

School Non-Teaching Application Form

Please note that CVs 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: Learning Support Practitioner	Application no:	OFFICE USE ONLY
Reference no: TMS052	Do you currently work for Sandwell Metropolitan Borough Council? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Closing date: 6th October 2022 @ 12:30pm	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 | <input type="checkbox"/> Any other ethnic group (not listed) |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Asian or Asian British - Chinese |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Asian or Asian British - Other |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Black or Black British - African |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Black or Black British - Other |
| <input type="checkbox"/> Mixed Ethnic - White & Asian | <input type="checkbox"/> Mixed Ethnic - White & Black African |
| <input type="checkbox"/> Mixed Ethnic - White & Black Caribbean | <input type="checkbox"/> Mixed Ethnic Group - Other |
| <input type="checkbox"/> Other Ethnic Group - Arab | <input type="checkbox"/> White - Gypsy or Irish Traveller |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> White - Welsh/English/Scottish/N.Ireland | |

Other Ethnic Group/comments _____

Religion/Belief

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Sikh | |

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"/> Learning difficulties |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Health Condition |

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

This page is deliberately left blank.

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

Section 4: Experience

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:			
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.

Section 5: Supporting Information

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 left-hand 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

Self-declaration of suitability to work in posts requiring a Disclosure and Barring Service Check

Where the post involves working with children/vulnerable adults or in a position of trust and where it is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) you must disclose details of all unspent convictions and spent cautions and convictions which are not eligible to be filtered. Where a driving licence is required for the role please include any driving offences.

For further guidance on positions that are eligible for a DBS check, see:
<https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>

For information regarding filtering of convictions ('protected' offences) see:
<https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates>

Any information given will be treated as confidential and will be requested and considered only in relation to posts to which the Order applies.

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?

If Yes please specify (Y/N);

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?

If Yes please specify (Y/N);

If this post requires a driving licence, please confirm any driving offences below;

Date	Type of Offence	Sentence/Fine Imposed	Comments

Failure to disclose may result in the withdrawal of your application or dismissal from any job offer in relation to this form.

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.

Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website; <https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>

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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Section 8: Data Protection Act

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	<input type="checkbox"/>	Fish 4 Jobs Website	<input type="checkbox"/>
Local Newspaper	<input type="checkbox"/>	Regional Website wmjobs.co.uk	<input type="checkbox"/>
National Newspaper	<input type="checkbox"/>	From Friend or Colleague	<input type="checkbox"/>
Specialised Publication	<input type="checkbox"/>	Sandwell's Jobs Opportunity Bulletin	<input type="checkbox"/>
Sandwell's Jobs Website	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>
Monster's Jobs Website	<input type="checkbox"/>		

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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