





**APPLICATION FOR THE POST OF**:

**Before you commence working you MUST provide evidence to demonstrate your right to be in or work in the United Kingdom. If you are appointed to a post in the Authority you will receive further guidance.**

**Have you the right to work in the United Kingdom?**

**Is this subject to a Work Permit/Visa/Worker Registration Scheme?**

**(If yes please provide evidence)**

**The decision to invite you to attend for assessment and/or interview will be based on the information you provide on this form. Please refer to the Recruitment Pack for more information and guidance on completing your application.**

Do you wish to job-share?

If you do wish to job-share and have a partner, please give that persons name

**SECTION 1: PERSONAL DETAILS BLOCK CAPITALS PLEASE**

Title:

Surname:       First name(s)

Previous Name(s)      

(required for verification of qualification, etc., which may not be in your name)

National Insurance No.

Address:

Post code:

Address for Correspondence (if different)

Telephone No. (Home)       (Work)       Mobile

Email

**SECTION 2: SECONDARY EDUCATION**

|  |  |  |
| --- | --- | --- |
| Name and Address of School | Dates  From To  (mm/yy) | Qualifications gained e.g.  ‘O’, ‘A’ G C S E with grades |
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**SECTION 3: QUALIFICATIONS**

Please list any qualifications you have obtained in further/higher education, university, professional or technical institutes, including part-time attendance.

(You may be asked to provide evidence of any qualifications stated.)

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| --- | --- | --- | --- | --- |
| Name of College/Institute  University/ | Dates  From To  (mm/yy) | Qualification and Grade achieved |  | Or date expected to complete  (mm/yy) |
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**SECTION 4: RELEVANT PROFESSIONAL DEVELOPMENT** and other courses attended during the past 3 years relevant to this application (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | From  (mm/yy) | To  (mm/yy) | Full-Time  Part-Time  Day or Evening | Where held |
|  |  |  |  |  |
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**SECTION 5: EMPLOYMENT HISTORY** - **(current or most recent employer first)**

Please give a summary of all employment, including any freelance, voluntary and relevant unpaid work, **ensuring that you address any gaps in employment**.

(Continue on a separate sheet if necessary).

**If you currently work for LBN via an Agency, you should give the name of the Agency followed by the LBN Section you are working for in brackets)**

|  |  |  |  |
| --- | --- | --- | --- |
| Employerʼs Name  and Address  (current or most recent first) | Dates (from and to)  (mm/yy) | Position Held | Reason for Leaving |
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**SECTION 6: SUPPORTING STATEMENT**

**This is the most important section of your application.**

**You should tell us how you meet the criteria in the person specification, giving specific examples wherever possible including knowledge, abilities, skills and experience gained both inside and outside paid work, or through study and training. If you do not complete this section we will not be able to consider you for shortlisting as we will not have enough information to assess your application. For further guidance on completing this section, please refer to information supplied in the Recruitment Pack.**

**Please note: A Curriculum Vitae (CV) without a completed application form is NOT acceptable.**

If you are unable to meet some of the criteria due to a disability, please address this clearly in your supporting statement. If you meet the remaining criteria you will be shortlisted and we will explore with you if there are ways the job can be changed to enable you to meet the job requirements. This could include adjustments to equipment, premises or job duties.

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**SECTION 7: REFERENCES**

**In order to comply with safer recruitment guidelines references maybe requested prior to interview.**

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| --- | --- |
| Please provide two referees who can confirm your suitability for this job. Personal references are not acceptable and referees must not be related to you. One referee must be your current employer or your most recent employer if you are currently not in employment. If you are a school leaver, or in full time education, you should give the name of your teacher/lecturer. | |
| **First Referee:**  **May we contact this reference prior to interview**? | **Second Referee:**  **May we contact this reference prior to interview**? |
| Title: Mrs, Ms, Miss, Mr  Name:  Job Title:         Name of school/organisation:  Postal Address (in full):    Email:         Tel No. (including Code)         How do you know this person: | Title: Mrs, Ms, Miss, Mr  Name:  Job Title:    Name of school/organisation:  Postal address (in full)    Email:    Tel No. (including Code)    How do you know this person: |

**SECTION 8: Interview and Assessment Arrangements**

Availability - Please give details of dates on which you will not be available for interview.

(if these clash with the interview date we will try to rearrange, but cannot guarantee to do this).

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**Facilities for Disabled Applicants**

Please indicate if you would like us to provide you with the following to ensure that you are treated fairly in the selection procedure.

Information on tape, braille and large print  Induction loop system

Sign language interpreting  Wheelchair/scooter-user access

Other (please specify)

We aim to interview candidates in a wheelchair/scooter user accessible venue. The Council endeavours to ensure that everyone is treated fairly in the selection process.

**SECTION 9: ASYLUM AND IMMIGRATION ACT**

Before you commence working you **MUST** provide evidence to demonstrate your right to be in or work in the United Kingdom. If you are appointed to a post in the Authority you will receive further guidance.

Have you the right to work in the United Kingdom?

Is this subject to a Work Permit/Visa?

(If yes please provide evidence)

**SECTION 10: REHABILITATION OF OFFENDERS ACT** - Please read carefully

Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offender (Exception) (Amendments) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the Provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the Authority.

However amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Any information given will be completely confidential and will be considered only in relation to any application for positions to which the Order applies. You are asked to note that a check will be carried out on Police records for details of any criminal Offence.

a) Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? If yes, give details, place in a sealed envelope and attach to this form.

(b) Are you on the barred list database or have you ever been disqualified from working with children or been subject to any sanctions imposed by a regulatory body (eg DfE)?

(c) Are you living with someone who has been barred from working with children (DBS)?

(d) Are you living in the same household as someone who has been disqualified from working with children under the Childcare Act 2006?

**Do you hold a full/clean driving licence?**

(Please refer to the Recruitment Pack for information on whether a driving licence is needed for this post)

If yes, what type of licence do you hold?

**Have you previously worked for Newham Council?**

(If yes, please give date(s), Department(s) and Position(s) held:

**Are you related to any Councillor, Employee, Head Teacher or School Governor of Newham Council?**

(If yes, please give date(s), Department(s) and Position(s) held:

**Do you have any interests or hold any appointments that may conflict with this Council’s employment?**

(If yes, please give date(s), Department(s) and Position(s) held:

**If you have answered yes to either of the above questions, please provide details on a separate sheet in an envelope marked CONFIDENTIAL**

**SECTION 11: DECLARATION**

*I declare that to the best of my knowledge the information given in this application and in any accompanying documents is correct. I understand that any false or misleading information given during the application process may lead to me being dismissed without notice. I agree that the council can check the information I have supplied including approaching any of my previous employers for a reference if required.*

*I also understand that the information I have given will be used and retained in accordance with the provisions of the Data Protection Act. This will include using the information for the purposes of selection for the post in which it applies, making appropriate checks and such information will be made available to all persons involved in the selection process. All forms will be kept for a period of 6 months from completion of the selection process. Forms submitted by the successful candidate will be maintained on the relevant personnel files. Information relating to my application may be kept for monitoring or research purposes beyond the 6 months. I understand the Council will anonymise this as far as possible.*

*I understand that I must not, under any circumstances, attempt to influence councillors/employees of the Council concerning my application for employment.*

***Security and Probity Checks:***

*The Council is under a duty to protect those to whom we provide services and the information and material we hold. All new staff may therefore be required to provide proof of any of the matters set out in their application form and the Council reserves its rights to make appropriate additional checks in respect of the information provided by you.*

*In addition if you are successful you will be required to complete a declaration of interests form and provide proof of identity and nationality on or before your first day of employment. If acceptable evidence is not provided or if the declaration of interest form indicates there is a potential for an unacceptable conflict of interest, which cannot be resolved, then any appointment cannot commence.*

**Please note: if you have completed this application electronically you will be asked to sign the form should you be invited to an interview.**

|  |  |
| --- | --- |
| Signature | Date |

**Equalities and Diversity Monitoring Information**

The London Borough of Newham recognises that everyone in Newham has a right to play a full part in the life of the borough.This means that everyone should have equal access to council services, job opportunities and to having their voices heard.

It is the council’s position that everyone should be treated fairly, without discrimination and with respect of their human rights, regardless of their gender, race, age, disability, sexual orientation, HIV status, religion, natural or social origin or class. The information requested on this form will help us to monitor the Council’ effectiveness in achieving equality for all and valuing diversity.

**The information you give on this form will be treated in the strictest confidence and retained and processed in accordance with the provision of the Data Protection Act. The information will be used for statistical purposes only and is not part of the selection process. This page will be separated from your application prior to shortlisting.**

**1. Where did you see the post advertised/hear about this vacancy?**

**(**Please give the name of newspaper/journal, website etc).

**2. Gender:**

**3. Age:       Date of Birth:**

**4. Do you consider yourself disabled?**

(The Disability Discrimination Act says that this would be “a substantial or long term physical or mental impairment or health issue which could adversely affect your ability to carry on normal day to day activity”)

If yes, please state the nature of your disability:

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**5. Sexual Orientation:**

Which classification best describes your sexual orientation?

**6. Ethnic Origin:**

Please indicate your ethnic origin from the list below which is based on the official 2001 census categories.

THANK YOU FOR YOUR CO-OPERATION.

PLEASE RETURN THE **COMPLETED FORM** TO THE EMAIL / ADDRESS ON THE FRONT PAGE.