



# **Application for Employment**

### Instructions: -

- Please complete all sections as well as the Recruitment Monitoring Form
- Please write in **black ink** so the form can be photocopied
- Put your name, the job title of the post applied for at the top of any additional sheets you use
- Sign and date the declaration at the back of this form and sign the Recruitment Monitoring Form

## Any fields marked with an asterix (\*) are mandatory.

Where or	tions are	outline	ed below, ple	ase ir	ndicat	e which	applie	s t	o you by i	inse	rting '〉	<b>C</b> '.		
1. Po	st applie	d for *												
2. Per	rsonal de	etails												
Mr	Mrs		Ms		Mis	ss			Other (pl	leas	e state	<del>)</del> )		
First nam	e(s)*					Su	ırname	*						
Have you	ever use	ed any	other names	r									Yes	No
If yes, ple	ase state	e Fi	irst name(s)			Su	ırname	!						
Address		ı				En	nail add	dre	ess*					
This will be used to send all future correspondence about this job														
Can we c	ontact yo	ou by te	elephone?		Yes	T	elephoi	ne	number					No
Preferred	start dat	е			/	/				,				
National	nsurance	e Numb	per			Da	ate of b	irth	1*			/	/	
		•	clude travel, w meet this red				enues i	not	t accessik	ole b	y publ	ic	Yes	No
If the job driving lic			travel and yo e UK?	u inte	nd to	use a n	notor ve	ehi	cle, do yo	ou ho	old a		Yes	No
If you do	have a dı	riving li	icence, pleas	e tell ı	us wh	at type								
Full		Provis	sional		(	Other (p	olease	spe	ecify)					
On what job?*	basis are	you a	oplying for the	)	Fu	ll time		Pa	art time			Jol	share	
If you are not applying to work full time, how many hours would you wish to work per week?														

Are you related to employed by The					/ Director or anybody alrea emy Trust?	ıdy		Yes		No	
If yes, please sta	ate the	eir position.							<u> </u>		
How did you hea	ır abo	out this job?*									
		st recent emplo ess of your busi		f-em	nployment/voluntary wor	<b>k</b> (lf	self-em	ploye	d ei	nter the	
Employer's name	e and	address includ	ing postcod	е							
Job title/nature o	f self-	-employment/vo	oluntary wor	k							
Current or last sa	alary a	and scale				We	ekly ho	urs			
Date started / / Date of leaving (if relevant) / /											
Notice required Reason for leaving											
Brief description	of job	o/services provi	ded					•			
If you have more	than	one job, please	e complete t	he s	sections below.						
Other current e	mplo	yment									
Name and address	Date	e from	Date to		Job title (if teaching include the age range taught)	de	Weekl hours	у		ason for ving	
	/	/	/ /								
4. Employm	ent hi	istory									
Please list all em work since leavir				rec	ent, including self-employr	nen	t and pe	eriods	of v	oluntary	
much information highlight later in	n as y your a	ou can as you lapplication. Als	may have do	evel s ar	ant to your application, it is oped transferable skills in re subject to a Disclosure a re not unexplained gaps in	the j	job whic Barring	ch you Servi	ı cai	n	
Employer's name	е	Date from	Date to		b title (if teaching include t e range taught)	he	Weekl hours	у		ason for ving	
		/ /	/ /								

5. Breaks	in employ	ment history	,									
If you have ha activities during											of yo	ur
Date from	Date to		Reason fo	or bi	reak							
/ /	1 1											
6. Second	lary schoo	l education										
If you are sho role. <b>Please</b> s				ed	to pro	vide evide	nce of you	ur qu	alificat	ions I	releva	int to the
School(s)	Dates f	rom	Dates to			Qualific obtaine awardin		ect	Grad	le	Date	es
	/ /		1 1								/	/
	/ /		1 1								/	/
	/ /		1 1								/	/
7. Continu	7. Continuing education (University/College/Apprenticeships etc)											
If you are sho role. <b>Please</b>				ed 1	to pro	vide evide	nce of you	ur qu	alificat	ions I	releva	int to the
Educational establishment	Dates f	rom	Dates to			Qualific obtaine awardin		ect	Leve		Date	es
	/ /		1 1								/	/
8. Profess	sional qual	<b>lification</b> (inc	luding deta	ils c	of prof	essional a	ssociation	n mer	mbersh	nip)		
Do you hold C	Qualified Te	acher Status	(QTS)?		)	es	No	D	fE num	nber		
If yes, please	complete ti	he following:								ı		
Have you com	npleted an i	induction year	r?		Γ		Ye	s T		No		
Name of Prof Body	essional	Level/Type Membershi			Reg.	Number		Re	newal	Date	•	
9. Other to	raining rel	evant to the	job (e.g. sh	ort	t cour	ses, pers	onal deve	elopr	nent, s	speci	ial pro	ojects)
Date	Organisin	g body		Bı	rief de	scription o	of course of	conte	ent			
/ /												

