

**Application for Employment**

**(for posts which require a CRB disclosure).** Please read the “Guidance Notes for Applicants” leaflet before you fill in this application form.

Post applied for

We welcome applications from everyone regardless of age, race, colour, sex, marital status, religion or belief, ethnic origin, nationality, disability, gender preference or sexual orientation.

It is the Council’s policy to interview disabled candidates who

 **Personal details**

Last Name:

First Name/s:

Address including postcode

Telephone: (please tick preferred contact details)

Home:

Work:

Mobile:

Former Names (if any):

Email Address:

National Insurance Number:

or Proof of Right to Work in the UK:

meet all the essential criteria. Reasonable adjustments will be made to facilitate disabilities.

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| Do you consider yourself to be disabled? | | Yes |  |  | No |  |  |  |  |  |
|  |  |  |  |  |
| Teacher Registration No (if applicable): | |  |  |  |  |  |  |  |  |  |
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| If you are already a Barnsley MBC employee, are you ‘at risk’? | | Yes |  |  | No |  |  | |  |  |
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| If yes, please provide details of your at risk status |  |  |  |  |  |  |  |  |  |  |
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| Please tell us if there are any dates when you will not |  |  |  |  |  |  |  |  |  |  |
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| be available for interview: | |  |  |  |  |  |  |  |  |  |

Please remember to include any specific projects or areas of responsibility that you have held or are holding.

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| Do you want to be considered for Job Share? | Yes |  |  |  | No |  |  |  |  |
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 **Employment**

Please tell us about your present employment or last job if you are currently unemployed.

Job Title: Please describe in brief your duties and responsibilities (and key achievements where relevant)

Employer:

Employer’s Address:

Date Employment Started: Date Employment Ended:

(if applicable)

Reason for Leaving: (if applicable)

Wage/Salary: Notice Required: (if applicable)



Starting with the most recent, please list all previous employers in chronological order since leaving secondary school. Continue on a separate sheet if necessary.

 **Previous Employers**

**Please tell us about all your previous employment (paid and unpaid).**

Note: if you are applying for a post in residential care, the Council may approach all previous employers whether or not you have given them as referees.

Name and Address of Employer: Main Duties/Responsibilities:

If you do use extra pages for your previous employment, please:

1. Tick the box below and follow the same format as this application form.
2. Remember to put your name on the top of each page and number the pages.

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| Job Title: |  |  |  |  |
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| From: |  | To: |  | Reason for Leaving: |
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| Name and Address of Employer: | | |  | Main Duties/Responsibilities: |
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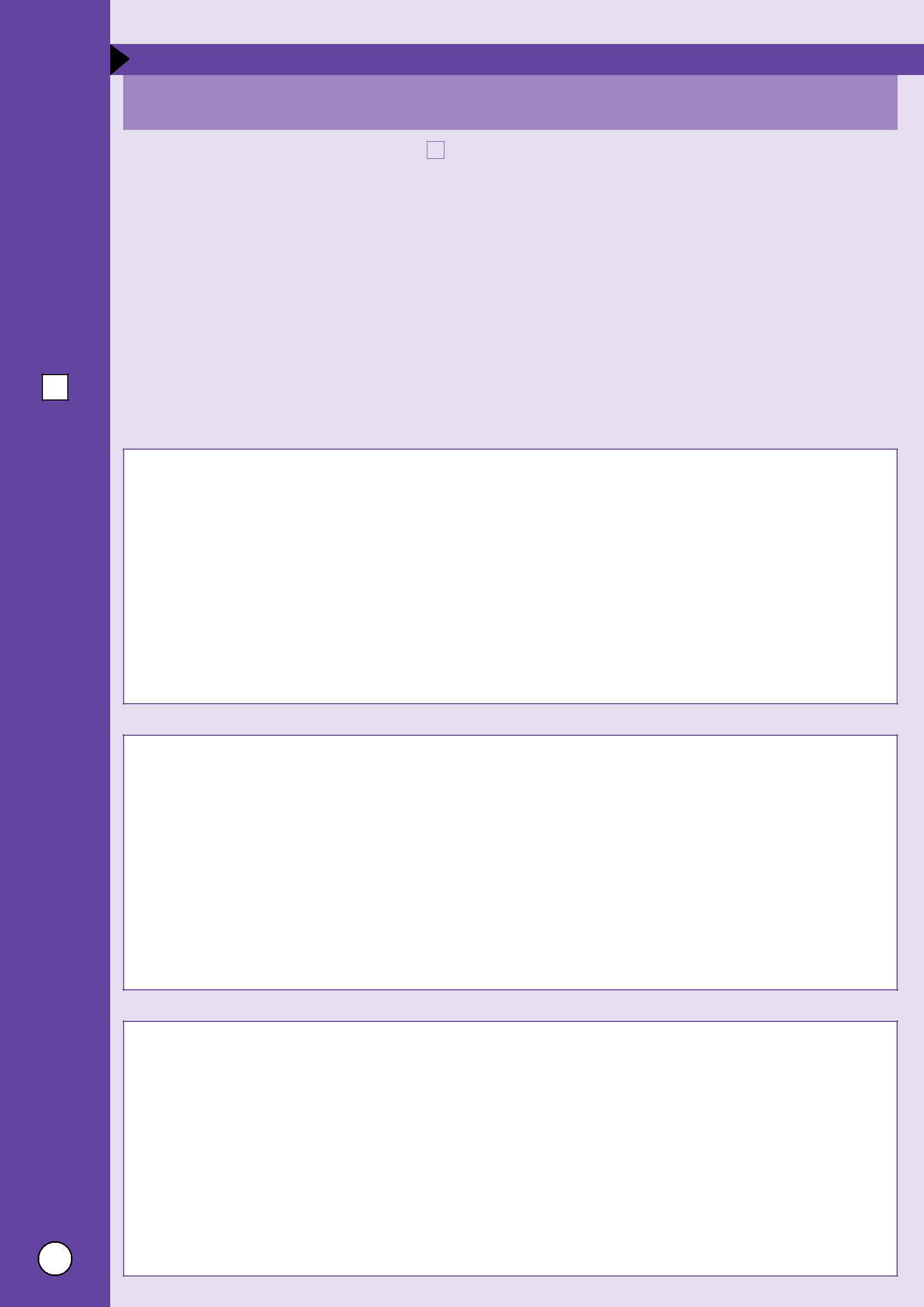
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| Job Title: |  |  |  |  |
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| Name and Address of Employer: | | |  | Main Duties/Responsibilities: |
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Job Title:

From: To: Reason for Leaving:

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| Have you had any breaks in your employment? Yes | | | | |  |  | No |  |  |  |
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| If ‘Yes’, please give details: | | | | | |  |  |  |  |  |

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| Please do not | **Information supporting your application for this post** |  |
| send in a C.V. |  |
|  |  |
|  | By using clear, identifiable examples, please demonstrate how you meet the criteria indicated on the Employee |  |
|  | Specification. |  |



If you use

extra pages for supporting your application, please:

1. Tick the box below and follow the same format as this application form.
2. Remember to put your name on the top of each page and number the pages.

**Experience:**

**General and Special Knowledge:**

**Skills and Abilities:**

**Additional Factors:**



Please do not send in a C.V.

If you use extra pages for qualifications/ training or membership of professional bodies, please:

1. Tick the box below and follow the same format as this application form.
2. Remember to put your name on the top of each page and number the pages.

 **Qualifications/Training**

Please indicate from the list below the highest qualification you currently hold.

**Entry Level definition**

Entry level certificate, BTEC Certificate in life skills, BTEC Certificate in Skills for Working Life

**Qualification at level 1 and below definition**

NVQ level 1, GNVQ Foundation level, GCSE/O-level grade D - G, CSE below grade 1, BTEC first or general certificate, RSA Stage I, II and III, City and Guilds part 1

**Level 2 Qualification or equivalent definition**

NVQ level 2, GNVQ intermediate, RSA diploma, City and Guilds craft or part II (and other names), BTEC first or general diploma, GCSE/O-level grade A\* - C, CSE at Grade 1

**Level 3 Qualification or equivalent definition**

A-levels or equivalent, AS level, NVQ level 3, GNVQ advanced, OND, ONC, BTEC National, City and Guilds advanced craft, Part III (& other names), RSA advanced diploma

**Other Higher Education below Degree Level definition**

Diplomas in higher education and other higher education qualifications, HNC, HND, Higher level BTEC, Teaching qualifications for schools or further education (below degree level standard), Nursing or other medical qualifications (below degree level standard), RSA higher diploma

**Degree definition**

First higher degree (BA, BSc, B.Ed) e.g. graduate member of professional institute, chartered accountant or surveyor

**Higher Degree definition**

Higher Degree and postgraduate qualifications, Postgraduate diploma and certificates including PGCE, NVQ level 5, Masters, Doctorates

**Using the definitions above please state your qualification level.**

 I have no formal qualifications

 Entry Level definition

 Qualification at level 1 and below definition

 Level 2 Qualification or equivalent definition

 Level 3 Qualification or equivalent definition

 Other Higher Education below Degree Level definition

 Degree definition

 Higher Degree definition

 Other – please give details below:

Please detail that you have the required qualifications for the job as shown in the employee specification, state the awarding body and date of award. **Note:** you will be required to provide original certificates if invited for interview.

If you have no qualifications please enter N/A below.



 **Membership of Professional Bodies (if applicable)**

Professional Body: Registration No: Type of Membership: Renewal Date:

Please supply details of two referees (three in the case of posts in residential care).

One of the two referees must be your present or last employer, if previously employed.

Please note that we do not accept references from relatives or from people writing solely in the capacity of friends.

 **References**

Name:

Job Title:

Address:

Relationship: (e.g. Line Manager)

Telephone Number: (inc STD code)

Email Address:

Can we contact your referees before your interview?

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| Referee 1: |  |  |  | Yes |  |  |  | No |  |
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Name:

Job Title:

Address:



Relationship:

Telephone Number: (inc STD code)

Email Address:

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| Referee 2: |  |  |  | Yes |  |  |  | No |  |
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 **Data Protection Act 1998**

The information you have provided on this application form will be processed by computer. This data will also be used to produce statistics for equality and diversity, and recruitment monitoring.

 **Canvassing will disqualify**

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| Are you related to any Councillor or employee of the Council? | | |  |  |  |  | Yes |  |  |  | No |  |
|  |  |  |  |  |  |  |
| Please give details: | |  |  |  |  |  |  |  |  |  |  |  |
| Name: |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Position: |  |  |  |  |  |  |  |  |  |  |
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| Relationship: |  |  |  |  |  |  |  |  |  |  |  |
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I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information, or directly or indirectly canvassed a Councillor or an Officer of the Council, in support of my application, I may be disqualified from consideration for the post or face disciplinary action after appointment.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Failure to disclose

 **Disclosure of Criminal Background of those with Access to Vulnerable Groups**

information concerning previous convictions may lead to dismissal or disciplinary action by the Authority.

Last Name:

First Name:

Former Names (if any):

Post applied for:

Post Reference Number:

You have applied for a post that is an exempt position under the provisions of the Rehabilitation of Offenders Act 1974. Therefore the statement that “after a certain period of time, convictions need not be disclosed and those convictions be treated as if they never took place” **does not apply.**

You must therefore, declare any pending prosecutions, any convictions, cautions, reprimands or warnings which you have had at any time. The information will be treated as confidential and will only apply to this particular vacancy. **It is essential that you complete and sign this form.**

If you do not have any convictions, cautions, reprimands, or warnings, then please write “None” across the boxes.

If the post you have applied for also has: “regular contact with” or

“cares for”, “trains”, “supervises” or

“is in sole charge of children or vulnerable adults”,

then you will be required to apply for a Disclosure of Criminal conviction and/or record to the Criminal Records Bureau should your application be successful and before an appointment is confirmed. Having a criminal record will not necessarily bar you from employment. Each case will be judged on its own merits.

If necessary, please use a separate sheet of paper to give full details and place them in a sealed envelope marked ‘confidential’.

If you use extra pages for details of convictions, reprimands or warnings tick the box below and follow the same format as this application form.

Date: Details of convictions, cautions, reprimands or warnings: Penalty:

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| Are there any matters pending? | | | Yes |  |  |  |  |  | No |  |  |  |  |  |
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| Are you barred from working with vulnerable adults? (ISA Vulnerable Adults Barred List) | | | Yes |  |  |  |  |  | No |  |  |  |  |  |
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| Are you subject to sanctions from a regulatory body? (e.g. GTC) | | | Yes |  |  |  |  |  | No |  |  |  |  |  |
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| Are you barred from working with children (ISA Children’s Barred List?) | | | Yes |  |  |  |  |  | No |  |  |  |  |  |
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| If you answered “Yes” to any of the above, please give details below: | | |  |  |  |  |  |  |  |  |  |  |  |  |
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 **Declaration**

I declare that the particulars given are correct and that I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in my application being rejected, dismissal or disciplinary action, or possible referral to the police.

Signed: Date:

|  |  |
| --- | --- |
| X | X |



As a minimum, would you fill in your name, date

this section is optional.

Any data provided on this form will be held securely under the terms of the Data Protection Act.

 **Equality Monitoring**

We are committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. Please help us by completing this form.The shortlisting/ interviewing panel will not see this information.

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| Post Ref. Number: | | | | | | | | | | | | | | | | | |  | Post Title: | |  |  |  |  |  |  |  |
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| Name: | | | | | | | | | | | | | | | | | |  | Date of Birth: | |  |  |  |  |  |  |  |
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| Are you currently employed by Barnsley MBC? | | | | | | | | | | | | | | | | | |  | Yes |  |  |  | No |  |  |  |  |
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For ethnicity, choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. If you tick an “Other” box, please specify as shown.

**Ethnicity** Prefer not to say  **A** White

British

Irish European

Gypsy/Traveller Irish

Other White\* - Please state:

**B** Mixed

White and Black Caribbean White and Black African White and Asian

Other Mixed\* - Please state:

**C** Asian or Asian BritishIndian

Pakistani Bangladeshi

Other Asian\* - Please state: 

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| **D** Black or Black British | |  |  | **E** Chinese, Chinese British, or Other Ethnic Group | | | | |  |
| Caribbean |  |  |  | Chinese |  |  |  |  |  |
|  |  |  |  |  |
| African |  |  |  | Other Chinese\* - Please state: |  |  |  |  |  |
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| Other Black\* - Please state: |  |  |  |  |  |  |  |  |  |
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\*If ‘Other’ please specify

There is a definition of disability in the “Guidance Notes for Applicants” leaflet

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| **Religion** | | | | | | | | | | | | | | | | | | | |  | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Christian (including all Christian denominations) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | | | |  | | Buddhist | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | | | | | | Hindu | | | | | | | | | | | | | | | | |  |  | | | |  |  | | |  | | | |  | |  | | | |  | | | |  | | |  | | |  | | | | | Rastafarian | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | |
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| Muslim | | | | | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  |  | | Sikh | | | | | | | | | | | | | | |  | |  |  |  | | |  | |  | | |  | | | |  | | Jewish | | | | | | | |  | |  | | |  | | |  | | | | | |  | | None | | | | | | | | | | | | | | |  | | | |  | |  | | |  | | |  | | | | | |  | | Other\* | | | | | | | | | | | | | | | | |  |  | | | |  |  | | |  | | | |  | |  | | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | | | |  | |
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| **Disabled** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Do you consider yourself to be disabled? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | Yes | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | No | | | | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | |
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| **Age Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Sexual Orientation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Bisexual | | | | | | | | | | | | | |  | | | | |  | | Gay man | | | | | | | | | |  | |  |  |  | |  |  | |  | |  | | Heterosexual/straight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | |  | | | |  | |  | | | |  | | |  | | |  | | | Lesbian | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | |
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| Are you open about your sexual orientation at work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | |  | | |  | | |  | | | |  | |  | | | |  | | |  | | |  | | |  | | | | |  | | |  | | |  | | |  | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | | | No | | | | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | |
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| **Thank you for your help** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | |  | |  | | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | | |  | | |  | |  | | | |  | | | |  | | |  | | |  | | | | |  | | | | | |  | | |  | |  | |  | |  | | | | |  |  | | | | | | | | | |  | |  | | | | | | | |  | | |  | | | | |  | | |  |
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| To view our safeguarding policy, please visit <https://tankersleystpeters.org.uk/policies/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |