**Application for Appointment (Support Staff)**

All applicants are considered on the basis of their suitability for the post irrespective of their sex, age, marital status, pregnancy or maternity, race, gender reassignment, sexual orientation, religion and belief or disability.

If you have a disability that affects the written completion of this form please tell us and an alternative format will be arranged.

Please complete this form in full, please do not include a CV.

Please note correspondence regarding your application will be sent by email, HCAT acknowledges all applications so if you have not heard from us within 7 days please check your junk email.

|  |
| --- |
| Post applied for: HCAT The Marvell College – Specialist LSA (Physical Disability Specialist) How did you hear about this vacancy?  |

# Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname:  |  |  | First names: |  |
| Former name(s) (if applicable)\*  |  |  | Preferred title: Mr/Mrs/Miss/Ms/Other:  |  |
| Address: |  | Telephone Number |
|  | Daytime:  |  |
|  | Evening: |  |
| Post Code: |  |  | Mobile: |  |
| e-mail address:  |  |
| National Insurance Number:\* |  |  |  |  |
| \* Required for full identification purposes |

# Education, Training and Qualifications

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| --- |
| Secondary and further education, plus training courses relevant to the job for which you are applying.Please continue on a separate sheet if necessary. |
| **School, College, University****and/or Training Course.** | **Dates from - to.**(Please account for any gaps in the date range) | **Examinations, Subjects, Course****qualifications, Certificates awarded, Awarding body and date of award.** |
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# Membership of Professional Organisations

|  |  |
| --- | --- |
| **Professional organisation** | Grade and date of membership |
|  |  |
|  |  |
|  |  |

# Participation in Voluntary, Recreation or General Interest Groups

|  |  |
| --- | --- |
| **Name of organisation** | **Offices held** |
|  |  |
|  |  |
|  |  |

# Current/Most Recent Position Held

|  |  |
| --- | --- |
| Position/Job title:  |  |
| Name and address of school/college:  |  |
|  |
| Post code:  |  | Tel No:  |  |
| Web address:  |  |
| Type of establishment: |  |
| No on roll (approx) and age range: |  |
| Name and address of Authority (or employing body):  |  |
|  |
| Post code:  |  | Tel No:  |  |
| Key tasks, responsibilities, and achievements:  |
| Starting date:  |  | Starting salary:  |  |
| Leaving date:  |  | Spinal point:  |  |
| Allowances:  |  | Current/leaving salary:  |  |
| Period of notice required or available start date:  |  | Reason for leaving: |  |

**Previous Employment/Voluntary and/or Domestic Activities**

|  |
| --- |
| Starting with the job before the current/most recent one, give details of your full employment history including any periods of time not spent in employment (any gaps must be accounted for). |
| Employer – Name, address and nature of business | Job title and key tasks/responsibilities | Date from | Dateto | Reason for leaving |
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**Continue on a separate sheet if necessary*.***

# Experience, Skills, Abilities and Career Aspirations

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| --- |
| Please tell us how you think you meet the requirements for this job. You may wish to use details of your previous jobs, voluntary work, other activities or your personal interests. This is your opportunity to tell us more about your achievements and your aspirations for your future career, so please complete as fully as possible. |
| **Relevant Experience****Skills****Knowledge****Communication skills****Any further information****Continue on a separate sheet if necessary.** |

# Other Information

|  |  |
| --- | --- |
| Do you have a partner or any family or relatives working for the Trust? | YES / NO |
| (If yes please give their name and where they work) |  |
| Would you be willing to undergo a medical examination following conditional appointment? | YES / NO |
| Do you have a disability?  | YES / NO |
| If YES please tell us about any assistance you need that will enable you to participate in the recruitment process equally and fully?  |
| Are you able to travel during the course of your work? | YES / NO |
| Do you have a driving licence? |  | YES / NO |
| If YES, is it; | PROVISIONAL / FULL / HGV / PSV |
| Are you entitled to work in the UK? | YES / NO |
| Every applicant will be asked for proof of their eligibility to work in the UK at interview stage. |
| (Please contact us in advance if you need us to sponsor you under the UK Border agency points-based scheme for skilled workers). |

