

Applicant Ref

Confidential CRB-NT

Application for Employment

Bolton Council Values Diversity and is striving to be an Equal Opportunity Employer

We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff and volunteers to share this commitment

Please complete in black ink or type

Post applied for:	School/Department:
Job Reference:	
Surname: Dr/Mr/Mrs/Miss/Ms	Forename(s):
Previous names:	
Address:	Date of Birth:
	E-mail:
Post Code:	Work telephone:
NI Number:	Home telephone:

Education, job related qualifications & specialised training

School/College	Qualifications/training - Proof of job related qualifications will be required	From	To

How did you find out about this job, e.g. which publication?
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Present/most recent appointment

Job title:	
Date started/ left if applicable:	
Weekly wage/salary:	
Notice required:	

Employer's name/address/e-mail:

Purpose of job:

Employment background Please detail chronologically all previous work experience, unpaid and paid, voluntary, non-teaching as well as teaching, since leaving secondary/further education and explanations for any gaps (if applicable)

From month/year	To month/year	Place of work/employer (if applicable)	Scale/grade	Title/responsibility	Reason for leaving

Have you ever been dismissed by any of the above employers? If Yes, further details may be required from you. Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

References

Please give the name and address of two persons from whom references may be obtained, **one of these should be your current employer/Head Teacher**. Applicants for voluntary aided schools may wish to include a referee from their relevant Church background. If not currently working with children or vulnerable adults, then one reference should be from a previous employer in a role related to this client group, if applicable. **References from friends or relatives will not be accepted.**

(1) Name:
Employer <input type="checkbox"/> Non-Employer <input type="checkbox"/> (please tick)
Address: (including Post Code)
Telephone No:
E-mail

(2) Name:
Employer <input type="checkbox"/> Non-Employer <input type="checkbox"/> (please tick)
Address: (including Post Code)
Telephone No:
E-mail

References will be sought prior to interview.

Rehabilitation of Offenders Act 1974

Owing to the nature and location of the work, the post is exempt from the previous provisions of the above Act, therefore, applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. **The Authority will check information provided under this heading.**

Have you at any time been convicted of any criminal offence?
(including cautions, bind-overs and any pending prosecutions) **Yes** **No**

Please refer to Guidance Notes before answering this question

Are you disqualified from working with children or vulnerable adults or subject to any sanctions imposed by a regulatory body e.g. GSCC? **Yes** **No**

In order to comply with our **Valuing Diversity Policy**, please indicate if you have a disability? **Yes** **No**

If YES, do you require any adjustments to the selection process? **Yes** **No**

If YES, please give details in your application

Do you wish to **job share?** (if available) **Yes** **No**

Current legislation means that you will need to provide documentary evidence (for example National Insurance Number) showing your entitlement to work in the UK. You should be aware that you will be asked to provide this prior to appointment.

Are you related to any member of the Council, Senior Officer or Governing Body?

If Yes, please give details **Yes** **No**

Data Protection Act

In accordance with the Act, you should be aware that personal details submitted with this application form, will be used only for selection and interview procedures, and for employment records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties.

Declaration

I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate.

Signature:

Date:

Your application, when completed, should be returned to the address stated in the advertisement.

Relevant skills, knowledge and experience

Please use this page to show how you meet items on the Person Specification.
(Continue on an additional sheet if necessary)

Please see the Guidance Notes for further information.

