CONFIDENTIAL



LONDON DIOCESAN BOARD FOR SCHOOLS NON TEACHING STAFF APPLICATION

APPLICATION FORM FOR		(Post)		
at(Nar				Voluntary Aided
(Nar	me of School)			-
Church of England School in				_ Local Authority
Part A – 1. APPLICANT'S PERSON	NAL DETAILS	1		
SURNAME:		TITLE (Mr, Mrs, M	Ms etc.)	
FORENAMES:		PREVIOUS NAM	IE(S) (if applicable):
PERMANENT ADDRESS:		L		
TEMPORARY ADDRESS:				
WORK TELEPHONE:	HOME TELEPHO	DNE:	MOBILE NUMBE	:R:
EMAIL:				
Are there any restrictions on your be	eing resident or be	ing employed in th	e UK?	
□ Yes □	No			

2. EDUCATION AND TRAINING	1		
NAME OF INSTITUTE AND ADDRESS	FROM	ТО	EXAMINATIONS PASSED WITH GRADES
Secondary School or College:			GCSE or equivalent:
			A Levels or equivalent:
University or College:			Main subject(s):
			Degree and date awarded:
			Class of degree:
			Full time/Part time:
Details of any other Qualifications:			Date awarded:

3. INSERVICE TRAINING/PROFESSIO	NAL DEVELOPMENT		
LONG COURSES OVER 3 DAYS ATTENDED IN THE LAST 3 YEARS			
NAME OF COURSE	ORGANISING BODY	FROM	то
SHORT COURSES (1-2 days) ATTEND	ED IN THE LAST 3 YEARS		
NAME OF COURSE	ORGANISING BODY	FROM	ТО
	2		

4. CURRENT EMPLOYMENT		
	(If applicable)	
Present Post:		
	School:	
Responsibilities:		
	Local Authority:	
	No. on Roll:	
Date appointed:		
Name of Employers	Address:	
Name of Employer: (e.g. Governors, LA, Agency)		

5. OTHER POSTS			
NAME OF ORGANISATION	JOB TITLE AND RESPONSIBILITIES	FROM	то

6. CURRENT SALARY BASIC ANNUAL SALARY (please indicate spine point): ADDITIONS (please give allowances, London weighting etc.): TOTAL SALARY:

7. SUPPORTING STATEMENT

Your application should be supported by a letter of not more than 3 sides of A4 (12pt), addressing the criteria in the person specification for this post.

8. PROFESSIONAL REFERENCES
Please give the names of two referees who can vouch for your professional work, one of whom should be your present Headteacher if you are working in a school.
i) Name:
Position:
Address:
Telephone number:
Email address (where possible):
ii) Name:
Position:
Address:
Telephone number:
Email address (where possible):

Part B – CONFIDENTIAL INFORMATION			
This section of the form will be removed before shortlisting.			
1. Gender:			
2. Date of Birth:			
3. Cultural/ethnic origin:			
4. Ethnicity form: Chose one section from A-E and then tick the appro	opriate box to indicate your cultural background.		
A White □ British □ English	 C Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh Indian 		
 English Scottish 	Pakistani		
□ Welsh	Bangladeshi		
 Other, please write in Irish 	Any other Asian background, please write in		
Any other White background, please write in	D Black, Black British, Black English, Black Scottish, or Black Welsh		
B Mixed	Caribbean		
 White and Black Caribbean White and Black African 	 African Any other Black background, please write in 		
White and Asian			
Any other Mixed background, please write in	E Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethic group		
	ChineseAny other background, please write in		
5. Criminal History			
Offenders Act 1974 and all subsequent amendme	h children and is exempt from the Rehabilitation of ents (England and Wales). For this position you are not ons, "bind-overs", or any criminal convictions including nder the Act.		
Have you ever been convicted of any offence or "h	bound-over" or given a caution? □ Yes □ No		
If yes, please give details on a separate sheet and "Confidential Disclosure".	d attach it to this form in a sealed envelope marked		
I understand that if my application is successful I w appropriate level.	will be required to obtain a CRB Disclosure at the		

6. Work Status				
I understand that under the terms of the Asylum and Immigration Act 1996 should I be short-listed for the post for which I am applying, I will provide for the governing body, as employer, an original document* showing my entitlement to work in this country.				
*Acceptable documents include your National Insurance card, a birth certificate issued in the UK or Eire, a P45 from your previous employer, a valid passport, or any relevant authorisation allowing you to work in this country.				
7. Other information Are you related to any member of the governing body, LA elected member, senior LA official or officer of LDBS?				
If yes, please give details:				
You are reminded that any canvassing, direct or indirect, will disqualify candidates.				
Successful candidates may be required to produce their birth certificate and original proof of qualifications and undergo medical examination.				
Declaration To the best of my knowledge the information on this form is correct.				
I am in possession of certificates, which I claim to hold.				
I understand that willful falsification or omissions may, if I am appointed, result in my dismissal.				
I declare that I am not on List 99 or disqualified from working with children.				
I am not subject to any sanction imposed by the General Teaching Council.				

I consent to the processing of personal data as defined in the Data Protection Act 1998.

Signature_____

Date_____