

OFFICE USE ONLY

Post Reference

OFFICE USE ONLY

Date Received

**∙**SPECIALIST SPORTS COLLEGE**∙**

**Employment**

**Application for Support Staff**

A**pplication**

**at JOHN SPENCE**

**Community High School**

**for THE POST of**

**Applicant’s Details**

**FIRST Name** **SURNAME**

**Date of Place of**

**BIRTH**  **BIRTH**

**FORMER National**

**Family Name** **Insurance Number**

|  |  |
| --- | --- |
| **Present****ADDRESS and Postcode** |  |
|  |
|  |

|  |  |
| --- | --- |
| **Previous****ADDRESS and Postcode** |  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Telephone** |  | **Available from** |  | **to** |  |
| **Mobile** |  | **Available from** |  | **to** |  |
| **Email** |  |

**Teacher’s**

**REFERENCE NO**

**Education & Qualifications**

**Secondary, Further and Higher Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE from** | **DATE to** | **School / College** *Name/Town* | **Qualification and Awarding Body** | **Grade** |
|  |  |  |  |  |

**Current / On-going Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE from** | **DATE to** | **School / College** *Name/Town* | **Qualification and Awarding Body** | **Grade** |
|  |  |  |  |  |

**Professional Qualifications**

|  |  |  |
| --- | --- | --- |
| **INSTITUE / PROFESSIONAL Body** | **Qualification / Level of Membership** | **Date** |
|  |  |  |

**Other Training**

|  |  |  |
| --- | --- | --- |
| **Training ORGANISATION** | **Short COURSES and WORKPLACE Training** | **Date** |
|  |  |  |

**Employment**

**Present or Last Employment**

**EMPLOYER’S POSITION**

**name** **held**

|  |  |
| --- | --- |
| **Employer’s Address and Postcode** |  |
|  |
|  |

**Date Date**

**From** **To**

|  |  |
| --- | --- |
| **Present SALARY** |  |
| **SCALE** |  |
| **School ROLL** |  |
| **DoE Reg No.** |  |
| **If appointed when can you commence duty?** |  |

|  |  |
| --- | --- |
| **MAIN DUTIES and Responibilities** | **Reason for Leaving** |
|  |  |

**Previous Paid and Voluntary Employment** *(exclude present school and teaching practice)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE from** | **DATE to** | **Name / Type of SCHOOL No. on Roll** | **POSITION Held** *FT/PT* | **Reason for LEAVING** |
|  |  |  |  |  |

**Your Skills**

|  |
| --- |
| **RELEVANT SKILLS and EXPERIENCE you can bring to the post** |
|  |

**References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Name** |  |
| **Address and Postcode** |  |  | **Address and Postcode** |  |
|  |  |  |
|  |  |  |
| **Telephone** |  |  | **Telephone** |  |
| **Email** |  |  | **Email** |  |
| **Position Held** |  |  | **Position Held** |  |
| **Ok to contact before interview** |  |  | **Ok to contact before interview** |  |

**This Authority is an Equal Opportunities Employer**

The aim of our policy is to ensure that each job applicant or employee is selected solely on merit and the capacity to do the job regardless of sex, sexual orientation, race, ethnic origin, religion, disability, marital status or age. Recruitment and selection procedures are regularly reviewed to ensure that selection is objective and that applications from disadvantaged and/or minority groups are welcomed. Although it is not compulsory to assist in monitoring this policy, it would be helpful if you would provide details below by placing an ‘x’ in the appropriate box.

**☐Male ☐Female ☐Married ☐Single**

**☐African ☐UK/Irish ☐European ☐Asian**

**☐Caribbean ☐Other – please specify**

|  |  |
| --- | --- |
| **If DISABLED within the terms of the Disability Act please give brief details of your disability** | **Is there any specific help you would like from the Authority on order to do the job?** |
|  |  |
|  |  |
| **Are you related to any counsellors or employees (in the employing function) of North Tyneside Council?** | **If yes, please state NAME of relative / partner and POSITION held** |
|  |  |

**☐Are you in receipt of an occupational pension from North Tyneside Council?**

**Rehabilitation of Offenders Act 1974**

Because of the nature of work which you are applying this post exempt from the provisions of Section 4(2) by virtue of the Rehabilitation of Offenders Act 1974 (Exemption) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provision of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will be considered only in relation to an application for this post.

**Protection of Children • Disclosure of Criminal Background**

If you are appointed to this post the Council is required to contact the Police in connection with any previous convictions, bind over orders or cautions you may have. Refusal to give permission could prevent further consideration of your application.

|  |
| --- |
| **Please give details of any CONVICTIONS** |
|  |

**☐I GIVE PERMISSION for North Tyneside Council to contact the Police regarding this matter**

**Applicant’s**

**DATE**

**SIGNATURE**

**Notes**

Canvassing members of the Council or co-opted members of any committee of the Council, either directly or indirectly shall be a disqualification. Candidates requiring acknowledgement of receipt are asked to enclose and SAE. If you are not notified in writing within 4 weeks of the closing date, you may presume that you have not been selected for interview and no further communication will be made.

**∙**FIT FOR LIFE**∙**

Preston Road • North Shields • Tyne and Wear • NE29 9PU

Email • jschs.office@ntlp.org.uk • Tel • 0191 200 5220 • Fax • 0191 200 5225