10. Supporting information										
You must provide clear and concise evidence in the criteria set out in the person specification.	nis section of how you meet the essential and desirable									
To demonstrate you meet the criteria you may wish to tell us about relevant things you have been responsible for or involved in, what you have achieved, and any feedback given. You can include examples from paid or unpaid work or other activities you have undertaken in your personal life that are relevant to the job you are applying for.										
It is only information contained in this application form which will decide whether you are shortlisted for interview (unless documents have been specifically requested in the recruitment information). Any additional information provided where this is not required will be disregarded.										
	d by the Equality Act 2010 (see Appendix 1) and you at you meet the minimum (essential) criteria for the job,									
For a copy of our Child protection and safeguardin	ng policy, please visit our website on www.lotustrust.org.uk									

11. Refere	ences									
•			erees <b>may be</b> contac	•						
from a previo applicants lea University sho members. To	ous emplaving fullould be on ensure	oyei I tim one you	o referees, one of when. Your referees must be education or not he of the named refere application is proceed that the full details of your reference.	st have laving wees. We	knowledg orked sind do not ac vithout un	e of ce c cep due	f yo doin ot re e de	our work and ng so, the H eferences fi elay, we will	d character. In the lead of School, Coll rom friends or family	case of ege or /
Referee 1 de	etails									
Referee type	*						•			
Current employer			Previous employer	-				Acade	mic	
Title*										
Mr N	Virs		Ms	Miss			Oth	ner (please	specify)	
First name*					Surnam	e*				
Organisation*	*				Position	hel	ld*			

Address (ir postcode)*	ncluding										
Telephone number*				Business 6	email add	ress*					
Can we co	ntact befo	ore Interview?				Yes		No			
How do they know you?											
Referee 2	details										
Referee typ	oe*										
Previous e	mployer			Other (pl	ease spe	cify)					
Title*											
Mr	Mrs	Ms	Miss		Other (p	lease sta	ite)				
First name	*			Surname*							
Organisatio	n*			Position he	eld*						
Address (ir postcode)*	ncluding										
Telephone number*				Business e	email add	ress*					
Can we co	ntact befo	ore Interview?		l		Yes		No			
How do th	ey know y	you?									
12. Arra	ngements	s for people with o	lisabilities								
Do you cor Appendix 1		you have a disabili	ity as defined	by the Equa	ality Act 2	:010? (Se	ee	Yes	No		
	dence in y	ou have a disability our supporting info interview.									
If you are shortlisted for interview, you will have the opportunity to advise us of any reasonable adjustments needed for you to participate effectively in the selection process.											
13. Asylum and Immigration Act 1996											
Do you req	uire a visa	a to work or study ir	the UK?*					Yes	No		
For further	informatio	on on the visa requi	rements to wo	ork in the Uk	⟨ see ww	w.ukba.h	omeo	ffice.gov	uk		

## Safer Recruitment

As part of our shortlisting process, we will carry out an online search to help identify any incidents or issues that are publicly available online which we may wish to explore with you at interview, if shortlisted.

Please confirm the following statements are true by signing the box below.

### **Declaration**

I understand that any offer of employment will be subject to the information on this application form being complete and correct. I authorise individuals involved in the recruitment process to make any appropriate checks which may be necessary in relation to the job I have applied for.

False information, or a failure to supply the details required in this application form could make an offer of employment invalid or lead to termination of employment.

