|  |
| --- |
| **Application for a Support Staff Post at Castle View Enterprise Academy** |
| Please read the Information to Candidates document before completing this form |

|  |  |
| --- | --- |
| Post Title: | Learning Support Assistant (SEND) |
| Post Reference No: | 05/25 |
| Applicant’s Reference No. |  |
| **Please return all completed applications to** [**enquiries@cvea.co.uk**](mailto:enquiries@cvea.co.uk)  As this application may be photocopied, please complete the form in black ink or type.  Please note C.V.’s will not be considered  **Equal opportunities and monitoring**  The information requested in Part A of this form will be used for monitoring and administration purposes only and is not seen by the recruitment panel. Part B is separated when we receive your application form and given to the recruitment panel for shortlisting. This is done to reduce the possibility of unfair and unlawful discrimination. | |

**Part A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| First Name/s |  | | | |
| Surname/Last Name |  | | NI Number |  |
| All Previous Names |  | | | |
| Address |  | | | |
|  | | | Post Code |  |
| Telephone No. (Home or Mobile) | |  | | |
| Telephone No. (Work) – if convenient | |  | | |
| Email address | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities Monitoring** | | | | | | | | | | | | | | | | | | | | |
| Gender: | Male | |  | | Female |  | | Transgender | | | |  | Do not wish to say | | | |  | |  | |
| Date of birth: |  | | | | | | | | | | | | | | | | | | | |
| **Disability**  For the purpose of the Equality Act 2010 a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse affect on his/her ability to carry out normal day to day activities. | | | | | | | | | | | | | | | | | | | | |
| Do you have a disability, long standing illness or infirmity? | | | | | | | | | Yes | | | | |  | No |  | |  | | |
| **Ethnic Origin/Religious Belief/Faith/Relationship Status/Sexual Orientation**  Please tick one of the boxes below to best describe your ethnic origin, religious belief/faith, relationship status and sexual orientation. Please note that United Kingdom citizens can belong to any of the categories shown. | | | | | | | | | | | | | | | | | | | | |
| **White**   |  |  |  | | --- | --- | --- | |  |  | British | |  |  |  | |  |  | Irish | |  |  |  | |  |  | Any other white background | |  | | Please write in: | | | | |  | | **Black or Black British**   |  |  |  | | --- | --- | --- | |  |  | Caribbean | |  |  |  | |  |  | African | |  |  |  | |  |  | Any other black background | |  | | Please write in: | | | | | | | | |  | **Chinese or other ethnic group**   |  |  |  | | --- | --- | --- | |  |  | Chinese | |  |  |  | |  |  | Gypsy/Roma/Traveller | |  |  |  | |  |  | Any other ethnic group | |  | | Please write in: | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | |
| **Asian or Asian British**   |  |  |  | | --- | --- | --- | |  |  | Indian | |  |  |  | |  |  | Pakistani | |  |  |  | |  |  | Bangladeshi | |  | |  |  | Any other Asian background | |  | | Please write in: | | | | | **Mixed**   |  |  |  | | --- | --- | --- | |  |  | White and Black Caribbean | |  | |  |  |  | |  |  | White and Black African | |  | |  |  |  | |  |  | White and Asian | |  | |  |  | Any other mixed background | |  | | Please write in: | | | | | | | | | **Religious Belief/Faith**   |  |  |  | | --- | --- | --- | |  |  | Christianity | |  |  |  | |  |  | Hinduism | |  |  |  | |  |  | Islam | |  | |  |  | Judaism | |  |  |  | |  |  | Sikhism | |  | | | |  |  | Buddhism | |  |  |  | |  |  | No Religion | |  |  |  | |  |  |  | |  |  | Prefer not to say | |  | | |   Please write in: | | | | | | | | | |
|  | |  | | | | | |
| **Relationship Status**   |  |  |  | | --- | --- | --- | |  |  | Divorced/dissolved civil partnership | |  | |  |  |  | |  |  | Married/In a civil partnership | |  | |  |  |  | |  |  | Single | |  | |  |  | Widow/Widower | |  |  |  | |  |  | Prefer not to say | |  | | | | | **Sexual Orientation**   |  |  |  | | --- | --- | --- | |  |  | Heterosexual | |  |  |  | |  |  | Gay | |  |  |  | |  |  | Lesbian | |  | |  |  | Bisexual | |  |  |  | |  |  | Prefer not to say | |  | | | | | | | | |
| **Are you responsible for caring for anyone?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | I am not responsible for caring for anyone |  | Any other person  please write in: |  | |  |  | |  | I care for children/a child | |  |  | |  | I care for another relative | | | | | | | | | | | | | | | | | | | | |
| Where did you see this job advertised? | | | | | | |  | | | | | | | | | | | | |

