



Support Staff Application Form

Please complete this form clearly in black ink or typescript to facilitate photocopying

Post Applied For:

When would you be available to take up this post?

How much notice would you be requested to give?

1. PERSONAL DETAILS

| FULL NAME | PRIVATE ADDRESS | TELEPHONE & EMAIL |
|---|------------------------|--|
| Title: | Address | Home: |
| Surname: | | Work: |
| Forename(s): | Post Code: | Mobile: |
| Former Name: | | Email: |
| | | NI No: |
| Do you hold a current driving licence? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If required, would you be prepared to provide a car for work use? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

2. EMPLOYMENT DETAILS

| PRESENT POST | |
|-----------------------------|-------------------------------|
| Title of present post: | Details of Employment: |
| Name & Address of Employer: | |
| Post Code: | |
| Telephone No: | |
| Date appointment: | |
| Gross Annual Salary: | |
| Full or Part Time: | |

5. COURSES & TRAINING ATTENDED

Please give details of any recent courses you have attended which you consider particularly relevant to your application.

| Course Title & Name of Provider | Date | Course Title & Name of Provider | Date |
|---------------------------------|------|---------------------------------|------|
| | | | |

6. REFERENCES

Please give the name and address of two persons who may be consulted regarding your suitability for this post. One of the referees should be your present employer.

References are usually taken up prior to interview. Is there any reason why you do not wish us to do this? YES NO

| | | |
|--|--------------|---------------------------------|
| Name of present or most recent employer: | Address | Capacity in which known to you: |
| Email: | Daytime Tel: | |
| Name of other Referee: | Address | Capacity in which known to you: |
| Email: | Daytime Tel: | |

Are you related to a Governor or Trustee of The Archbishop Lanfranc Academy – The Bec Trust? YES NO

(A candidate who fails to disclose such a relationship shall be disqualified for the appointment and if appointed, shall be liable to dismissal without notice). Any canvassing will disqualify candidates.

7. SUPPORTING STATEMENT

You are encouraged to attach to this application a supporting statement giving relevant information about yourself and the skills and experiences which fit you for this post.

A supporting statement is / is not attached:

8. SAFEGUARDING

This post is exempt from the provision of the Rehabilitation of Offenders Act 1974 and associated Order. All convictions, cautions and bind-overs, including those regarded as 'spent' must be declared.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? YES NO

If YES, please give full details on a separate sheet and attach in a sealed envelope or separate email marked 'Confidential'

9. DECLARATION

I declare that the information given is true. I declare that I am not on List 99, disqualified from working with children or subject to sanctions imposed by a regulatory body and accept that false information may result in my application being disqualified and if appointed could lead to dismissal. I understand that a criminal records check will be carried out.

Signature: _____ DATE: _____

DATA PROTECTION

The information that you have provided will be handled and processed in accordance with our data protection policy, a copy of which is available on our website. If you are appointed, the information will form part of your personnel record and may be used by the Academy for business purposes including the prevention and detection of fraud.

Please print, attach photograph, sign and date and return this completed form to:

Mr M del Río, The Principal, The Archbishop Lanfranc Academy, Mitcham Road, Croydon, CR9 3AS or electronically to recruitment@lanfranc.org.uk

10. EQUAL OPPORTUNITIES MONITORING POLICY

Name:

Post applied for:

This page will be removed from your application prior to it being passed to the member(s) of staff/ Governors who will consider the applications.

The governing Body has a policy on equal opportunities which requires fair and equal treatment to be given to all job applicants. To help check how this policy is working the Governing Body seeks to record additional details of all people who apply for jobs.

For this reason, the Governing Body would be grateful if you would give the information requested. This request has the full support of the teaching associations. This information is treated as strictly confidential and will not affect in any way the fair consideration of your application for employment.

If you have any queries about this part of the Application Form, please contact the Principal.

Please complete the following questions 1 – 4.

1. Name of the publication where you saw the post advertised:

If 'other' please type it here:

2. Do you consider yourself to have a disability? YES NO PREFER NOT TO SAY

3. Gender: FEMALE MALE OTHER PREFER NOT TO SAY

4. To which one of the following groups would you say you belong? (Please tick appropriate box)

| | | | |
|---|---|---|--------------------------|
| <input type="checkbox"/> WHITE – BRITISH | <input type="checkbox"/> WHITE – IRISH | <input type="checkbox"/> ANY OTHER WHITE BACKGROUND | <input type="checkbox"/> |
| <input type="checkbox"/> WHITE & BLACK CARIBBEAN | <input type="checkbox"/> WHITE & BLACK AFRICAN | <input type="checkbox"/> WHITE & ASIAN | <input type="checkbox"/> |
| <input type="checkbox"/> ANY OTHER MIXED BACKGROUND | <input type="checkbox"/> INDIAN | <input type="checkbox"/> PAKISTANI | <input type="checkbox"/> |
| <input type="checkbox"/> BANGLADESHI | <input type="checkbox"/> ANY OTHER ASIAN BACKGROUND | <input type="checkbox"/> BLACK CARIBBEAN | <input type="checkbox"/> |
| <input type="checkbox"/> BLACK AFRICAN | <input type="checkbox"/> ANY OTHER BLACK BACKGROUND | <input type="checkbox"/> CHINESE | <input type="checkbox"/> |
| <input type="checkbox"/> ANY OTHER ETHNIC GROUP | <input type="checkbox"/> PREFER NOT TO SAY | <input type="checkbox"/> | <input type="checkbox"/> |

5. What is your sexual orientation? HETEROSEXUAL GAY LESBIAN BISEXUAL
 PREFER TO SELF DESCRIBE: _____ PREFER NOT TO SAY