

Marchant-Holliday School
North Cheriton
Templecombe
Somerset BA8 0AH



01963 33234

Application for Employment

DATA PROTECTION NOTICE

Throughout this form we ask for some personal data about you. We'll only use this data in line with the Data Protection Act 2018 and process your data for one or more of the following reasons permitted in law:

- You have given us your consent
- We must process it to comply with our legal obligations

VACANCY INFORMATION

Application for the post of:

What date are you available to begin a new post?

Where did you first hear about this job?

DISCLOSURE AND BARRING AND RECRUITMENT CHECKS

The school is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.

The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that's considered relevant to the role. Any information that is "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.

For posts in regulated activity, the DBS check will include a barred list check.

It is an offence to seek employment in regulated activity if you are on a barred list.

We'll use the DBS check to ensure we comply with the Childcare Disqualification Regulations.

It is an offence to provide or manage childcare covered by these regulations if you are disqualified.

Any data processed as part of the DBS check will be processed in accordance with the Data Protection Act 2018 the school's privacy notice.

Do you have a DBS certificate?: Yes No Date of check:

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.

We will not ask for any criminal records information until we've received the results of a DBS check.
Any convictions listed on a DBS check will be considered on a case-by-case basis.

RIGHT TO WORK IN THE UK

The school will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.

By signing this application, you agree to provide such evidence when requested.

SIGN AND DATE

Name (please print):

Sign:

Date:

Instructions

Please complete all sections of this form using black ink or type.

The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

Applications will only be accepted if they are completed in full.

Personal Details

PERSONAL DETAILS	
First Name	
Surname	
Preferred Title	
Previous Surnames	
If you prefer to be called by a name other than the one listed above, please specify	
Teacher Registration No (if applicable)	
National Insurance Number	
Do You Have a Valid Driving Licence?	

CONTACT DETAILS	
Address	
Postcode	
Home Phone	
Mobile	
Email	

DISABILITY AND ACCESSIBILITY

The school is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.

If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require:

RELATIONSHIP TO THE [SCHOOL/TRUST]

Please list any personal relationships that exist between you and any of the following members of the School community:

- Governors
- Staff
- Pupils

If you have a relationship with a Governor or employee, this does not necessarily prevent them from acting as a referee for you.

Name	Relationship	Role at School

Employment History

CURRENT EMPLOYMENT DETAILS						
Job Title	Employer Details (Organisation, Address, Email Telephone)	Dates Employed (MM/YYYY)	Permanent or Temporary	Full-Time or Part - Time	Salary Details	Description of Responsibilities

TRAINING AND PROFESSIONAL DEVELOPMENT

Please give details of training or professional development courses undertaken that are relevant to your application

Course Dates	Length of Course	Course Title	Qualification Obtained	Course Provider

ADDITIONAL INFORMATION

Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests.

References

Please give the names of 2 people who are able to comment on your suitability for this post. One must be your current or last employer. If you've not previously been employed, please provide details of another suitable referee.

The school reserves the right to seek any additional references we deem appropriate.

Please let your referees know that you've listed them as a referee, and to expect a request for a reference should you be shortlisted.

NAME	RELATIONSHIP TO YOU	ADDRESS AND POST CODE	CONTACT NUMBER	EMAIL ADDRESS

If either of your referees knows you by a different name, please state:

If you don't wish us to contact your referees without your prior agreement, please tick this box:

Declaration

- I confirm that I am not on the Children's Barred List, disqualified from working with children or subject to sanctions imposed by a regulatory body
- I confirm that I am not subject to a direction under section 142 of the Education Act 2002 or section 128 of the Education and Skills Act 2008 which prohibits, disqualifies or restricts me from teaching or being involved in the management of an independent school.
- I confirm that, to the best of my knowledge, I am not disqualified from working in Early Years provision or later years provision with children under the age of eight
- I understand that providing false information is an offence which could result in my application being rejected or, if the false information comes to light after appointment, summary dismissal
- I consent to the school making direct contact with the people specified as my referees to verify the reference
- I confirm that the information I have given on this application form is true and correct and to the best of my knowledge

Signature

Date

Equalities Monitoring

We're bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

EQUALITIES MONITORING INFORMATION								
What is your date of birth?	D	D	M	M	Y	Y	Y	Y
What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female							
What gender are you?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say							
Do you identify as the gender you were assigned at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say							
How would you describe your ethnic origin?								
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White Background Asian or British Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black Background Mixed <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other Mixed Background			Other Ethnic Groups <input type="checkbox"/> Arab <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/> Prefer not to say				
Which of the following best describes your sexual orientation?								
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Other Sexual Orientation not Listed					<input type="checkbox"/> Prefer not to say			

What is your religion or belief?

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu

- Jain
- Jewish
- Muslim
- No religion

- Other
- Pagan
- Sikh
- Prefer not to say

Pregnancy and maternity

Are you pregnant?

- Yes
- No
- Prefer not to say

Have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes
- No
- Prefer not to say

If you answered 'yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'.

- Physical impairment
- Sensory impairment
- Learning disability/difficulty
- Long-standing illness
- Mental health condition
- Developmental condition
- Other