**References**

|  |
| --- |
| Please give details of **TWO** referees:* One reference **MUST** be your present or most recent employer and the other reference must be from an additional previous employer.
* If you have been employed by a HCAT school within the last 5 years, one reference must be from the Head of the school you were employed by.
* If you are in, or have just completed, full time education, one referee should be from your College/University.
* A current phone number **AND** email address must be completed for both references, and you are advised to ask your referee to check their junk email, as we cannot process applications without references.
* Please note that referees will be chased and if they do not respond, we will contact you to provide details of an alternative.
 |
| Name: |  |  | Name: |  |
| Address:E mail address: |  | Address: E mail address: |
| Telephone Number:  |  |  | Telephone Number:  |  |
| Position:  |  |  | Position:  |  |
| May we approach them now? | YES/NO |  | May we approach them now? | YES/NO |

**Data protection statement**

In line with current Data Protection regulations, and the new General Data Protection Regulations (GDPR) we have a duty to inform you that the information you provide on this form will be used to process your application for employment.

If you succeed in your application for employment, the information will be used in the administration of your employment with us, and to enable us to monitor our recruitment processes to establish that we have complied with Equality regulations.

We may check the information collected with third parties, or with any other information held by us. We may also use or pass to third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by law. This information will only be shared in accordance with the Academy’s GDPR Data protection policy.

By signing this application form, you agree to the processing of sensitive personal data (as described above), in accordance with our registration with the Information Commissioner’s Office. For further information please view our Recruitment Privacy Statement on our website.

**DBS**

This post is exempt from the Rehabilitation of Offenders Act 1974 and the amendments to the Exceptions Order 1975, 2013 and 2020. It is an offence to apply for the role if the applicant is barred from engaging in **regulated** activity relevant to children. For further information please view our Child Protection Policy and Policy on the Employment of Ex-Offender on our website.

**Social Media Checks**

Part of our Safer Recruitment procedure includes carrying out social media checks and any concerns discovered will be raised and discussed at interview.

**Declaration**

I declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form, are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to summary dismissal. If I am not successful in my application, in accordance with the GDPR I understand that my application will be retained and securely stored for 6 months in accordance with the Trust’s GDPR Data Protection Policy, after which time it will be securely disposed of.

***I understand that this organisation reserves the right to verify claims made in this application process and I consent to the organisation requesting an enhanced DBS check on me.***

Signed by ……………………………………….. Name …………………………………..

Date ………………………………………………..

**Please return your completed application form to the HCAT HR & Recruitment Advisor at** **Emily.mansfield@hcat.org.uk**

**Thank you for your application.**

## Equality and Diversity Monitoring Form

Hull Collaborative Academy Trustwants to meet the aims and commitments required under The Public Sector Equality Duty. The organisation needs your help by filling in this form which will be removed from the application form prior to shortlisting. The information provided will be confidential and will be used for monitoring purposes only.

**What is your Gender?**  Male ☐ Female ☐ Other ☐ Prefer not to say ☐

Is the gender you identify with the same as your gender registered at birth?

Yes ☐ No ☐ Prefer not to say ☐

**What is your age?** 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐

**How would you describe 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 box

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British**Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐  | **Black or Black British**African ☐ Caribbean ☐ Prefer not to say ☐  | **Mixed**White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Prefer not to say ☐  |
| **White**British ☐Irish ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐  | **Other** Arab ☐ Any other ethnic group ☐Prefer not to say ☐  |

**Do you consider yourself to have a disability or health condition?**

Yes☐ No ☐ Prefer not to say ☐

If you need any special arrangements at interview, please detail on the application form above.

**What is your sexual orientation?**

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐

Prefer not to say ☐ If other religion or belief, please write in: