (c	onfic	dential)		
to work fo age, race, reassignm	r us is treated fairly an ethnic or national orig nent, sexual orientatio ns are welcome from	ed to equality and aims to nd is not subjected to unl gins, marriage or civil par n, religion or belief, family all sections of the comm	lawful d tnership respor nunity.	iscrimination o, pregnancy nsibility, disab	on grounds of their so and maternity, gender bility or political beliefs	ex,
	Thank you for helpi	ng us to continue to im	prove o	our policies	and practices.	
Post applied for				Ref Number		
Sexual id	entification: Male	e Female Unspecifi	ed			
Do you ide	entify yourself as tran	s? Yes No Prefer not	to say			
Date of B	irth:	N	lational	ity:		
Sexual	orientation:					
	sexual / Straight exual / Gay man ecified		Bisexu	n / Gay wom ial not to say	nan	
						_

White: British Irish Other White background	Asian or Asian British: Indian Pakistani Bangladeshi Other Mixed background
Mixed Race: White and Black Caribbean White and Black African White and Asian Other Mixed background	Black or Black British: Caribbean African Other Mixed background
Other Ethnic Groups: Any other background Chinese or other ethnic grou	ıp Chinese
Equal Opportuniti	es Monitoring (contd)
Disability information	
mental impairment, which has a	ct 2010 states that someone is disabled if they have a 'physical or a sustainable and long term adverse effect on their ability to carry out ease see 'How to apply' guidance for further information.
Do you consider yourself to l	be disabled?
Yes No Prefer to not say	
f you tick "Yes", please tick as	many boxes below as apply:
Physical impairment (such a etc)	s using a wheelchair to get around and / or difficulty using arms, legs
Sensory impairment (such as naving a serious hearing impai Mental health condition (suc	•
Learning disability (such as lor one resulting from head-inju	Down's syndrome or dyslexia or cognitive impairment such as autism ry)
Long-standing illness or hea epilepsy) Other please give details	alth condition (such as cancer, HIV, diabetes, chronic heart disease, or
. 5	

Carer responsibilities

City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is

defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).

Are you a carer for family/friends? Yes No Prefer not to say

If yes please tick the appropriate box:

Carer for: Elderly relative Friend Relative Young relative (under 18yrs)

Armed Forces Community

To enable us to monitor applications from the Armed Forces community please indicate if you are part of this. Are you a member of the armed forces community?

Yes No Prefer not to say If yes please tick the appropriate box:

Reservist Regular personnel

Veteran Family of regular personnel, reservists or veterans

Bereaved