|  |
| --- |
| **Veterans** |
| Are you an armed services veteran?Yes No |
| **You must answer the following questions if your response was yes. If your response was no, please move to the next section of the application form** |
| If successful, will this be your first civilian employment since leaving service?  Yes No |
| Since leaving service, have you been in civilian employment for 12 months or less?  Yes No |
| If yes, please specify the start date of your first civilian employment:  DD/MM/YYYY - |

|  |  |  |
| --- | --- | --- |
| **PART B** | **APPLICANTS REFERENCE NO:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Post Title (same as first page) |  | | |
|  | | | |
| **Present Job** | | | |
|  | | | |
| Employer’s Name and Address: |  | | |
|  | | | |
| Job Title: |  | | |
| Salary/Wage: |  | | |
| Date Commenced: |  | | |
| To whom do you report:  (Job Title) |  | | |
| What staff (if any) report to you? |  | | |
| Period of notice required: |  | | |
| Brief outline of duties: |  | | |
|  | | | |
|  | | | |
| Previous Employers (most recent first), please account for any gaps in your education or employment history | | | |
| **Employer and Job Title**  with full address | | **Date of Employment**  From To | **Reason for leaving** |
|  | | **-** |  |
|  | | **-** |  |
|  | | **-** |  |
|  | | **-** |  |
|  | | **-** |  |
|  | | **-** |  |
|  | | **-** |  |
|  | | **-** |  |

|  |  |  |
| --- | --- | --- |
|  | **APPLICANTS REFERENCE NO:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Relevant Educational, Vocational, Professional Qualifications or Training Courses**  (most recent first) | | | | | | | |
|  | | | | | | | |
| **Educational Establishment or Course Organiser** | | **Qualifications**  (where applicable) | | | **Grade** | **Date Achieved** | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | |  | | |  |  | |
|  | | | | | | | |
| **References**  Please supply the names and contact details of the **two referees** who can comment on your suitability for this position. One should be your current or most recent employer. If you are not currently working with children but have done so in the past, the second referee should be the employer by whom you were most recently employed in work with children. References will not be accepted from relatives, or persons who only know you as a friend. We reserve the right to seek additional references | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | **Name:**  **Address:** | |  | **Name:**  **Address:** | | |  |
| **e-mail:**  **Tel No:** | | **e-mail:**  **Tel No:** | | |
| Please note that we will contact the above referees if you are short listed for this post and seek references **before** interview. Also, in relation to work with children we will seek information about any past disciplinary issues relating to children and/or child protection concerns you may have been subject to. | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  | **APPLICANTS REFERENCE NO:** |  |

|  |  |  |
| --- | --- | --- |
| **How you meet the essential requirements** | | |
| Please state clearly how you meet all of the essential requirements listed on the Person Specification. Please see the Information to Candidate document for advice on how best to complete this section. | | |
|  | | |
| Please continue on a separate sheet if necessary | | |
|  | **APPLICANTS REFERENCE NO:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability – Reasonable Adjustments** | | | |
| Do you require us to make any reasonable adjustments that will help you to demonstrate your full potential in the recruitment process? If yes, please give details. | | | |
|  | | | |
|  | | | |
| **Declaration of Relationship** | | | |
| If you have any relationship with any governor, trustee, employee, or pupil of the school, Councillor or senior employee of the Council, please state the name(s) and nature of relationship(s). | | | |
|  | | | |
| **Note:** If you canvas any governor, trustee, employee of the school / Councillor, Committee or Senior Officer of the Council, directly or indirectly for this appointment, or if you fail to disclose a relationship, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice. | | | |
| **Declaration** | | | |
|  | | | |
| I confirm that all of the information given on this application form is correct and complete. | | | |
| Signed: |  | Date: |  |

**Note:** If you provide false information on any part of this form, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.

**Note:** If you return this form via email you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview or appointed to the post.

**Note:** Please ensure you return Part A and Part B of your application. Failure to do so will prevent us from considering your application for the position.

**Note:** Shortlisted applicants for all post are required to declare all criminal convictions whether “spent” or “unspent” and include any cautions and pending prosecution, with the exception of those spent convictions or cautions that are ‘protected’ (e.g. filtered).

Shortlisted candidates will be asked to complete a self-declaration of their criminal record or information that would make them unsuitable to work with children. The purpose of a self-declaration is so that candidates will have the opportunity to share relevant information and allow this to be discussed and considered at interview before the DBS certificate is received.

Applicants will be asked to sign a declaration confirming the information they have provided is true. Where there is an electronic signature, the shortlisted candidate will be asked to physically sign a hard copy of the application at point of interview.