

www.midsomernortonschoolspartnership.com

Registered Address: Norton Hill School, Charlton Road, Midsomer Norton, BA3 4AD
Company No: 7365778

Confidential - Application for Support Post

Please complete in black ink in clear handwriting or type. All sections of the form must be completed.

Position ap	plied for:										
Name of Sc	hool:										
Closing date	Closing date: How did you hea					ar about this vacancy?					
			'								
PERSONAL	DETAILS										
Surname:				Fir	First Name(s):						
Address:				Pr	Preferred style of address Mr, Mrs, Miss, Ms, Dr						
					Fo	rmer Name:					
					NI	No.					
					Do	you have a fu	ull driving li	cence?		YES/No	0
Tel:					Do	you have a c	ar you use f	or work?	?	YES/No	0
Mobile :					En	nail:					
ENTITLEM	ENT TO WOF	RK IN THE	UK			'					
			ew to provide rictions that a			ence of their ri	ght to	Yes		No	
	provide deta			ppry to ye	ou:						
CURRENT	OR MOST RE	CENT EMI	PLOYMENT								
Name of Em	nployer or Sch	ool or Loca	l Authority:								
Address of S	School or Loca	al Authority	<i>r</i> :								
Post Code:			Telephone N	lumber		Position Held					
State if Peri	manent/Temp	orary/Acti					Salary and	Benefits	s		
Date appoir				Date (if a	pplicable)				to begin wor	k:	
	leaving this po	ost (if appli									
			main duties	of this po	st:						
PREVIOUS	EMPLOYME	NT									

Starting with your most recent employment, list all paid employment, voluntary work, periods of unemployment and time spent out of employment whilst undertaking caring responsibilities since leaving school, college or university. You must provide explanations for any

gaps or periods n	ot in employmer	t; training or e	education si	nce leaving se	econdary (education.		
		Position He responsibil			From Month/ Year	To Month/ Year	Salary and Benefits	Reason for Leaving
We reserve the r	ight to approach		•	yers/organis ach a separat			ection to confirm the a	details you have supplied
GAPS IN EMPLO	DYMENT		product acce		<i>c occc.</i> ,			
Please indicate ar for all gaps, what			nent since fi	rst leaving se	condary e	ducation.	Include specific dates	and be sure to account
Dates From:	Dates to:	Reason						
	s of your educati dying for. You wi	on and any qu II be required	alifications of	obtained with original docur	ments, a c	ertified cop	y, or letter of confirm	qualifications which you ation from the awarding
Name of Schools universities atter	, colleges or	From	То	1		grades awa		
OTHER PROFES	SIONAL QUALI	FICATIONS A	ND MEMB	ERSHIP				
	daccreditations a						from the awarding at supported by NARIC	uthority for all your accreditation. Please list
College or Department of Education Attended (with dates)			FT / PT	Qualification	ons and Gi	rades Achie	eved	Date Awarded
IN-SERVICE COL	JRSES AND AD	DITIONAL AC	HIEVEMEN	NTS				
	ntion from the aw	arding author	rity for all yo					ts, a certified copy, or Qualifications obtained
Title of Training Programme/Course Date/Duration of course Awarding Body								

ADDITIONA	L INFORMATION								
Have you pro	eviously received a redundancy payment or a pensions from	a Local Au	uthority or	Yes		No			
If yes, please state employer's name and the month/year that the payment or pension started:									
Have you ever been dismissed or resigned from any previous employment as a result of capability, safeguarding, child protection or other issues?									
	Have you been the subject of a formal disciplinary sanction or are you in the process of on-going disciplinary proceedings in your current employment?								
	e indicate which employment and specify the reasons for you	r dismissa	al (use a separat	e sheet if	necessary	·).			
RESTRICTIO	NS								
_	GB Governors and/or members of the MNSP Trust directly on twho is found on appointment to have made a false declarate.								
	ted to or maintain a close relationship with any LGB Governo			Yes		No			
	nswered yes, please give full details below:								
DECLARATI	ON OF INTEREST / CODE OF CONDUCT								
Employees m	nust not allow personal and/or private interests to influence the	neir condu	ıct as employees	. In partic	ular, all ap	plicants (and existin		
	are required to inform the Governing Body if they have any ot								
	e an interest in a private enterprise that may represent a conf terest (as a result of information disclosed) you will not be cor								
	d also result in any employment being terminated.	sidered it	or employment.	NOTI-UISCH	osuie oi a	possible	Connict of		
						"			
	any such information below. Important: Even if you have not ld you require more space to write, please continue on a sepa			licate this	by writing	"None" i	n the space		
(0	,		,						
SIGNED:	DA								
	CONVICTIONS AND SAFEGUARDING DECLARATION sclosure and Barring Service Check:								
Limanced Dis	sciosure and barring service check.								
	employment is conditional upon the Trust receiving an Enha								
	If you are successful in your application you will be require formation disclosed will be handled in accordance with the Co								
The Trust is e	exempt from the Rehabilitation of Offenders Act 1974 and the	efore all	convictions, cau	tions, rep	rimands or	final war	nings that		
	ected" as defined by the Rehabilitation of Offenders Act 1974								
	ents to the Exceptions Order 1975 (2013) provide that certain to employers, and cannot be taken into account. If you have						-		
	. Instead, each case will be assessed fairly by reference to								
available fror	n the Trust on request). In the event of employment, failure to								
or disciplinar	y action by the Authority and possible referral to the Police.								
Have you bee	en convicted by the courts of any criminal offence that is not p	rotected	?	Yes		No			
	ently the subject of any police investigations following allegati	ons made	against you or	Yes		No			
	elevant court action pending against you? er received a caution, reprimand or final warning from the pol	ce that is	not						
protected?				Yes		No			
If yes, please attach details in a sealed envelope marked confidential with your name and post applied for on the front of the sealed envelope and hand this in with your application form or bring this with you to interview.									

