## **Support Staff**



1. Details of position



## Important note for completion of the application form

This application form is all the information we have about you as a candidate. It is therefore vital that you give as much relevant information as possible. In particular make sure you read and understand the job description and selection criteria which accompany this form. It is important that you fully complete section 10 telling us in detail how you meet each of the selection criteria in turn under appropriate criterion headings (using extra paper if you require).

N.B. Curriculum vitae will not be accepted. You must fill in all sections of the application form. Please refer to guidance notes for assistance.

# Post applied for **Catering Asistant** Please complete and return to: Grade michelle.foster@foxprimary.c <u>o.uk</u> Scale 3-4 Closing date for receipt of this application 6th September 2024 2. Applicant's personal details Applicant's surname Initial(s) Permanent home address Postcode **Email address** Home telephone no. Work telephone no. Including extension (if applicable)

| Have you lived or worked outside the UK in the I   | ast 10 years?  YES  NO   |
|--|--|
| If YES, please state country/countries below   |  |
|  |  |
|  |  |
| Are you aged over 18?  | ☐ YES ☐ NO   |
| Do you require a work permit?  | ☐ YES ☐ NO   |
| If YES, when does your current work permit exp   | ire?   |
|  |  |
|  |  |
|  |  |
| 3. Details of references   |  |
| Please give the names and addresses of two pe<br>obtained. They should NOT related to you. They  | ople from whom a current reference may be must be able to provide professional references. |
| 1st REFEREE  | 2nd REFEREE  |
| Name   | Name   |
|  |  |
| Address  | Address  |
|  |  |
| Telephone no.  | Telephone no.  |
|  |  |
| Connection with applicant  | Connection with applicant)   |
|  |  |
| May we contact this person before  | May we contact this person before  |
| interview?   | interview?   |
|  |  |
| 4. Rehabilitation of Offenders Act 1974  |  |
| Do you have any criminal convictions, bindovers considered 'spent' under the Rehabilitation of Of For the purposes of employment in the education everything must be declared. | fenders Act 1974.  |
| ☐ YES ☐ NO   |  |
| If YES please give details   |  |

| 5. Relationship to current employee/councillor   |
|--|
| To your knowledge are you related to any borough Councillor and/or Governor of the school to which you are applying? |
| ☐ YES ☐ NO   |
| If YES, please give details  |
|  |
| 6. Current/most recent appointment   |
|  |
| Employer's name  |
| Employer's address   |
|  |
| Position held  |
|  |
| Salary   |
| Salary   |
|  |
| Starting date (if applicable)  |
|  |
| Please give a description of the duties involved in this post.   |
|  |
|  |
|  |

# 7. Previous appointments

# Please start with your most recent post

| Dates to and from | Name of employer/company | Position held | Reason for leaving |
|-------------------|--------------------------|---------------|--------------------|
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |

# 8. Other experience

# Please state other paid work experience in order of date

| Dates to and from | Name of employer/company | Position held | Reason for leaving |
|-------------------|--------------------------|---------------|--------------------|
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |
|                   |                          |               |                    |

## 9. Details of education

| Please list Schools/Colleges you have | ve attended since age16 |
|---------------------------------------|-------------------------|
|---------------------------------------|-------------------------|

| Name of school/college   | Qualification level/skills gained             | Date     |
|--|---|----------|
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
| You will be required to provide evidence relevant to your appointment. | e of any academic qualifications stated where | they are |
| relevant to your appointment.  |   |          |
| 10. Other training   |   |          |
| Please give details (e.g. relevant in-se                               | ervice training, etc.)                        |          |
| Description of course  |   | Date     |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |

# 11. How you consider you meet the selection criteria

| rawing upon your experience/skills/abilities and qualifications explain how you meet each iterion and what makes you suitable for this position. Address each one in turn. |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### IMPORTANT INFORMATION

## Please read before signing this application form

The accuracy of information provided may be checked with other organisations. Provision of false or misleading information may amount to a criminal offence.

The council may obtain from or provide information to third parties for the purposes of the detection and prevention of crime.

The council may data match information it holds about its employees for the prevention and detection of crime.

## **Declaration**

I accept that the offer of employment is conditional on the provision by me of true, accurate information with no material omissions.

I give my consent to the council making such reasonable enquiries as it sees fit in respect of my application.

As part of this application I agree to the provision of background character information being obtained from the criminal records bureau under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the checks requested are in accordance with the relevant legislation. I (the job applicant) confirm that the information provided in support of this application is accurate and true and that I have not omitted any material facts. I understand that knowingly to make a false statement for this purpose is a criminal offence and will mean that any provisional offer of employment made to me will be withdrawn, or if in post, will lead to the termination of my contract of employment without notice.

| Signature | Date |
|-----------|------|
|           |      |

## RECRUITMENT MONITORING

The School is committed to providing a working environment in which no person receives less favourable treatment because of their age, disability, ethnicity, gender, gender identity, nationality, religion/belief or sexual orientation. Information provided on this form will help us to monitor our progress towards meeting this commitment. This information will be treated confidentially and will only be used for statistical monitoring purposes.

Please select the most appropriate box in each section using a cross.

| Full Name:                   |                              |              |   |                               |                            |  |
|------------------------------|------------------------------|--------------|---|-------------------------------|----------------------------|--|
| Department :                 |                              |              | _ School:   |                               |                            |  |
| GENDER:                      | Female<br>Male               |              | DISABILITY: Do you have a physical or menta impairment which a substantial and term adverse effe your ability to carr normal day to day activities? | has<br>long<br>ct on<br>y out | Yes  No  Prefer not to say |  |
| ETHNIC GRO                   | OUP: I would o               | lescribe mys | elf as:   |                               |                            |  |
| WHITE                        | British Welsh Gypsy or Irish |              | English  Northern Irish  Any other White  |                               | Scottish<br>Irish          |  |
|                              | Traveller                    |              | background  |                               |                            |  |
| ASIAN OR<br>ASIAN<br>BRITISH | Indian                       |              | Pakistani   |                               | Bangladeshi                |  |
|                              | Chinese                      |              | Any other Asian background  |                               |                            |  |
|                              | _                            | P            | lease turn over   |                               |                            |  |

| BLACK OR<br>BLACK<br>BRITISH | African   |              | Caribbean   | Any other Black<br>background |   |
|------------------------------|---|--------------|---|-------------------------------|---|
| MIXED                        | White and<br>Black<br>Caribbean<br>Any other<br>Mixed<br>background |              | White and Black<br>African  | White and Asiar               | 1 |
| OTHER<br>ETHNIC<br>GROUP     | Arab  |              | Any Other Ethnic background   |                               |   |
|                              |   |              |   |                               |   |
| DELICION/DI                  |   | مد مانده ما  | vest see  |                               |   |
| RELIGION/BE                  | ELIEF: I would  | d describe m | yself as: Christian (including all Christian denominations)                   | Buddhist                      |   |
| RELIGION/BE                  |   | d describe m | Christian<br>(including all<br>Christian                                      | Buddhist<br>Muslim            |   |
| RELIGION/BE                  | No Religion   | d describe m | Christian<br>(including all<br>Christian<br>denominations)                    |                               |   |
| RELIGION/BE                  | No Religion<br>Hindu  | d describe m | Christian<br>(including all<br>Christian<br>denominations)<br>Jewish          | Muslim  Prefer not to         |   |
|                              | No Religion Hindu Sikh  |              | Christian<br>(including all<br>Christian<br>denominations)<br>Jewish          | Muslim  Prefer not to         |   |
|                              | No Religion Hindu Sikh  | would descr  | Christian (including all Christian denominations)  Jewish  Any other religion | Muslim  Prefer not to         |   |

Thank you for taking the time to complete this form.

<u>Confidentiality</u>
All personal data is processed in accordance with the terms and conditions of the Data Protection Act 1998.

Please return to: michelle.foster@foxprimary.co.uk