



Please complete in **black** ink or type and return to:

**FOR ALL POSTS OTHER THAN TEACHING**

**NB: CVs are not acceptable**

**Please return by**

**APPLICATION FOR**

SURNAME:	(MR/MRS/MISS/MS)
ADDRESS:	FIRST NAMES:
TELEPHONE NUMBERS: HOME:	DATE OF BIRTH:
NATIONAL INSURANCE NUMBER:	WORK:
	ARE YOU ELIGIBLE TO WORK IN THE UK?

**EMPLOYMENT HISTORY**

**Please give details of all employment** - List the information in chronological order with current or most recent position first. Please also give details of any voluntary work and reasons for periods when you have not been employed.

*Any gaps in your employment and/or training and education history will be explored with you if you are called for interview*

Employer's name and address	Date	Position Held	Salary and benefits	Reason for leaving

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**EDUCATION AND QUALIFICATIONS**

SCHOOL, COLLEGE, UNIVERSITY	Dates	Dates	COURSES & EXAMINATIONS TAKEN WITH RESULTS

MEMBERSHIP OF PROFESSIONAL BODIES		

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<p>Are you related to or have a close relationship with any staff or governors at this school?</p> <p>If 'yes' please indicate who and it what capacity</p>	
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## EXPERIENCE

You are invited to provide further information in support of your application. Please make full use of this section, and continue on additional sheets if necessary. Please make sure that you refer to the person specification and also include:

The reasons why you are applying for this post

The personal qualities and experience that you feel are relevant to your suitability for the post.

Key responsibilities and achievements in your present or most recent job which are relevant to this application.

Details of relevant training

Details of any relevant interests or activities

Please continue on a separate sheet if necessary...../

**REFEREES**

**References**

- *References will only be sought for shortlisted candidates.*
- *May we approach your referees without further reference to you?* **YES / NO**
- *The first reference **must** be your present or most recent employer*
- *If you are currently working with children your present employer will be asked about any disciplinary offences relating to children, current and/or time expired; whether you have been the subject of any child protection concerns and if so, the outcome of these investigations. If you are not currently working with children, but have done so previously these issues will be raised with your former employer.*
- *If you are not currently working with children but have done so previously the second reference **must** be that employer.*

Referee 1		Referee 2	
Name		Name	
Occupation		Occupation	
Address		Address	
Tel No.		Tel No.	
May we contact this referee now?    YES / NO		May we contact this referee now?    YES / NO	

When would you be available to start?

***Appointments which will involve substantial access to children are exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974. Where this is the case you will be advised, if you are selected for appointment, that you will be required to declare any convictions, cautions and bind-overs, including those regarded as spent. Selected applicants will be required to undertake Criminal Records Bureau check at a level appropriate for the post.***

Are you or have you ever been disqualified from working with children? YES / NO

Do you have a criminal record? YES / NO

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

**WHERE DID YOU SEE THIS POST ADVERTISED?**

Please complete this section. It helps us to monitor the success of our advertising

SIGNATURE OF APPLICANT ..... DATE .....

***Thank you for your application. Please enclose a stamped addressed envelope if you require acknowledgement of its receipt. Otherwise, in the interest of public economy, only shortlisted applicants will receive further notification.***

**EQUALITY MONITORING FORM – CONFIDENTIAL**

**Guidance to schools:** Remove from application form and keep separately. The information on this form should not be shared with the selection panel.

Name: \_\_\_\_\_

Position Reference: \_\_\_\_\_

Post applied for: \_\_\_\_\_

Where did you see this position advertised?: \_\_\_\_\_

Thank you for completing this form.

Surrey County Council aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, sex, disability, or age. In order to monitor the effectiveness of our equality policy, the Council requests that all applicants complete this form. In accordance with Data Protection Act 1998, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

<b>Question 1</b> I am please tick	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Question 2</b> Age please tick	<input type="checkbox"/> 16-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> over 65
<b>Question 3 What is your ethnic group?</b> Local Authorities are required to monitor the ethnic group of their workforce. These categories are recommended by the Commission for Racial Equality and have been used in the recent population census.	<b>Please tick one category</b>
	White British
	White Irish
	White – any other background, <i>please write in:</i>
	Mixed White and Black Caribbean
	Mixed White and Black African
	Mixed White and Asian
	Mixed – any other mixed background, <i>please write in:</i>
	Asian or Asian British Indian
	Asian or Asian British Pakistani
	Asian or Asian British Bangladeshi
	Asian any other background, <i>please write in:</i>
	Black or Black British Caribbean
	Black or Black British African
	Black or Black British – any other background, <i>please write in:</i>
	Chinese
	Any other background <i>please write in:</i>
	I do not wish to identify at this stage
<b>Question 4 Disability</b> The Disability Discrimination Act (DDA) 1995 makes it unlawful to discriminate against current or prospective employees.	<b>Do you have a disability?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I do not wish to identify  Definition of disability under the DDA 'A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'

Please return this form with your application. The form will be separated from your application and used to monitor our recruitment and selection processes only.