

Application Form (School - Non Teaching)

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:		F	Ref number:	
Offenders, include	led in the 'How to ap	ork Council's policy state ply' guidance, before sub	omitting your ar	
Personal D		or Ex Orienders policy s	tatement _	
Title	Surname			
Forenam	е	Foren	name 2	
Preferred name	е		evious rname	
NI numbe	r			
Address D	etails			
House Name/N	umber			
	Street			
Area		Town/City		
County		Postcoo	de	
C	ountry			

	Details – our s <u>and</u> contact t			contact is email. F	Pleas	e provide an
Email addres	S					
Telephone nu	umber					
Employm	ent history					
All periodIf you do	ds of unemploym	ent/gaps must evious employr	oe accoun nent histor	g with your present of ted for in the 'Gaps in y, please enter N/A.		
Current	or last job title					
					,	
Employ	yment start date			Employment end d	ate	
School/com	pany name and address					
If school type of School						
	/secondary etc.)					
Job details (please provide a brief description of the role)						
Reason for						
leaving						
Salary on leaving						

Employment history (contd)

Start date	Date of leaving	Name and address of employer	Brief description of role	Reason for leaving	Salary on leaving

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.
- Also include all professional qualifications in this section
- Qualifications will be verified on appointment.
- Please use continuation sheet(s) if necessary.

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

Professional memberships

professionyour levelthe date	ails of any professional memberships that are relevant to the post applied for, stating: onal body name of membership obtained and expiry or renewal date mbership or registration number
Membership details	
Training	
Please provid	le details of training and/or development courses you are undertaking or red. Please include the date attended and where applicable, if you passed course.

I he ler	igth of this state	ement should b	e no longer th	an one A4 pa(ge of text.	

Supporting Information

References

- Please enter details of two referees who can provide a reference. One of the referees must be your present employer, or if you are unemployed, 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 (<i>pre</i>	esent or mo	st rece	nt empi	oyer)	
Title	Surname				
Forename				Reference Type	Employment
Email address					
Telephone					
Company Name					
Position in company					
Contact address					
Reference 2					
Title	S	urname			
Forename				Reference Type (delete as applicable)	Employment/Character
Email address					
Telephone					
Company Name					
Position in company					
Contact address					

Declarations of criminal records, cautions and convictions

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA).

	except where they a	ation about spent or unspent convictions or cautions when are protected convictions and cautions as described in as) Order 1975.
	.	spective employees through the Disclosure & Barring vill not necessarily prevent your employment.
Are you, or have you	ever been, barred from	n children, young people or adults? om working with, or been included on a list of people barred or vulnerable adults?
Yes No	If yes please give details	
investigated and prov	en to be unsubstanti	oven/unproven investigations (other than those that were iated) in relation to your work with children, young people or luntary capacity or carried out privately?
Yes No	If yes please give details	
	l	
	victions, cautions, re	eprimands or final warnings that are not protected as defined 5 (as amended in 2013)?
Yes No	If yes please give 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** (Please note Job sharing is different to part time working) 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 | Relationship with the 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 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 the UK Do you need permission to work in the UK? No Yes If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.

Additional details

How did you hear a	bout this job	?		
Internal advertising City of York Council jobs Jobs fair Universal Jobmatch/Job Word of mouth Community Care School website Other – please give deta	centre		LinkedIn Facebook Twitter National Apprentice Website NHS jobs Children's Social Work Matters School website	
Declaration				
best of my knowledge a qualifications, experience release by other people. I understand my applica	nd belief and give, dates of emplor organisations tion may be reje	re my policymer sof ned	and in any accompanying documental permission for enquiries to be made to at, right to work in the UK, registrations cessary information to verify the conternation I may be dismissed following apport or have withheld any relevant details.	confirm and for the nt.
Signed				
Print name				
Date				
Consent				
			we are obliged to ask for your consed on your application form.	ent for us to
			act you about your application, via the decruitment & Selection process.	details provided
Yes No No				
On occasions we may n process. Please indicate	_		feedback regarding the Recruitment & s to do this.	Selection
Yes No No				
You have the right to wit	thdraw your cons	sent fo	r 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 Opportunities Monitoring (confidential)

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

Thank you for helping us to continue to improve our policies and practices.

Post applied for	Ref Number
Sexual identification: Male Female Unspec	cified not to say
Date of Birth:	Nationality:
Sexual orientation:	
☐ Gay man ☐ B	esbian / Gay woman Bisexual Prefer not to say
Marital status	
☐ Married ☐ Partner ☐ Civil Partnershi ☐ Divorced ☐ Separated ☐ Widowed	ip Single Prefer not to say
Religion	
	Hindu ☐ Jain ☐ Jewish No religion
Ethnic Origin Prefer to not say	
☐ British ☐ I ☐ Irish ☐ I ☐ Other White background ☐ I	ian or Asian British: Indian Pakistani Bangladeshi Other Asian background
☐ White and Black Caribbean☐ White and Black African☐ White and Asian	ack or Black British: Caribbean African Other Black background
Other Ethnic Groups: Any other background Chinese or other ethnic group Chinese	

Equal Opportunities Monitoring (confidential)

Disability information

The Equality Act 2010 states that someone is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to do normal daily activities. Please see 'How to apply' guidance for further information.

Do you consider yourself to be disabled?								
Yes No Prefer to not say								
If you tick "Yes", please tick as many boxes below as apply:								
 Physical impairment (such as using a wheelchair to get around and / or difficulty using arms, egs etc) Sensory impairment (such as being blind / having a serious visual impairment or being deaf / 								
having a serious hearing impairment) Mental health condition (such as depression or bipolar) Learning disability (such as Down's syndrome or dyslexia or cognitive impairment such as autism or one resulting from head-injury) Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) Other please gives details								
·								
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 Voung 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								