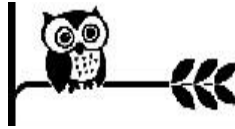


Application form for Oswald Road Primary School



MANCHESTER
CITY COUNCIL

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Data protection notice

Throughout this form we ask for some personal data about you. We'll only use this data in line with data protection legislation and process your data for one or more of the following reasons permitted in law:

- You have given us your consent
- We must process it to comply with our legal obligations
- We need to process it for our legitimate interests

Vacancy information

Application for the post of:

Job ID/reference number:

What date are you available to begin a new post?:

Recruitment monitoring

Where did you first hear about this job?:

Disclosure and Barring and childcare disqualification

The school is legally obligated to process a Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which aren't "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

We'll use the DBS check to ensure we comply with the Childcare Disqualification Regulations

Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the school's privacy statement.

Do you have a DBS certificate?: ☐ Yes ☐ No **Date of check:**

If you've lived or worked outside of the UK in the last 5 years, the school may require additional information in order to comply with 'safer recruitment' requirements. If you answer 'yes' to the question below, we may contact you for additional information in due course.

Have you lived or worked outside of the UK in the last 5 years?: ☐ Yes ☐ No

Right to work in the UK

The school will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.

By signing this application, you agree to provide such evidence when requested.

Sign and date:

1. Instructions

Please complete all sections of this form using black ink or type.

The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

Applications will only be accepted if they are completed in full:

Applications to be sent to vacancies@oswaldroad.manchester.sch.uk

2. Personal details

| Personal details | |
|--|--|
| First name | |
| Surname | |
| Preferred title | |
| Previous surnames | |
| If you prefer to be called by a name other than the one listed above, please specify | |

| Contact details | |
|-----------------|--|
| Address | |
| Postcode | |
| Home phone | |
| Mobile phone | |
| Email address | |

| Disability and accessibility |
|---|
| <p>The school is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.</p> <p>If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you're called for an interview, please state the arrangements you require:</p> |

Relationship to the school/trust

Please list any personal relationships that exist between you and any of the following members of the school community:

Update this list, and the sentence below, as appropriate

- Governors
- Local governors
- Staff
- Pupils

If you have a relationship with a governor, trustee, local governor or employee, this does not necessarily prevent them from acting as a reference for you.

| Name | Relationship | Role at the school |
|------|--------------|--------------------|
| | | |
| | | |
| | | |

3. Employment history

Current employment details (teaching posts, including teaching assistants)

| Job title | Employer details (name, address, email and/or telephone) | Dates employed | Age range taught | Number on roll | Permanent or temporary | Part-time or full-time | Salary (inc. allowances) | Description of responsibilities |
|-----------|---|-------------------|------------------------|-------------------|------------------------------|---------------------------|-----------------------------|---------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Previous employment

Please provide details of previous employment. List the most recent employment first.

| Job title | Name and address of employer | Dates employed | Description of responsibilities | Reason for leaving |
|-----------|------------------------------|----------------|---------------------------------|--------------------|
| | | | | |

Gaps in employment

Please use the space below to explain any gaps in your employment.

4. Education and training

Education and qualifications

Please provide details of your education from secondary school onwards.

You'll be required to produce evidence of qualifications.

| Dates attended (month and year) | Name and location of school/college/university | Qualifications gained (including grades) |
|------------------------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Training and professional development

Please give details of training or professional development courses undertaken in the last 3 years that are relevant to your application.

| Course dates | Length of course | Course title | Qualification obtained | Course provider |
|--------------|------------------|--------------|---------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Teacher status

| | |
|---|--|
| Teacher reference number | |
| Do you have QTS? | |
| QTS certificate number (where applicable) | |
| Date of qualification | |
| Are you subject to a teacher prohibition order, or an interim prohibition order, issued by the secretary of state, as a result of misconduct? | |
| Are you subject to a General Teaching Council sanction or restriction? | |

Additional information

Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests.

5. Letter of application

Please attach an accompanying letter explaining why you're applying for this post and how your experience, training and personal qualities match the requirements of the role as set out in the job description and person specification.

Please also include your surname and the title of the post you're applying to as the filename for the attachment.

6. References

Please give names of **2 people** who are able to comment on your suitability for this post. One must be your present or last employer. If you've not previously been employed, please provide details of another suitable referee.

The school reserves the right to seek any additional references we deem appropriate.

Please let your referees know that you've listed them as a referee, and to expect a request for a reference should you be shortlisted.

| Name | Relationship to you | Address and postcode | Contact number | Email address | Is this your current employer? |
|------|---------------------|----------------------|----------------|---------------|--------------------------------|
| | | | | | |
| | | | | | |

If either of your referees knows you by a different name, please state:

If you don't wish us to contact your referees without your prior agreement, please tick this box: ☐

7. Equalities monitoring

We're bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.

This information will **not** be used during the selection process. It will be used for monitoring purposes only.

| Equalities monitoring information | | | | | | | | |
|---|--|---|---|---|---|---|---|---|
| What is your date of birth? | D | D | M | M | Y | Y | Y | Y |
| | | | | | | | | |
| What is your sex? | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | |
| What gender are you? | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say | | | | | | | |
| Do you identify as the gender you were assigned at birth? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say | | | | | | | |
| How would you describe your ethnic origin? | | | | | | | | |

| | | |
|--|---|--|
| White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background | Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background | Other Ethnic groups <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group |
| Asian or British Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese | Mixed <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Prefer not to say |

Which of the following best describes your sexual orientation?

☐ Bisexual
☐ Heterosexual/straight
☐ Homosexual man
☐ Homosexual woman
☐ Other
☐ Prefer not to say

What is your religion or belief?

| | | |
|--|---|---|
| <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu | <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> No religion | <input type="checkbox"/> Other <input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say |
|--|---|---|

Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☐ Yes
☐ No
☐ Prefer not to say

If you answered 'yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'.

- ☐ Physical impairment
- ☐ Sensory impairment
- ☐ Learning disability/difficulty
- ☐ Long-standing illness
- ☐ Mental health condition
- ☐ Developmental condition
- ☐ Other