#### Disclosure of Criminal Convictions and Rehabilitation of Offenders Act 1974 and Barred List Checks

The appointment of any member of staff who may have contact with, or access to children or vulnerable adults will be subject to a satisfactory disclosure being issued by the Disclosure and Barring Service (DBS). Where a post meets the eligibility criteria under the Protection of Freedoms Act 2012 for an Enhanced check for regulated activity, this check will be required. An Enhanced DBS check will be required where the criteria of Schedule 4 under the Safeguarding and Vulnerable Groups Act 2006 is met.

Where jobs are exempt from the Rehabilitation of Offenders Act 1974 all cautions and bind overs, including those regarded as 'spent', must be declared. However, the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website <a href="https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates">https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates</a>. The presence of a criminal record will not necessarily prevent shortlisting and employment.

Please make the following declaration and tick the appropriate box.

I have information to declare*	Yes	No	
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If yes, please provide the date(s) and the detail of the criminal conviction(s) on Appendix 4. If you are applying by post, place this in a separate envelope to your application form and write your name, post you are applying for and job reference number on the envelope before attaching it to your application form. If you are returning your application by email, send the conviction information in a separate email using the details on the advert.

#### Safer recruitment

I certify that I am not disqualified from working with children or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post.

#### **Data Protection**

I understand that the personal information I have provided as part of this application will enable the recruiting organisation to manage the recruitment process, assess my suitability for employment, decide whom to offer the job and keep a record of the process. I understand the personal information I have provided will be held on a computer or other relevant filing system and will be shared with other accredited organisations or agencies only in accordance with the General Data Protection Regulations. The organisation may also need to process data from job applications to respond to and defend against legal claims. I understand the recruitment monitoring data I have provided will be used to monitor, analyse and report on equalities and only used in assisting the employer to take action to prevent inequality.

I have read and un	derstand above declarations*			Yes
Signature (electronic)		Date	/	/
Signature		Date		

(physical)		





# **Recruitment Monitoring Form**

## Help us to help you

The recruiting establishment is committed to achieving fairness and equality in employment judging candidates solely on their skills and ability to do their job and working towards a workforce which represents the local population. The following information helps us identify the groups we are attracting applications from, and assists in workforce planning, including recruiting and training future workforce entrants.

To help us monitor the reality of our diversity policy please complete this monitoring form. We cannot assess the effectiveness of our policy without it.

The information supplied in this section is strictly confidential and does not form part of your application and will be accessed by authorised persons only.

Post	title					Post reference			
Are y	ou curren	tly employ	ed by N	Iorfolk County Council	?			Yes	No
First name					Surname				
Gen	der*	Ma	le					Female	
			ng in a signed a	gender that is differen at birth	t from	the one		Prefer not to	disclose
If you	u have a g	ender reco	gnition	certificate, please sele	ect th	e gender on the ce	rtificate	-	
Natio	onality*								
	British			Bulgarian		Hungarian		Indian	
	Latvian			Lithuanian		Polish		Portuguese	
	Australiar	ı		South African		American		Prefer not to	disclose
	Other								
				ovide a suitable option, cribe your nationality					
Cou	ntry of bir	th*							
	Britain			Bulgaria		Hungary		India	
	Latvia			Lithuania		Poland		Portugal	
	Australia			South Africa		America		Prefer not to	disclose

	Other									
			ovide a suitable option cribe your country of b							
Year	of entry into the U	K*			Date of initial entry to the UK (First date you entered or year of birth if you have always lived here)					
Relig	gion/belief*	•								
	Buddhist		Hindu		Muslim		No religion			
	Christian		Jewish		Sikh		Prefer not to disclose			
	Other									
	u feel the choices do se write how you wo		ovide a suitable option cribe your religion	,						
Mari	tal status*									
	Single		Cohabiting		Married		Civil partnership			
	Separated		Divorced		Widowed		Prefer not to disclose			
You	r sexual orientation	*								
	Bisexual		Gay man/ lesbian woman		Heterosexual		Prefer not to disclose			
You	r ethnic origin*									
Whit	e									
	British		European		Gypsy/Roma		Irish			
	Traveller/Irish heritage		Other							
Mixe	ed									
	White and Asian		White and black Caribbean		White and black African		Other			
Asia	n or Asian British									
	Indian		Bangladeshi		Pakistani		Other			
Blac	k or black British									
	Caribbean		African		Other					
Othe	er ethnic backgrour	nd								
	Chinese		Arab		Other	Prefe	er not to disclose			
	n, please write how		es provide a suitable uld describe your ethn	nic						

Your disabled status					
Do you consider that you have a disability as defined by the Equality Act 2010? (See Appendix 1)*				No	
I may require reasonable adjustments to be implemented*				No	
If I have indicated yes above and I am offered the job, I give my consent for my manager to be advised that I would like a meeting to be arranged to discuss adjustments with me in more details.				No	
Information about arrangements to discuss reasonable adjustments					
You will be contacted to arrange a convenient time for you to meet to discuss the reasonable adjustments you may need in order to carry out the role, and for you to discuss any issues or concerns you may have.					
It would be helpful if you could consider what sort of adjustments may assist you in the role before this meeting but if you are not sure about this, or do not identify everything you might need at the meeting don't worry. Once you have taken up your role, your manager will give you the opportunity to discuss further adjustments.					
Signature		Date	/ /		
(electronic)					
Signature		Date			

(physical)

### Appendix 1

**The Equality Act 2010** makes it unlawful for employers to discriminate against current or prospective employees for a reason relating to their disability. They must make reasonable adjustments in order not to place a disabled person at a substantial disadvantage.

The Equality Act describes a disability as 'physical or mental impairment, which has substantial and long term adverse effect on a person's ability to carry out normal day to day activities.'

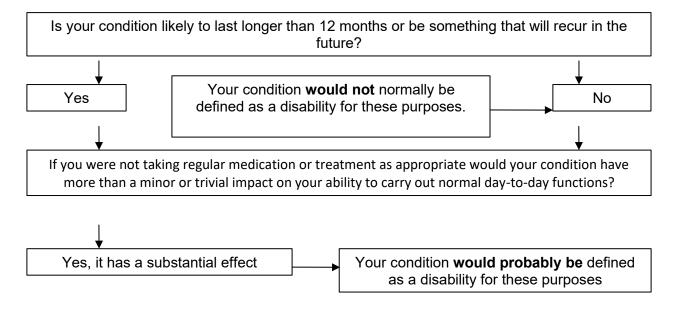
The definition is intended to cover all forms of physical and mental disability, including sensory impairment, learning disabilities and mental illness (that are clinically well-recognised conditions). It includes people who have a disability where the condition is likely to last longer than 12 months, has occurred in the past or is likely to recur. Progressive conditions such as multiple sclerosis, cancer or HIV are covered by the Equality Act from the point of diagnosis.

The following are examples of impairments or long term conditions that could be considered a disability under this definition. It is not an exhaustive list but is intended to give you a guide as to what might be included:-

- Limited physical mobility
- Hearing impairment
- Upper limb disorders (e.g. repetitive strain)
- Long term back/neck problems
- Severe facial disfigurement
- Muscular dystrophy
- Severe allergies (not seasonal)
- Sight impairment that cannot be corrected by glasses or contact lenses
- Manic depressive illness
- Severe agoraphobia

- Epilepsy
- Heart/circulation complaints
- Learning disability
- Arthritis
- Multiple sclerosis
- Speech impairment
- Schizophrenia
- Dyslexia
- Crohns Disease
- Diabetes

If you are still not sure if your condition is a 'disability' for this purpose, you might like to answer these questions.



Here is a list of day-to-day activities to help you consider whether you may be adversely affected.

**Mobility** – moving unaided from place to place **Manual dexterity** – use of the hands, Physical coordination

Perception of the risk of physical danger Ability to lift, carry or move everyday objects. Memory or the ability to concentrate, learn or understand

**Speech, hearing, sight** (but not if it can be corrected by wearing glasses or contact lenses) **Continence** 

For office use only.

Shortlisted

**Appointed** 

# Appendix 2

Details of criminal convictions					
First name		Surname			
Post applied for		Reference number			
Date	Details of conviction information				
/ /					