

CONFIDENTIAL

School Non-Teaching Application Form

Please note that CV's cannot be accepted

Please complete **ALL Sections** of this form as appropriate,
and for ease of photocopying, complete in **Type** or **Black Ink**.

Please note sections 1, 2 & 3 of this application form will be removed prior to shortlisting.

Return the completed form to:

Job title:	Application no:	OFFICE USE ONLY
Reference no:	Do you currently work for Sandwell Metropolitan Borough Council? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Closing date:	Are you on the At Risk Register for Sandwell Council, Sandwell Leisure Trust or Sandwell Homes? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 1: Personal Details

Title:	Day/Work Telephone:
First name(s):	E-Mail address:
Last name:	Date of birth:
Former name(s):	NI Number:
Home address:	Details of person to contact in an emergency Name & Address:
Postcode:	Postcode:
Home Telephone:	Emergency Telephone:

If you are applying for a Social Care post, are you
registered with the General Social Care Council (GSCC)?

Yes No

If YES, what is your GSCC Registration no:

Section 2: Equal Opportunities

As part of our equal opportunities policy we request that you complete the following information. This information is used for monitoring purposes only. All information will be treated as confidential and will not be used when shortlisting or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

Ethnic Origin

- | | | |
|---|------------------------|---|
| <input type="checkbox"/> Prefer not to say | Any other ethnic group | <input type="checkbox"/> (not listed) |
| <input type="checkbox"/> Asian or Asian British - Chinese | | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Asian or Asian British - Indian | Asian or | <input type="checkbox"/> Asian or Asian British - |
| <input type="checkbox"/> Asian or Asian British - Pakistani | Black or | <input type="checkbox"/> Asian British - Other |
| <input type="checkbox"/> Black or Black British - Caribbean | Black | <input type="checkbox"/> Black British - African |
| <input type="checkbox"/> Mixed Ethnic - White & Asian | Mixed | <input type="checkbox"/> or Black British - Other |
| <input type="checkbox"/> Mixed Ethnic - White & Black | | <input type="checkbox"/> Ethnic - White & Black African |
| <input type="checkbox"/> Other Ethnic Group - Arab | White - Gypsy | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White - Irish | White - Other | <input type="checkbox"/> Mixed Ethnic Group - Other |
| <input type="checkbox"/> White - Welsh/English/Scottish/N.Ireland | | <input type="checkbox"/> or Irish Traveller |
| | | <input type="checkbox"/> |

Other Ethnic Group/comments _____

Religion/Belief

- | | |
|-----------------------------------|--------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> |

Disability

The Equality Act (2010) defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have such a disability?

Yes No

Disability Category

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> |
| <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Condition |

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- | | | |
|---|--------------------|---|
| <input type="checkbox"/> Neurological condition | Mobility | <input type="checkbox"/> impairment |
| <input type="checkbox"/> Physical co-ordination difficulties | Other | <input type="checkbox"/> |
| <input type="checkbox"/> Reduced physical capacity | Physical | <input type="checkbox"/> impairment |
| <input type="checkbox"/> Speech impairment | Sensory impairment | <input type="checkbox"/> |
| <input type="checkbox"/> Prefer not to say | None | <input type="checkbox"/> |
| <input type="checkbox"/> Visual impairment (not correct by Long-spectacles or contact lenses) | | <input type="checkbox"/> standing illness or health condition |

Please identify any special requirements, adjustments or equipment which may assist you

(a) in the recruitment process _____

(b) to enable you to carry out the job _____

Gender

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Prefer not to say | |

Age Range

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 16 - 17 | <input type="checkbox"/> 18 - 24 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 30 - 39 |
| <input type="checkbox"/> 40 - 49 | <input type="checkbox"/> 50 - 59 |
| <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 65+ |

Sexual Orientation

- | | | |
|--|-------------------|--------------------------|
| <input type="checkbox"/> Bisexual | Gay man | <input type="checkbox"/> |
| <input type="checkbox"/> Heterosexual/straight | Prefer not to say | <input type="checkbox"/> |
| <input type="checkbox"/> Lesbian | Gay woman | |

To the best of your knowledge, are you related to any Council Member and/or to any employee of Sandwell Metropolitan Borough Council? If so, please explain: _____

Do you have a legal right to live and work in the UK? Yes No

I declare that, to the best of my knowledge and belief, the information I have provided is true. I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and may result in dismissal.

Signed _____

Date _____

PLEASE NOTE SECTIONS 1 & 2 OF THIS APPLICATION FORM WILL BE REMOVED PRIOR TO SHORTLISTING

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Job title:	Application no:	OFFICE USE ONLY
Reference no:		

Section 3: Education, Training & Qualifications

Secondary/Further

Date		School/College/University (Name & Address)	Examination Results (Subject, Level and Grade)
From Mth/Yr	To Mth/Yr		

Academic/Professional

Date		College/University (Name & Address)	Examination Results (Subject, Level and Grade)
From Mth/Yr	To Mth/Yr		

Relevant training (including short, in-service training)

Date		College/University/Training Provider (Name & Address)	Course Title/Results
From Mth/Yr	To Mth/Yr		

Other qualifications, membership of professional bodies

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Please complete the following, starting with your current employment and include all employment. Any employment with temporary work agencies must show the agency as the employer as well as the business where the work was carried out. Please also include any breaks in employment history together with the reason for the break. Please complete the following accurately and include all experience since the age of 16, or since leaving full time education.

Current job/post title:			
Name & address of employer:			
Postcode:			
Salary/wage:		Grade/scale:	
How long have you worked/ did you work there?	From:	To:	
	Please state number of years:		
Do you still work there:	Yes		No
If YES, period of notice required?			
If NO, reason for leaving			

Briefly describe your duties:

Date		Employers name & address or your activity if you are/were not employed	Position held	Reason for leaving/break in employment
From Mth/Yr	To Mth/Yr			

Please continue on a separate sheet if necessary and attach it with ONE staple in the top left-hand corner of the page.

Please use this page to outline any other information that may help your application. Continue on a separate page if necessary and attach it with one staple in the top lefthand corner.

Please continue on a separate sheet if necessary and attach it with ONE staple in the top left-hand corner of the page.

Section 6: Convictions

Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

If you have been convicted of any offence(s), or if there are any proceedings pending against you, please give details.

If the Personnel Specification advises you that a Criminal Records Bureau check will be required, the post you are applying for is covered by the **Rehabilitation of Offenders Act 1974 (exceptions) Order 1975**. This means that you must declare all convictions, including cautions, reprimands and formal warnings for any offence(s) which for other purposes are 'spent' under the provisions of the Act.

Failure to disclose any previous convictions (including cautions) reprimands and formal warnings could result in dismissal should it be subsequently discovered. Any information given, either when returning this application form or at an interview will be entirely confidential and will be considered only in relation to this application.

Date	Type of Offence	Sentence/Fine Imposed	Comments

Section 7: References

Please provide details below of two referees (one of whom must be your present or most recent employer) who are able to comment on your suitability for the position:

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone no:	Telephone no:
E-Mail address:	E-Mail address:
Occupation:	Occupation:

If you have previously been employed by Sandwell Council, the unit in which you worked will be asked to confirm details of your employment, including the reason for your leaving.

May we contact your current employer at this stage without further reference to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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The information you are providing will be used by Sandwell Metropolitan Borough Council in connection with your application and for assessing your suitability for the post advertised. The information will be shared only in compliance with the law and for the purpose of monitoring the Council's practices to ensure equality of opportunity.

If I am appointed to work with Sandwell MBC, I give my permission for my name and contact details to be provided to the recognised Trade Unions in Sandwell (please tick as applicable).

Yes No

Section 9: How did you find out about this vacancy?

Please indicate where you first saw information about this vacancy.

Job Centre		Fish 4 Jobs Website	
Local Newspaper		Regional Website wmjobs.co.uk	
National Newspaper		From Friend or Colleague	
Specialised Publication		Sandwell's Jobs Opportunity Bulletin	
Sandwell's Jobs Website		Other, please specify	
Monster's Jobs Website			

N.B. Canvassing for this appointment will disqualify your application.

Please check that all sections of this form have been completed and and if returning by post, that you have signed the declaration on the bottom on page 3. If you e-mail this form you will be asked to sign the form if you are interviewed.

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