

# Application Form - Support Staff

It is important that you type or write legibly using black ink when completing the form as it will be photocopied. You may supply additional material if relevant but unfortunately it is not sufficient to only send a copy of your Curriculum Vitae.

**Position applying for:**

## Part 1. Personal Details

|                                                                                                                                                                                                                                                                                                                                                                                        |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Surname:                                                                                                                                                                                                                                                                                                                                                                               | Preferred Title:     |
| First Name:                                                                                                                                                                                                                                                                                                                                                                            | Previous Surname(s): |
| If you prefer to be called by a name other than the one listed above, please specify:                                                                                                                                                                                                                                                                                                  |                      |
| Home address:                                                                                                                                                                                                                                                                                                                                                                          |                      |
| Postcode:                                                                                                                                                                                                                                                                                                                                                                              |                      |
| Email:                                                                                                                                                                                                                                                                                                                                                                                 |                      |
| Telephone number:                                                                                                                                                                                                                                                                                                                                                                      | Mobile number:       |
| Period of notice in present post:                                                                                                                                                                                                                                                                                                                                                      |                      |
| Do you require permission to work in the UK?:      Yes      No                                                                                                                                                                                                                                                                                                                         |                      |
| National Insurance number:                                                                                                                                                                                                                                                                                                                                                             |                      |
| Continuous Service Date:                                                                                                                                                                                                                                                                                                                                                               |                      |
| I would describe myself as having a disability:      Yes      No<br>This question is asked to ensure that individuals with disabilities or impairments receive equal opportunities and treatment. If you have answered yes to the above question, and would like us to make adjustments to assist you if you are shortlisted for interview, please state the arrangements you require: |                      |

## Part 2. Current Employment

Current Post (N/A if you are not currently employed)

Name of Establishment:

Address:

Title of Post:

Date of Appointment:

Grade/Spine Point:

Full time/Part time:

If part time, state number of hours per week:

Responsibilities:

Present salary:

Notice required:

## Part 3. Education and Qualifications

| Secondary School/College of F.E. | Date Entered | Date Left |
|----------------------------------|--------------|-----------|
|                                  |              |           |
|                                  |              |           |

| Qualifications Gained, GCSE or equivalent |         |               |      |       |         |               |      |
|-------------------------------------------|---------|---------------|------|-------|---------|---------------|------|
| Level                                     | Subject | Grade Awarded | Date | Level | Subject | Grade Awarded | Date |
|                                           |         |               |      |       |         |               |      |
|                                           |         |               |      |       |         |               |      |
|                                           |         |               |      |       |         |               |      |
|                                           |         |               |      |       |         |               |      |

| Advanced/A Level or equivalent |         |               |      |       |         |               |      |
|--------------------------------|---------|---------------|------|-------|---------|---------------|------|
| Level                          | Subject | Grade Awarded | Date | Level | Subject | Grade Awarded | Date |
|                                |         |               |      |       |         |               |      |
|                                |         |               |      |       |         |               |      |
|                                |         |               |      |       |         |               |      |
|                                |         |               |      |       |         |               |      |

## Higher, Professional Education and Training including Teacher Training and Membership of Professional Bodies

| Name of University or College | Period of Attendance |    | Subjects Studied (State if full or part time) | Title of qualifications (class of degree/ honours) and date gained | Special Features of Course |
|-------------------------------|----------------------|----|-----------------------------------------------|--------------------------------------------------------------------|----------------------------|
|                               | From                 | To |                                               |                                                                    |                            |
|                               |                      |    |                                               |                                                                    |                            |
|                               |                      |    |                                               |                                                                    |                            |
|                               |                      |    |                                               |                                                                    |                            |
|                               |                      |    |                                               |                                                                    |                            |

## Part 4. Training & Professional Development

Please provide details of additional qualifications, relevant training, membership of professional bodies and current course of study (within the last 5 years).

| Area of this experience | Name of organisation providing this experience | Duration | Dates | What qualifications (if any) did this experience lead to? |
|-------------------------|------------------------------------------------|----------|-------|-----------------------------------------------------------|
|                         |                                                |          |       |                                                           |
|                         |                                                |          |       |                                                           |
|                         |                                                |          |       |                                                           |

## Part 5. Previous Employment

Please list in chronological order (most recent at the top) and include industrial, commercial training and HM Forces - Full time or Part time. **Please identify any periods of non-employment or voluntary work.**

[illegible]

## Part 6. Statement in Support of Application

Please use the person specification to indicate how your qualifications and experience match the requirements of the Person Specification (no more than 1000 words)



## Part 9. Criminal Convictions

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. You must give information concerning any previous convictions whether or not they are "spent" within the meaning of the Act. Failure to disclose any conviction could lead to an application being rejected or may later lead to the dismissal of a successful applicant.

Please complete the questions below. Any information disclosed will be kept in strict confidence and used only in consideration of your application.

### Have you any previous convictions?

Yes                      No

**If YES, please supply details of the offence(s)**

**Confirm by ticking this box that we have your consent to check these details with the police.**

Yes                      No

## Part 10. Relationship to the School

Please list any personal relationships that exist between you and any staff, students or governors at the School.

| Name | Relationship | Role at School |
|------|--------------|----------------|
|      |              |                |
|      |              |                |

## Part 11. Declaration

I certify that the information that I have given in this application is correct and has not been generated by AI.

Yes                      No

I understand that providing false information is an offence and could result in my application being rejected and if appointed, dismissal without notice and possible referral to the police.

Yes                      No

## Part 12. Data Protection and Privacy

Throughout this form we have asked for personal data about you. We will only use this data in line with data protection legislation and to 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.

We are aware of our obligations under the General Data Protection Regulation (GDPR) and is committed to processing your data securely and transparently. You will find more information on how we use your personal data here:

<https://www.birkenheadparkschool.com/about/policies>

## Part 13. Equalities Monitoring Information

**This sheet is confidential.**

The Birkenhead Park School is an Equal Opportunities employer and aims to promote equal opportunities in all aspects of School life. The School aims to provide equality of opportunity for everyone regardless of race, age, disability, gender, nationality, marital status, ethnic origin, sexual orientation or religious belief. All reasonable adjustments will be made to ensure that disabled applicants are not substantially disadvantaged.

**This sheet will be detached from your application form before the selection process and any information that you give on this form will not be used in any way as part of the selection process.**

This data will be kept solely for the operation of the Equal Opportunities Policy and will be used only for general statistical purposes.

**Post applied for:**

### 1. What is your sex:

|                                                           |                                              |
|-----------------------------------------------------------|----------------------------------------------|
| What is your sex?                                         | Male<br>Female                               |
| What gender are you?                                      | Male<br>Female<br>Other<br>Prefer not to say |
| Do you identify as the gender you were assigned at birth? | Yes<br>No<br>Prefer not to say               |

### 2. I would describe my Ethnic Origin as: (choose only one)

|                                                                                            |                                                                                                                       |                                                              |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>White</b><br>British<br>Irish<br>Gypsy or Irish Traveller<br>Any other White background | <b>Black or Black British</b><br>African<br>Caribbean<br>Any other Black background                                   | <b>Other Ethnic groups</b><br>Arab<br>Any other ethnic group |
| <b>Asian or British Asian</b><br>Bangladeshi<br>Indian<br>Pakistani<br>Chinese             | <b>Mixed</b><br>White and Asian<br>White and Black African<br>White and Black Caribbean<br>Any other mixed background | Prefer not to say                                            |

### 3. I would describe my Sexual Orientation as: (choose only one)

|                                                |                            |
|------------------------------------------------|----------------------------|
| Bisexual<br>Hetrosexual/straight<br>Homosexual | Other<br>Prefer not to say |
|------------------------------------------------|----------------------------|

### 5. Pregnancy and maternity

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Have you given birth within the last 12 months? | Yes               |
|                                                 | No                |
|                                                 | Prefer not to say |

### 6. 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 |

### 6a. If you answered 'Yes' to the above question, please state the type of impairment. Please select all that apply.

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

### 7. My date of birth is:

### 8. I saw this post advertised in: