Top of Form

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| --- | --- | --- | --- | --- |
|  |  | **Isle of Wight Council** |  |  |

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| **GDPR Statement**The Isle of Wight Council is the data controller for the personal information you provide on this form. The council’s Data Protection Officer can be contacted at dpo@iow.gov.uk. You can contact the council by phone on 01983 821000, or by writing to us at County Hall, High Street, Newport, IW PO30 1UD.Form data will be used for the following; Shortlisting applicants for recruitment Reporting on Equality MonitoringThe data collected in this form will be sent to the following: **HR - Recruitment (Shared Services)** and will be shared with: **HR Support Team, Recruitment Manager**We will keep your personal data in accordance with our Retention Policy which is available on our website.[View the Privacy Notice](https://www.iow.gov.uk/Council/OtherServices/Website/Privacy)You have a number of rights under the data protection legislation. Please note not all of these rights apply to all processing and any request will be considered on a case by case basis. Your rights include:* The right to be informed
* The right of access
* The right to rectification
* The right to erasure
* The right to restrict processing
* The right to data portability
* The right to object
* Rights related to automated decision making, including profiling

If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner’s Office. Email: casework@ico.org.uk ; website: [www.ico.org.uk](http://www.ico.org.uk/); telephone: 03031231113For further details on how your information is used; how we maintain the security of your information; and your rights, including how to access information we hold on you, and how to complain if you have any concerns about how your personal details are processed, please visit [www.iwight.com/privacynotice](https://www.iwight.com/privacynotice) or email dpo@iow.gov.uk. |

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|  |
| --- |
| **Job Vacancy Application - Non-teaching - with DBS**This role involves engaging in regulated activity relevant to children. It is an offence to apply for the role if you are barred from engaging in regulated activity relevant to children |
| **Position Details** |
|  | **Post** | **TEACHING ASSISTANT & MSA** |  |
|  | **School** | **SHALFLEET CE PRIMARY SCHOOL** |  |
| **Personal Details** |
|  | **Title** |

|  |
| --- |
| Mr |
| Mrs |
| Ms |
| Miss |
| other... |

 |  |
|  | **Please enter your title** |  |  |
|  | **Forename** |  |  |
|  | **Preferred Name** |  |  |
|  | **Middle name/Initials** |  |  |
|  | **Surname** |  |  |
|  | **Maiden Name** |  |  |
|  | **Any previous names known by** |  |  |
|  | **Date of birth** |  |  |
|  | **National Insurance Number** |  |  |
| **Contact Details** |
|  | **Building/house name/number** |  |  |
|  | **Street address** |  |  |
|  | **Town Name** |  |  |
|  | **County** |  |  |
|  | **Country** |  |  |
|  | **Postcode** |  |  |
|  | **Home Telephone Number (including area code)** |  |  |
|  | **Mobile Telephone Number** |  |  |
|  | **Email address** |  |  |
|  | **If entered, may we use this email address to contact you about the recruitment process?** |

|  |
| --- |
| Yes |
| No |

 |  |
| **Present Employment** |
|  | **Post held** |  |  |
|  | **Employer** |  |  |
|  | **Date of appointment** |  |  |
|  | **Salary/wage** |  |  |
|  | **Period of notice required** |  |  |
| **Previous Employment (most recent first)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Position Held** | **Employer** | **Reason For Leaving** |
|  |  |  |  |  |
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 |  |
| **Details of Qualifications, Education and Training** |
|  |

|  |  |  |
| --- | --- | --- |
| **School, College or University** | **Qualification (e.g. English)** | **Result/Grade achieved** |
|  |  |  |
|  |  |  |
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 |  |
|  | **Please tell us about any other training you may have undertaken in the last 5 years and your current membership of professional institutions** |  |
|  |  |  |
|  | **Are you a social worker registered with Social Work England? (Please note this information is only required if the position you are applying for requires this registration)** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | **If yes, please give your registration number** |  |  |
| **Further Personal Details** |
|  | It is the Council's policy to interview disabled candidates who meet the essential requirements of the post. For this reason, it is necessary to ask: |  |
|  | **Do you class yourself as disabled under the terms of the Equality Act 2010** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | The Act defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities. |  |
|  | **Should you require any special arrangements for interview or any other part of the selection procedure, please let us know.** |  |
|  |  |  |
|  | **Do you have a current full UK driving licence?** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | **Do you own a car/motor vehicle? (This will only be considered where transport is required for the post)** |

|  |
| --- |
| Yes |
| No |

 |  |
| **Additional Information** |
|  | **Please supply more information including current and previous experience (this may include experience outside of employment) and relevant skills and competencies. This information will be used to assess you against the criteria outlined in the Job Description and Person Specification / Job Summary.** |  |
|  |  |  |
| **Important Monitoring Information** |
|  | Asylum and Immigration Act 1996 |  |
|  | **Are you legally eligible to work in the UK?** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | **Do you have any restrictions on taking up employment in the UK?** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | **If so please supply details of restrictions** |  |  |
|  | Declaration of Criminal Offences |  |
|  | It is essential that you complete the Declaration of Criminal Offences form. Please read it carefully so that you are clear about what you need to declare and whether a Criminal Records Disclosure will also be required. |  |
|  | Equality Monitoring |  |
|  | Please complete the Equal Opportunities Monitoring form. |  |
|  | Please note:If you have printed this form and are completing it manually, ensure you return with your application, both the Declaration of Criminal Offences form and Equal Opportunities Monitoring form. |  |
| **References** |
|  | For all posts: We require the names and contact details of two referees, one must be your present or most recent employer. We reserve the right to take up a reference from any previous employer. References will usually be sought at the job offer stage although the council reserves the right to request them prior to this where it is deemed necessary. |  |
|  | For any post working with children or vulnerable adults: If you have worked with children/young people or vulnerable adults before but are not currently doing so, one referee must be the employer you were most recently employed by working with the client group concerned. |  |
|  | **Are you currently employed by the Isle of Wight Council?** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | Internal candidates: Candidates moving from one role to another within the council/federation will require only one reference from their current line manager. |  |
|  | **Contacting Referees** |

|  |
| --- |
| Please tick this box if you would not like your referees to be contacted until a formal offer of employment is made |

 |  |
| **Referee 1** |
|  | **Name** |  |  |
|  | **Address** |  |  |
|  | **Job Title** |  |  |
|  | **Relationship** |  |  |
|  | **Telephone Number** |  |  |
|  | **Fax Number** |  |  |
|  | **Email** |  |  |
| **Referee 2** |
|  | **Name** |  |  |
|  | **Address** |  |  |
|  | **Job Title** |  |  |
|  | **Relationship** |  |  |
|  | **Telephone Number** |  |  |
|  | **Fax Number** |  |  |
|  | **Email** |  |  |
| **Declaration** |
|  | I certify that the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it may automatically disqualify me from appointment or may render me liable to dismissal without notice. |  |
|  |

|  |
| --- |
| I confirm I have read and accept these conditions |

 |  |
|  | **Date** |  |  |
|  | **Signed** |  |  |
| **Equal Opportunities Monitoring** |
|  | The Isle of Wight Council wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but completing this section of the form is voluntary. |  |
|  | **Equal Opportunities Monitoring** |

|  |
| --- |
| Please tick this box if you do not wish to complete the Equal Opportunities section of this form |

 |  |
|  | **Gender** |

|  |
| --- |
| Man |
| Woman |
| Intersex |
| Non-binary |
| Prefer not to say |
| Prefer to use your own term |

 |  |
|  | **Please specify** |  |  |
|  | **Are you married or in a civil partnership?** |

|  |
| --- |
| Yes |
| No |
| Prefer not to say |

 |  |
|  | **Age** |

|  |
| --- |
| 16 - 24 |
| 25 - 29 |
| 30 - 34 |
| 35 - 39 |
| 40 - 44 |
| 45 - 49 |
| 50 - 54 |
| 55 - 59 |
| 60 - 64 |
| 65 or more |
| Prefer not to say |

 |  |
|  | What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate option |  |
|  | **White** |

|  |
| --- |
| English |
| Welsh |
| Scottish |
| Northern Irish |
| Irish |
| British |
| Gypsy or Irish Traveller |
| Prefer not to say |
| Any other white background |

 |  |
|  | **Please describe** |  |  |
|  | **Mixed / multiple ethnic groups** |

|  |
| --- |
| White and Black Caribbean |
| White and Black African |
| White and Asian |
| Prefer not to say |
| Any other mixed background |

 |  |
|  | **Please describe** |  |  |
|  | **Asian / Asian British** |

|  |
| --- |
| Indian |
| Pakistani |
| Bangladeshi |
| Chinese |
| Prefer not to say |
| Any other Asian background |

 |  |
|  | **Please describe** |  |  |
|  | **Black / African / Caribbean / Black British** |

|  |
| --- |
| African |
| Caribbean |
| Prefer not to say |
| Any other Black/African/Caribbean background |

 |  |
|  | **Please describe** |  |  |
|  | **Other ethnic group** |

|  |
| --- |
| Arab |
| Prefer not to say |
| Any other ethnic background |

 |  |
|  | **Please describe** |  |  |
|  | What is your nationality? Please look up your nationality here and enter it below |  |
|  | **Your nationality** |  |  |
| **Equal Opportunities Monitoring (cont)** |
|  | **Do you consider yourself as disabled under the terms of the Equality Act 2010?** |

|  |
| --- |
| Yes |
| No |
| Prefer not to say |

 |  |
|  | **What is the effect or impact of your disability or health condition on your ability to give your best at work?** |  |  |
|  | The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with the manager running the recruitment process. |  |
|  | **What is your sexual orientation?** |

|  |
| --- |
| Heterosexual |
| Gay |
| Lesbian |
| Bisexual |
| Prefer not to say |
| Prefer to use your own term |

 |  |
|  | **Please describe** |  |  |
|  | **What is your religion or belief?** |

|  |
| --- |
| No religion or belief |
| Buddhist |
| Christian |
| Hindu |
| Jewish |
| Muslim |
| Sikh |
| Prefer not to say |
| Other religion or belief |

 |  |
|  | **Please describe** |  |  |
|  | **What is your current working pattern?** |

|  |
| --- |
| Full-time |
| Part-time |
| Prefer not to say |

 |  |
|  | **What is your flexible working arrangement?** |

|  |
| --- |
| None |
| Flexi-time |
| Staggered hours |
| Term-time hours |
| Annualised hours |
| Job share |
| Flexible shifts |
| Compressed hours |
| Homeworking |
| Prefer not to say |
| Other |

 |  |
|  | **Please describe** |  |  |
|  | **Do you have caring responsibilities? If yes, please tick all that apply** |

|  |
| --- |
| None |
| Primary carer of a child/children (under 18) |
| Primary carer of disabled child/children |
| Primary carer of disabled adult (18 and over) |
| Primary carer of older person |
| Secondary carer (another person carries out the main caring role) |
| Prefer not to say |

 |  |
|  | **Where did you see this post advertised?** |

|  |
| --- |
| Isle of Wight Jobs |
| County Press |
| iWight.com |
| Internal advertisement |
| LG Jobs |
| Indeed |
| FindAJob.gov |
| Facebook Jobs |
| Twitter |
| LinkedIn |
| Instagram |
| JobsGoPublic |
| Industry Specialist Site |
| EverydayIsDifferent.gov |
| Other |

 |  |
|  | **Please describe** |  |  |
| **Declaration of Criminal Offences** |
|  | BEFORE COMPLETING THIS FORM, PLEASE READ THE DECLARATION OF CRIMINAL OFFENCES GUIDELINES CAREFULLY The post for which you are applying is exempt from the Rehabilitation of Offenders Act 1974. This means that you MUST disclose all details of any caution, bind over or criminal offence, and any cases that you have pending, in line with the guidance provided. |  |
|  | Please confirm you have read these guidelines |  |
|  |

|  |
| --- |
| I confirm I have read and understand the Declaration of Offences guidelines |

 |  |
|  | Using the above guidelines, please list all cautions, bind overs and criminal offences. Do not forget to include any pending convictions and indicate that they are pending in the column ‘Place and date of judgement(s)’. If you have no convictions please confirm this below. |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of offence (s)** | **Nature of offence** | **Place and date of judgement (s)** | **Sentence (s)** |
|  |  |  |  |

 |  |
|  | **Convictions** |

|  |
| --- |
| I confirm I have no convictions |
| I have entered details of convictions above |

 |  |
|  | All information given will be treated in confidence and will be used for this job application only. |  |
|  | I certify that the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it may automatically disqualify me from appointment or may render me liable to dismissal without notice. |  |
|  | **Please confirm you have read these conditions** |

|  |
| --- |
| I confirm I have read and accept these conditions |

 |  |
|  | **Signed** |  |  |
|  | **Job Applied For** |  |  |
|  | **Surname** |  |  |
|  | **Forenames** |  |  |
|  | **Date of Birth** |  |  |
|  | PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR APPLICATION. Please read The Isle of Wight Council's policy on the Recruitment of Ex-Offenders The Criminal Records Bureau publish a Code of Practice, if you would like to see this please visit their website https://www.gov.uk/government/organisations/disclosure-and-barring-service, or telephone 01983 821000 and ask for the Human Resources Section, Employment Services Team, we will be happy to provide you with a copy. |  |
|  | **Have you signed up for the DBS Update Service?** |

|  |
| --- |
| Yes |
| No |

 |  |
|  | For more information on the DBS Update Service click here |  |
|  |
|  |  |
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