Please complete in black pen. Do not enclose a C.V. or additional documents as these will not be considered

All sections of the form must be completed. You may attach continuation sheets if necessary.

This form is available, on request, in large print, Braille, on tape or in electronic format

Post applied for:			Ref number:			
		ork Council's policy sta oly' guidance, before s				
I confirm I have re	ead the Recruitment	of Ex Offenders policy	statement			
Personal D	etails					
Title	Surname					
Forename		For	ename 2			
Preferred name			Previous surname			
	NI number					
Address Do						
	Street					
Area		Town/City				
County		Posto	ode			
	ountry	od of contact is email.	Please provide	an amail address and		
contact betails - contact telephone Email address		od of contact is email.	T lease provide	an omali addiess <u>and</u>		
Telephone number	er					

Employment history

- Please provide your full employment history starting with your present or most recent position.
- All periods of unemployment/gaps must be accounted for in the 'Gaps in Employment' section.
- If you do not have any previous employment history, please enter n/a.
- Use additional sheets to add further entries.

Current	or last job title		
Emplo	yment start date	Employment end date	
School/company name and address			
	ol, type of School v/secondary etc.)		
Local	Education Autho	ity	
Nur	mber of pupils on	roll	
	Age range of pur	ils	
Job details (please provide a brief description of the role)			
Reason for leaving			
Salary on [leaving			

Employment history (contd)

Start date	Date of leaving	Name and address of employer. If a school please state: • LEA • No. of pupils on roll • Age range of pupils	Brief description of role	Reason for leaving	Salary on leaving

Please use continuation sheet(s) if necessary.

Please account for any gaps with dates, of three months or more, in your employment history including any travel abroad below. State the start and end date of the gap and details:

Education and Qualifications

Employment history gaps

- Enter details from the most recent to the earliest.
- Include any professional qualifications in this section
- Qualifications will be verified on appointment.

Please use continuation sheet(s) if necessary.

Place of learning and institution type	Subject	Qualification level (e.g GCSE/A Level)	Grade	Date of attainment

Professional memberships

		، مانحدما	af amıı m	rofossismal	memberships	46 -4 - 4-	" a l a v a m t t a t		سائما لم	
212	250 UIVE	, CHIAIIC (nı anv n	moressional	memberships	inai are	TEIEVANI IO I	ne nosi an	DIIPO IOI	Sianno
	asc give	, actano (OI GIIY P			uiat aic	I CIC VALIL LO	IIC POSL UP	pilou ioi,	otatii iq.

- professional body name
- your level of membership
- the date obtained and expiry or renewal date
- your membership or registration number

•	
Membership details	
Teacher re	egistration
Please provide i appointment.	information regarding your current teaching registration. This will be verified on
eacher registra	ation number (Dfe number):
completing the i	ralified teacher status (QTS) after 1999 please state the date of successfully nduction period or details of outstanding period if relevant. You will be asked to 'S certificate on offer of appointment.
Date:	
Fraining	
Please provid	e details of training and/or development courses you are undertaking or ed. Please include the date attended and where applicable, if you passed ourse.

the Job De	Please use the following section to address each point on the skills and knowledge section of the Job Description. You should provide information, examples and evidence to illustrate how you feel you meet the criteria for the job. The length of this statement should be no longer than one A4 page of text.					

References

- Please enter details of two referees who can provide a reference. One of the referees must be your present employer, or if you are not currently employed, your most recent employer.
- Referees should not be a relative and, ideally, should both be able to comment on your suitability for this post.
- As this position involves working with vulnerable adults or children any number of previous
 employers may be contacted, without seeking further permission from you, as part of the
 vetting process, in relation to your employment history. This includes vetting of internal candidates.

Reference	ce 1 <i>(pi</i>	resent or mo	st rece	nt empl	loyer)	
Title		Surname				
For	rename				Reference Type	Employment
	· [
Email a	address					
Tele	ephone					
Company	y Name					
	sition in ompany					
Contact a	address					
Reference	ce 2					
Title		S	Surname			
For	rename				Reference Type (delete as applicable)	Employment/Character
Email a	address					
Tele	ephone					
Company	/ Name					
	sition in ompany					
Contact a	address					

Declarations of criminal records, cautions and convictions

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA).

This means that you must disclose information about spent or unspent convictions or cautions when

applying for this post		are protected convictions and cautions as described in as) Order 1975.
		spective employees through the Disclosure & Barring vill not necessarily prevent your employment.
Are you, or have you	ı ever been, barred fr	n children, young people or adults? om working with, or been included on a list of people barred or vulnerable adults?
Yes No No	If yes please give details	
Investigations		
investigated and prov	ven to be unsubstant	oven/unproven investigations (other than those that were iated) in relation to your work with children, young people or luntary capacity or carried out privately?
Yes No	If yes please give details	
	nvictions, cautions, re	eprimands or final warnings that are not protected as defined 5 (as amended in 2013)?
Yes No	If yes please give details	

Additional details						
Guaranteed interview scheme We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria for the job. You must provide us with evidence in your application form which demonstrates that you generally meet the level of competence required for each element within the skills and knowledge section of the job description.						
Are you a disabled person applying on that basis? Yes No						
Job share (Job sharing is different to part time working – see the How to Apply guidance for further information) The City of York Council welcomes individuals to apply on a job share basis (unless it has been specified within the job advert that the role is unsuitable for job share). Please indicate below if you are applying on a job share basis.						
Are you applying for this post on a job share basis? Yes No						
Relationship with the council Are you related to any employee of City of York Council or do you have any substantial connection with any employee of City of York Council? Yes No Please give details						
Applicant status For monitoring purposes please indicate if you are already an employee of the City of York Council (If you work for Explore or Veritau you are not a CYC employee) Yes No						
Availability for interview Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.						
Unavailable dates						
Eligibility to work in the UK Do you need permission to work in the UK? Yes No						
If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.						
How did you hear about this job? Internal advertising						

City of York Council jobs Jobs fair Universal Jobmatch/Job Word of mouth Community Care School website Other – please give deta	centre		Facebook Twitter National Apprentice Website NHS jobs Children's Social Work Matters School website	
Declaration				
I declare that the informations best of my knowledge are qualifications, experience	nd belief and giv e, dates of empl	e my p oymen	and in any accompanying documents bermission for enquiries to be made to the total to work in the UK, registration sessary information to verify the conte	confirm s and for the
			nd/or I may be dismissed following ap or have withheld any relevant details	
Signed				
Print name				
Date				
Consent				
		_	ations we are obliged to ask for details you have supplied on	<u> </u>
			o contact you about your applican, for purposes of the Recruitme	
Selection process. P Yes No	lease indicate	if you	ou for feedback regarding the R I are happy for us to do this. Sent for us to process your data	

Equal Opportunities Monitoring

The equal opportunities information provided will be treated in confidence and used only for monitoring purposes. It is not used as part of the selection process and the recruiting panel do not have access to any of this information.

Equal Opportunities Monitoring (confidential)

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

Thank you for helping us to continue to improve our policies and practices.

Post applied for	Ref Number
Sexual identification: Male Female Unspeci	fied
Do you identify yourself as trans? Yes No Prefer no	ot to say 🗌
Date of Birth: Natio	nality:
Sexual orientation:	
☐ Homosexual / Gay man ☐ B	esbian / Gay woman isexual refer not to say
Marital status	
☐ Married ☐ Partner ☐ Civil Partnersh ☐ Divorced ☐ Separated ☐ Widowed	ip Single Prefer not to say
Religion	
□ Baha'i □ Buddhist □ Christian □ Muslim □ Sikh □ No Religion	☐ Hindu ☐ Jain ☐ Jewish ☐ Other ☐ Prefer not to say
☐ British ☐ Irish ☐ F☐ ☐ C☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	an or Asian British: Indian Pakistani Bangladeshi Other Mixed background Ck or Black British: Caribbean
White and Asian	African Other Mixed background
Other Ethnic Groups: Any other background Chinese or other ethnic group Chinese	

Equal Opportunities Monitoring (contd)

Disability information

The Disability Discrimination Act 2010 states that someone is disabled if they have a 'physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.

Do you consider yourself to be disabled?
☐ Yes ☐ No Prefer to not say ☐
If you tick "Yes" , please tick as many boxes below as apply:
 □ Physical impairment (such as using a wheelchair to get around and / or difficulty using arms, legs etc) □ Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment) □ Mental health condition (such as depression or bipolar) □ Learning disability (such as Down's syndrome or dyslexia or cognitive impairment such as autism or one resulting from head-injury) □ Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) □ Other please give details
Carer responsibilities
City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).
Are you a carer for family/friends? Yes \(\scale \) No \(\scale \) Prefer not to say \(\scale \)
If yes please tick the appropriate box:
Carer for: Elderly relative Friend Relative Young relative (under 18yrs)
Armed Forces Community To enable us to monitor applications from the Armed Forces community please indicate if you are part of this. Are you a member of the armed forces community? Ves No Prefer not to say If yes please tick the appropriate boy:
Yes No Prefer not to say If yes please tick the appropriate box: Reservist Regular personnel Veteran Family of regular personnel, reservists or veterans Bereaved