



Streetsbrook Infant & Early Years Academy

Application for Employment DBS

If you have any queries when completing this form, please contact the school.

Please return your completed form to the school (see details in advert).

Vacancy Details			
Job Title:		Job Ref No:	
Applicant No:		Closing Date:	

Personal Details			
Full Name:			
Address:			
		Postcode:	
Telephone Numbers:	Daytime:	Evening:	Mobile Number:
NI Number:		Email address:	
Please indicate if you are happy to receive correspondence via your e-mail address, e.g. Invite to Interview Letter.			YES / NO

Are you currently, or have you previously been, employed by this organisation?	YES / NO
If 'Yes' please provide 'from' and 'to' dates and reasons for leaving (if applicable):	
Date from:	Date to:
Reason for leaving (if applicable):	

Are you related to a Councillor, Governor or employee of this organisation?	
If 'Yes' please provide details below:	
Name:	Relationship to you:

Disability	
<p>This organisation has made a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements for the job as stated in the person specification.</p> <p>Do you consider you have a disability as specified under the terms of the Equality Act 2010 and wish us to consider your application under the above scheme?</p>	YES / NO

Present or Most Recent Employment					
Name and Full Postal Address of Employer:					
Job Title:				Salary:	
Date from:		Date To:		Notice Period:	
Reason for leaving:					
Please provide brief details of duties and responsibilities:					

Employment History				
It is essential to include details of <u>ALL</u> employment, including any breaks in employment history and the reason for the break. References may be sought from your previous employers. Please indicate if you wish to be consulted before they are approached:				YES / NO
Name/Address/Tel. No. of Employer:	Dates (From/To)	Job Title and Salary	Reason for Leaving	

Please continue on a separate sheet if necessary.

Relevant Qualifications and Education		
Relevant Qualification	Result/Grade	Date Obtained

If you are invited to interview, you will be asked to bring your original Certificates with you.

Relevant Training		
Date	Course Title	Organising Body

Membership of Relevant Professional Bodies			
Name of Professional Body	Type of Membership	Date of Membership	Membership Number

Job Share	
Please say if you wish to be considered for this position on a job share basis. All applications for job share will be considered on their merit.	YES / NO

Relevant Skills and Experience

Please demonstrate here how you meet the criteria on the person specification. You can include experience or knowledge you have gained through paid or unpaid work. This statement will be used to assess whether you will be invited to interview/assessment.

Relevant Skills and Experience (cont.)

References	
Please provide details of two referees, one of whom must be your current or most recent employer. Family members may not be used as referees. Any offer of appointment will be subject to references which are satisfactory for our purposes.	

First Reference (current or most recent employer)			
Do you wish to be consulted before this referee is approached?			YES / NO
Referee name:		Job title:	
Organisation:			
Full Postal Address:			
Telephone No:		Email address:	
Relationship to you:			

Second Reference			
Do you wish to be consulted before this referee is approached?			YES / NO
Referee name:		Job title:	
Organisation:			
Full Postal Address:			
Telephone No:		Email address:	
Relationship to you:			

Rehabilitation of Offenders	
This post involves working with children, vulnerable adults or is a position of trust and is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. You must, therefore, disclose details of cautions, reprimands, final warnings and convictions, including 'spent' convictions. Any failure to disclose such information could result in disciplinary action or dismissal by Solihull Metropolitan Borough Council.	
Have you, at any time, received, or do you have pending, a caution, reprimand, final warning or conviction?	YES / NO
If 'Yes', please give full details below:	

Declaration	
I confirm that the information contained in this application is, to the best of my knowledge, correct. I understand that my application may be rejected or that I may be dismissed, without notice, for withholding or giving false information. I give my consent to the processing of data contained or referred to in this application in accordance with the Data Protection Act 1998 and subsequent legislation.	
Signed:	
Date:	

Recruitment Monitoring Form

This organisation is committed to equal opportunities in employment and service delivery, and the following information is, therefore, required to help us ensure that our services are accessible to all. This information will be treated as confidential and will not be viewed by the selection panel during the selection process.

Job Title:	
Applicant number:	
Job reference number:	

Personal Details

Title: <i>Mr/Mrs/Miss/Ms</i>		If other please state:	
Initial(s):		First name(s):	
Last name:		Previous surname:	
Known as:			
Place of birth:			
Full Postal Address:			

Advertising origin

Where did you hear about this vacancy?	
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Gender

Male		Female	
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Age

Date of birth:	
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Ethnic Origin (*Please indicate with a ✓*)

I would describe my Ethnic Origin as:		
WHITE	Welsh/English/Scottish/Northern Irish/British	
	Irish	
	Gypsy or Irish traveller	
	Any other White background	
MIXED or MULTIPLE ETHNIC GROUPS	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any Other Mixed Background	
ASIAN OR ASIAN BRITISH	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any Other Asian Background	
BLACK OR BLACK BRITISH	Caribbean	
	African	
	Any Other Black Background	
OTHER ETHNIC GROUP	Arab	
	Any Other Ethnic Group	
PREFER NOT TO SAY		

Disability		
Do you consider yourself to have a disability within the terms of the Equality Act 2010? Disability in this context is defined as any physical or mental impairment which has a substantial and long-term (over 12 months) adverse effect on your ability to carry out normal day-to-day activities.	Yes	
	No	
	Prefer Not to Say	
If yes, please indicate which category best describes your disability (<i>please indicate with a ✓</i>):		
Visual Impairment (not corrected by spectacles or contact lenses)		
Hearing Impairment		
Learning Disability		
Long standing illness or Health Condition		
Mental Health Condition		
Mental Illness		
Mobility Impairment		
Neurological Condition		
Physical Co-ordination difficulties		
Physical Impairment		
Reduced Physical capacity		
Speech Impairment		
Sensory Impairment		
Other		

Sexual Orientation (<i>Please indicate with a ✓</i>)	
Bisexual	
Gay Woman/Lesbian	
Gay Man	
Heterosexual/Straight	
Prefer not to say	

Religion or Belief (<i>Please indicate with a ✓</i>)	
Buddhist	
Hindu	
Muslim	
Christian	
Sikh	
Jewish	
Other	
No religion or belief	
Prefer not to say	