

# The Southover Partnership

## Application Form

**Position Applied For:** \_\_\_\_\_

**Please see our website for current roles available within Schools and Outreach**

**Working within: SCHOOLS / OUTREACH / EITHER**

School positions are usually permanent, outreach positions are usually termly

### Personal Details

**Title:** \_\_\_\_\_ **First Names:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Previous Surname:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contact Number - Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**National Insurance No:** \_\_\_\_\_

**Do you require a work permit to work in the UK?**  Yes  No

*(If yes, please attach residents permit/proof of eligibility to work in UK)*

**Do you hold a current driving licence?**  Yes  No

**Do you consider yourself to have a disability?**  Yes  No

If you have answered yes, please give details of any assistance you will need during the recruitment and selection process: \_\_\_\_\_

**Do you have Qualified Teacher Status (QTS)?**  Yes  No

QTS No: \_\_\_\_\_ Date of qualification: \_\_\_\_\_

**Do you have a current DBS certificate?**  Yes  No

DBS No: \_\_\_\_\_ DBS Date: \_\_\_\_\_

**Please state where you learned of the Southover Partnership:** \_\_\_\_\_

## Employment

Please provide details of all employment, paid and voluntary, elaborating on teaching experience any work you have done with children.

**Current or Most Recent Employer:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Description of Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employers:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Description of Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Description of Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\* Please continue on an additional sheet if required*

### **Education**

Please complete in chronological order, starting with the most recent. Please give details of all academic and/or vocational qualifications you have obtained which are relevant to this post.

<b>School, College, University establishment</b>	<b>Subject/Course</b>	<b>Qualification</b>	<b>Date Awarded</b>

### **Training & Professional Development**

Please provide details of any training, courses and/or professional development in which you may have been involved in the last 3, which may be relevant to this post (e.g. teaching courses, First Aid).

<b>Training / Course Title and Dates Attended</b>	<b>Training / Course Provider</b>	<b>Award/Grade (if applicable)</b>	<b>Summary of Course Content</b>

*\* Please continue on an additional sheet if required*

## **Supporting Statement**

Please state why you are applying to The Southover Partnership, and this particular position, outlining any skills, qualities and attributes that you feel would make you a valuable member of our team.

*\* Please continue on an additional sheet if required*

## References

Please provide the details of at least **two referees** from different establishments who can comment on your professional qualities and abilities. At least one should be your present or most recent employer, if you have been employed. Your references should cover a **minimum of 3 years**.

Alternatively, you may wish to nominate a referee from your last school or college.

We cannot accept references from personal friends or relatives.

### Current or Most Recent Employer:

Title: \_\_\_\_\_ Name of Referee: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position Held: \_\_\_\_\_

Relationship / capacity known:  Employer  Educational  Personal

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Please tick box if you do not want us to contact before interview.

### Second Referee:

Title: \_\_\_\_\_ Name of Referee: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position Held: \_\_\_\_\_

Relationship / capacity known:  Employer  Educational  Personal

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Please tick box if you do not want us to contact before interview.

## Disclosure

Please complete the following declarations and sign in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

**Do you consider yourself to have a disability under the Equality Act 2010?**

The Equality Act 2010 defines a person as having a disability if she/he has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his/her ability to do normal daily activities.

Yes                       No

If yes, please indicate any adjustments we may need to make to assist you at interview:

---

---

**Have you ever lived and/or worked outside of the United Kingdom?**

Yes                       No

If yes, please provide details below - please specify which countries and give dates:

---

---

**Are you related to any current employees, pupils or Trustees of The Southover Partnership?**

Yes                       No

If yes, please provide state their name and the nature of your relationship:

---

---

**We ask all applicants called for interview, to provide details of any criminal record at this stage in the application process. We request that this information is brought to the interview, in an envelope marked confidential and guarantee that this information is only to be seen by those who need to see it, as part of the recruitment process.**

**Data Consent**

The Southover Partnership requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Safer Recruitment Guidelines and Child Protection Regulations. The information is also required in order to establish duties, in accordance with the Disability Discrimination Act 1998.

I consent to The Southover Partnership contacting me by post, phone or email and processing my personal data for possible work, training, meetings, news and activities and for sharing my data with relevant companies the work with.

**Verification of Information**

I declare to the best of my knowledge, that the information I have provided is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Equality & Diversity Monitoring Form

### CONFIDENTIAL

Please complete the following form and return with your completed application form. The information which you supply is used purely for monitoring purposes and will not be forwarded to anyone involved in the selection decision.

Please complete all questions by ticking the appropriate response or entering the information requested.

**Position Applied For:** \_\_\_\_\_

**Vacancy Reference:** *(if applicable)* \_\_\_\_\_

**How did you hear about this vacancy?** \_\_\_\_\_

### Gender

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Female                    | <input type="checkbox"/> Male                       | <input type="checkbox"/> Transgender   Transsexual |
| <input type="checkbox"/> Non-binary   Gender fluid | <input type="checkbox"/> Other Please specify _____ | <input type="checkbox"/> Prefer not to say         |

### Age

- |                                  |                                  |  |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> 16 - 29 | <input type="checkbox"/> 30 - 39 | <input type="checkbox"/> 40 - 49           |
| <input type="checkbox"/> 50 - 59 | <input type="checkbox"/> 60 +    | <input type="checkbox"/> Prefer not to say |

### Sexual Orientation

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heterosexual   Straight | <input type="checkbox"/> Homosexual   Gay Man       | <input type="checkbox"/> Lesbian   Gay Woman |
| <input type="checkbox"/> Bisexual                | <input type="checkbox"/> Other Please specify _____ | <input type="checkbox"/> Prefer not to say   |

### Ethnic Origin

- Prefer not to say

#### White | White British

- English
- Welsh
- Scottish
- Irish
- Other please specify \_\_\_\_\_

#### Black | Black British

- Caribbean
- African
- Other Please specify \_\_\_\_\_

#### Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Please specify \_\_\_\_\_

#### Asian | Asian British

- Indian
- Bangladeshi
- Pakistani
- Chinese
- Other Please specify \_\_\_\_\_

#### Other Ethnic Group

Please specify \_\_\_\_\_