SIGNED:		DATE:						
Safeguarding	<u>Declaration</u> :							
● lam	n not barred or disqualified from working with vulnerable		dren or young people ed by the Independent Safeguarding Authority, Secretary					
SIGNED:		DATE:						
SUPPORTIN	SUPPORTING STATEMENT							
Your application form is the only means we have to judge your capability and potential and the information in it will be assessed against the criteria listed on the person specification to draw up a shortlist for the next stage of selection. No assumptions will be made about your experience.								
	be below how your experience, skills and knowledge, <u>me</u> u address all the criteria on the person specification. <i>(F</i>							
DECLARATIO	ON							

- 1. I confirm that the information I have given on this Application Form is a complete and true statement.
- 2. I confirm that I am not on List 99, disqualified from work with children or subject to sanctions imposed by a regulatory body.
- 3. I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal and may amount to a criminal offence.
- 4. I consent to the referees named on this application form being contacted and supplying a reference about me to Midsomer Norton Schools' Partnership.
- 5. I understand that the school will process the information given on this form, including any 'sensitive' information, as may be necessary during the recruitment and selection process in compliance with the Data Protection Act 2018 and General Data Protection Regulation 2018 (GDPR) and will be retained in accordance with our Records Retention Policy.

SIGNED:		PRINT NAME:		
DATE:		RE AN APPLICATION HAS BEEI ICANT WILL BE ASKED TO SIGI		CTRONICALLY THE SUCCESSFUL DECLARATION MADE
REFERENCES				
relatives, friend If the employm	only be required for candidates shortlist is or people with whom you live). If you ha ent was within a school, the reference m tact previous employers if necessary.	ve been in employment, one re	feree must be your	present or most recent employer.
1	REFEREE DETAILS	2	REFEREE DETAILS	5
Name:		Name:		
Position in organisation (if applicable)		Position in organisation (if applicable)		
Relationship to Applicant:		Relationship to Applicant:		
Address:		Address:		
Postcode:		Postcode:		
Email:		Email:		
Telephone Number:		Telephone Number:		
Name by which known to your if different from	referee(s)	Name by which known to your different from r	referee(s) if	
Safer Recruitment in Education Guidance advises it is best practice to obtain references for shortlisted candidates prior to interview.				
May we contac	ct your present employer if you are short	listed?	Yes	No

If you have indicated NO above, please note that satisfactory references will be required if you are the preferred candidate after

interview and before starting employment.

SUPPORTING STATEMENT – CONTINUED:				

Equality and Diversity Monitoring

This section will be separated from your application. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

Post Applied For:			
Name:		Date of Birth:	
Ethnicity	Workforce census code		Please tick
White	WBRI	British English Welsh Northern Irish Scottish	
	WIRI	Irish	
	WIRT	Traveller of Irish Heritage	
	WROM	Gypsy / Roma	
	WOTH	Any other White background	
Mixed	MWBC	White and Black Caribbean	
	MWBA	White and Black African	
	MWAS	White and Asian	
	MOTH	Any other Mixed background	
Asian or Asian British	AIND	Indian	
	APKN	Pakistani	
	ABAN	Bangladeshi	
	CHNE	Chinese	
	AOTH	Any other Asian background	
Black or Black British	BCRB	Black - Caribbean	
	BAFR	Black – African	
	ВОТН	Any other Black background	
Other ethnic group	ARAB	Arab	
	CHNE	Chinese	
	REFU	Refused/Prefer Not to Say	
	OOTH	Any other ethnic group	
Sexual orientation	Please tick		
Bi-sexual			
Gay Man			
Gay Woman		_	
Heterosexual			

Gender	Please
	tick
Female	
Male	
Transgender	
Prefer not to say	

Other

Prefer not to say

Personal relationship	Please tick
Single	
Living together	
Married	
Civil Partnership	
Prefer not to say	

Religion or belief	Please tick
No religion	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (Write in)	
Prefer not to say	
Disability Do you consider that you have a disability?	Please tick
Yes - Please complete the grid below	
No	
Prefer not to say	
My disability is:	
Physical Impairment	
Sensory Impairment	
Mental Health Condition	
Learning Disability/ Difficulty	
Long standing illness	
Other	

Please indicate if you need any particular aids or modifications to assist you in attending for interview or carrying out the duties of this post.	
SIGNED:	DATE: