



Application Form (Support Staff)

New Bridge Multi Academy Trust

Learning Together, Learning for All, Learning for Life

The New Bridge Multi Academy Trust is committed to safeguarding and promoting the welfare of children and young people. We expect all staff and volunteers to share this commitment

VACANCY INFORMATION	
Application for the post of:	Head of Site Administrator – Samuel Laycock School
Job ID/reference number (if applicable)	
Where did you hear about this vacancy?	

Thank you for your interest in a post within the New Bridge Multi Academy Trust. We would like to take this opportunity to wish you every success in your application for employment.

Completing the application form is the first stage of the selection procedure. The information you provide in this document is the only evidence we will use in deciding whether or not you will be shortlisted for interview, so you are strongly advised to complete the application form as fully as possible. Please ensure your details are accurate as they are the only way we have to get in touch with you. It is important that you supply a National Insurance number.

Our preferred method of contact is via email to recruitment@newbridgegroup.org

Pre-prepared CVs will not be considered.

DATA PROTECTION NOTICE
<p>Throughout this form we ask for some personal data about you. We will 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:</p> <ul style="list-style-type: none">• You have given us your consent• We must process it to comply with our legal obligations <p>You will find more information on how we use your personal data in our Privacy Notice for job applicants</p>

1. Pre-employment Checks

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks

DISCLOSURE AND BARRING	
<p>The New Bridge Multi Academy Trust (MAT) is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.</p> <p>The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that's considered relevant to the role. Any information that is "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.</p> <p>For posts in regulated activity, the DBS check will include a barred list check</p> <p>It is an offence to seek employment in regulated activity if you are on a barred list.</p> <p>Where appropriate we will use the DBS check to ensure we comply with the Childcare Disqualification Regulations. It is an offence to provide or manage childcare covered by these regulations if you are disqualified.</p> <p>Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the MAT privacy notice.</p>	
Do you have a current DBS certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of check:	
Are you on the DBS Update Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

We will not ask for any criminal records information until an applicant is invited to interview. If you are invited for interview, you will be asked to complete and return a Criminal Record Declaration Form at that time. Any convictions listed on a DBS check will be considered on a case-by-case basis.

If you've lived or worked outside of the UK in the last 5 years the MAT 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 (please delete as applicable)
If yes, please provide details	

DISMISSAL

If you have ever been dismissed from any employment for any reasons other than redundancy please give details here:

Employer	Reason	Date

RIGHT TO WORK IN THE UK

The MAT 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.

Do you have eligibility to work in the UK?	
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SIGN AND DATE

Name (please print):

Sign:

Date:

2. Personal details

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.

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

PERSONAL DETAILS	
Preferred title:	
First name(s):	
Surname:	
Previous surnames:	
Date of Birth:	
National Insurance Number:	
Address:	
Postcode:	
Home phone:	
Mobile phone:	
Email address:	
If you are currently, or have previously been employed by this organisation, please give details below	
Role:	
Date from:	Date to:

Reason for leaving (if applicable):	
Do you have a valid driving licence?	

DISABILITY AND ACCESSIBILITY	
<p>New Bridge MAT is committed to improving employment opportunities for people with disabilities and will interview all applicants with a disability who meet the essential requirements of the job as contained in the person specification. Declaring your disability will not have any adverse effects on your application. You might also be entitled to further support.</p> <p>The Equality Act 2010 says that you may be disabled if you have a substantial physical or mental impairment that affects your ability to carry out day to day activities and which has lasted, or is likely to last more than 12 months.</p>	
Do you consider yourself to be disabled according to this definition?	YES/NO
If you answered yes, how would you define this impairment?	
<p>New Bridge MAT has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment. If you have a disability or impairment, and would like us to make any adjustments or arrangements to assist if you are called for an interview, please state below the arrangements you require:</p>	

RELATIONSHIP TO THE MAT
<p>You must not canvas (ask for help or favours) from New Bridge MAT employees in order to further your application or give you an unfair advantage. If it becomes clear that you have canvassed then your application will not be considered. Making a declaration about a personal, business or professional relationship with an employee will not in itself disqualify you for consideration unless, in the view of the organisation, the nature of that relationship and the duties and influence of the post for which you are applying could result in a conflict of interest.</p> <p>If evidence of canvassing or failure to declare a relationship comes to light after you have been appointed you will face disciplinary action or possible dismissal.</p> <p>If you have a relationship with a governor, trustee, or employee, this does not necessarily prevent them from acting as a referee for you.</p> <p>Please list any personal relationships that exist between you and any of the following members of the MAT community:</p>

- Governors/trustees
- Staff
- Pupils

Name	Relationship to you	Role within the MAT

CARING RESPONSIBILITIES

If there is anyone who relies upon you for care and attention AND who you assist with their daily routine, please give details here:

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3. Employment History

Please list all jobs held starting with the most recent, including any previous or current employment with the MAT. There should be no gaps in your employment and education history.

If this is your first job after leaving education, give the school or college's name in place of employer's name, and your date of leaving and disregard the other items.

CURRENT OR MOST RECENT EMPLOYMENT DETAILS

Name of Employer	
Employer details (name, address, email and/or telephone)	
Position held:	
Salary including any allowances/overtime	
Permanent or temporary	
Date from (dd/mm/yyyy):	

Date to (dd/mm/yyyy) (if applicable):	
Period of notice required (if applicable):	
Reason for leaving:	
Please provide brief details of duties and responsibilities:	

PREVIOUS EMPLOYER

Name of Employer	
Employer details (name, address, email and/or telephone)	
Position held:	
Salary including any allowances/overtime	
Permanent or temporary	
Date from (dd/mm/yyyy):	
Date to (dd/mm/yyyy) (if applicable):	
Reason for leaving:	

Please provide brief details of duties and responsibilities:

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, even if undertaken outside of your formal employment.

Course dates	Length of course	Course title	Qualification obtained	Course provider

Current Membership of Professional Bodies

Name of Professional Body	Type of Membership	Date of Membership	Membership Number

5. References

Please provide the names and contact details of at least **two referees** who can comment on your suitability for this position. **One MUST be your current or most recent employer.**

If you are not currently working with children but have done so in the past, the second referee should be the employer by whom you were most recently employed in work with children.

References will not be accepted from relatives, or persons who only know you as a friend.

References will be sought prior to interview and will ask your current/previous employer / tutor about any disciplinary offences relating to children.

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.

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

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:

Reference 1 - Current or Most Recent Employer

Referee name:	
Job title (if applicable):	
Organisation:	
Address:	
Postcode:	
Contact Number:	
Email address:	
In what capacity do you know the referee?	
Are you related to, or the partner of this referee?	
Is this your current or most recent employer?	

Reference 2 - Other Employer for whom you worked with children.

Referee name:	
Job title (if applicable):	
Organisation:	
Address:	
Postcode:	
Contact Number:	
Email address:	
In what capacity do you know the referee?	
Are you related to, or the partner of this referee?	

6. Supporting Information

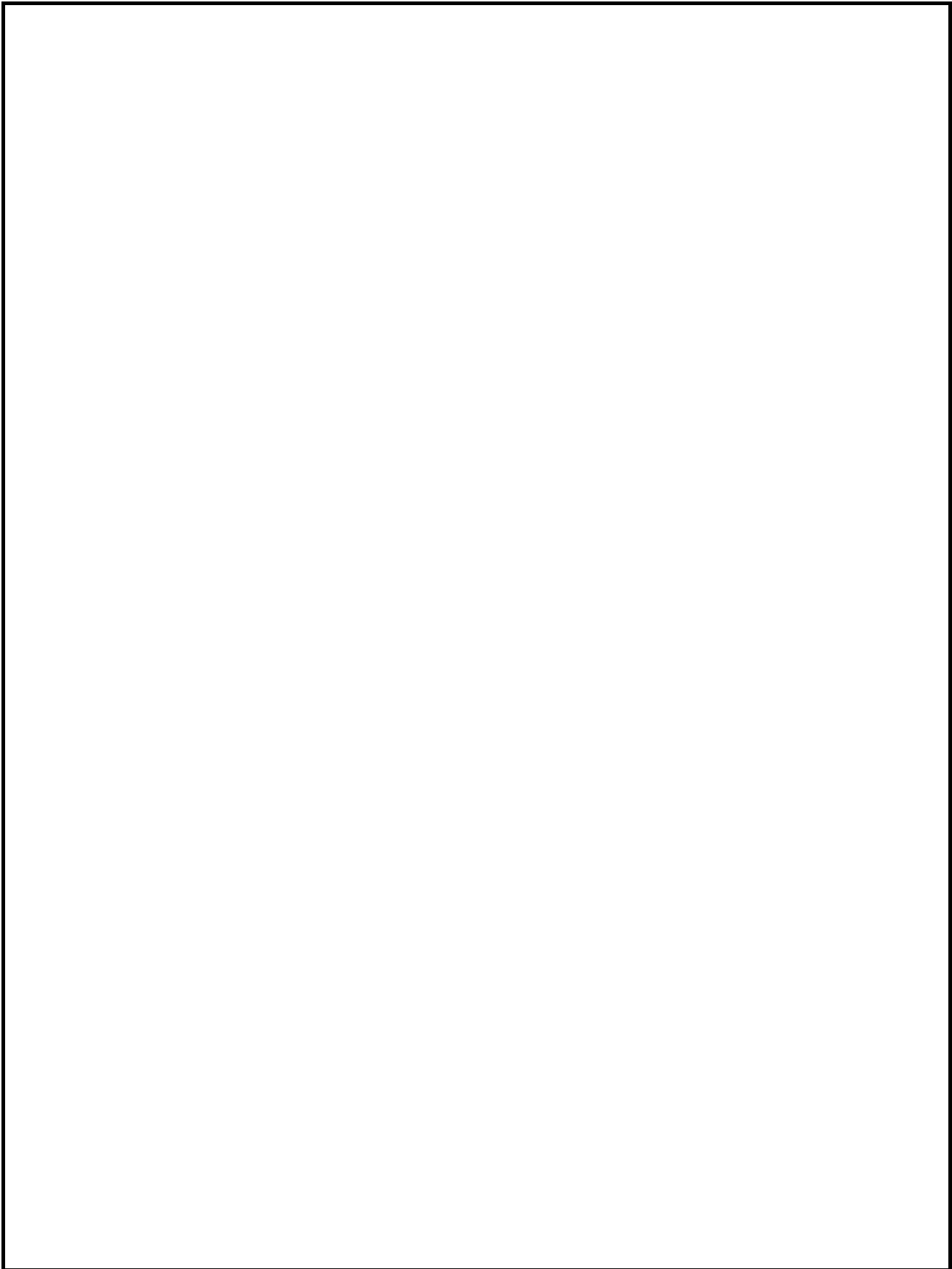
Skills, Knowledge and Experience

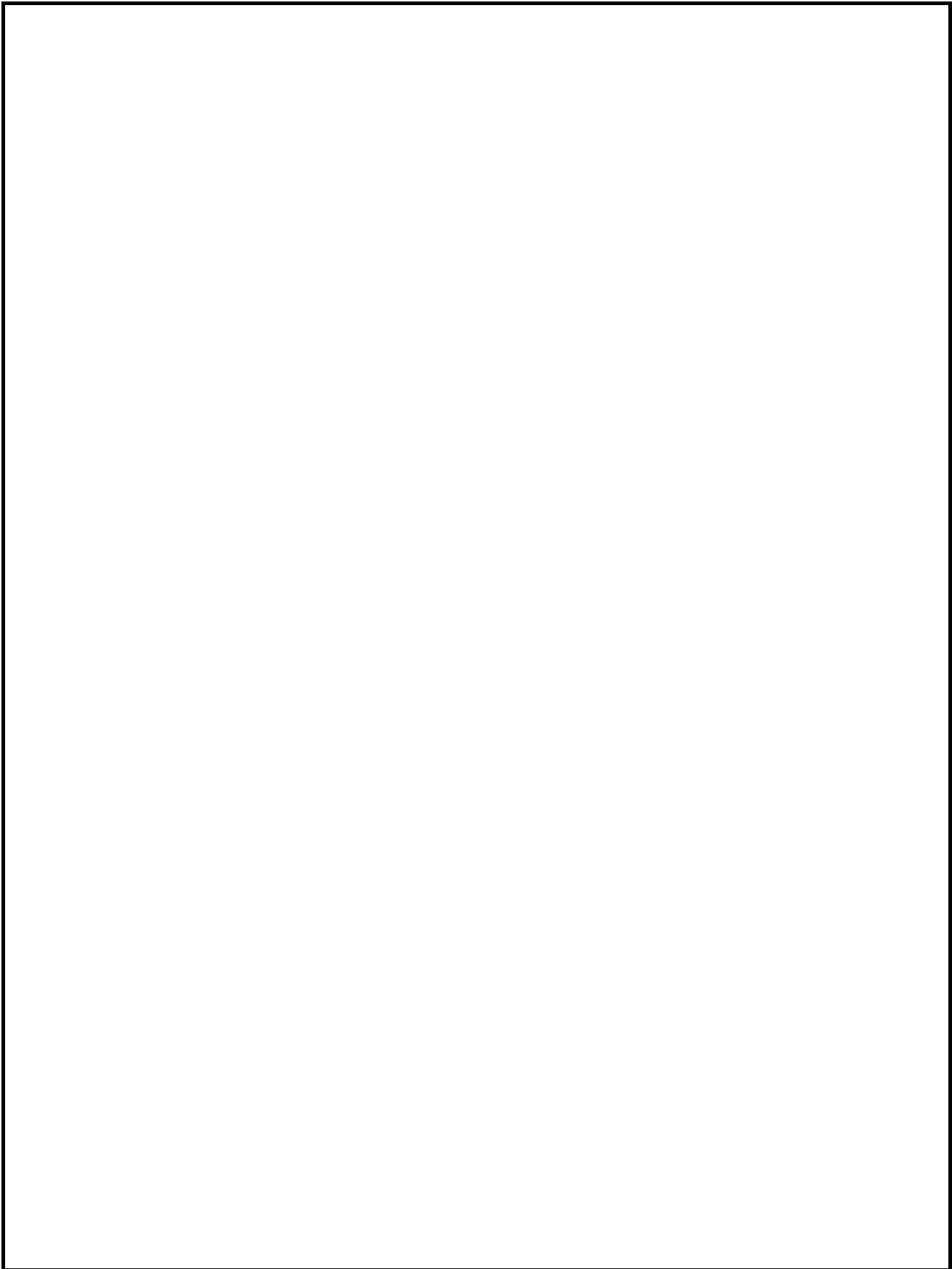
This section of the application form is where you explain how your experience, training and personal qualities match the requirements of the role as set out in the job description and person specification

Read through the advertisement and the job description to get a clear view of what the post involves. The person specification describes the necessary skills, experience and qualifications we are looking for. Pay particular attention to those areas on the person specification described as essential.

Those that are emboldened are the essential criteria which must be supported by evidence on this application form. This may be from your current or previous job, from community or voluntary work, or from skills transferable from other life experience, particularly if you have been out of paid employment for some time. Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests

Maximum 1½ sides of A4 in a font no smaller than size 10.





7. DECLARATION

Declaration / Confirmation of Details

Please read the declaration below and sign and date to confirm that the information that you have supplied is complete and truthful, and that you agree to the information being processed and used by the New Bridge Multi Academy Trust for the purposes of recruitment, monitoring and (if appropriate) subsequent employment.

By supplying the information on this form, you consent to its being processed for all employment purposes as defined in Data Protection legislation and its use in any verification checks that may be made. We have a duty to protect public funds and may use this information to prevent and detect fraud. We may also share this information for the same purposes with other organisations that handle public funds.

I certify that to the best of my knowledge that all the information I have given is correct. I understand that by deliberately giving false or incomplete answers I will be disqualified from consideration for this post or, in the event of my appointment, may be dismissed without notice. I also understand that the appointment will be subject to satisfactory medical examination, references and criminal records checks (as appropriate).

If this is an electronic application, please tick the box to confirm that the information you have supplied is complete and truthful and enter the date below. Please note you will be required to sign this form should you be called for interview.

Online Form Declaration	
Signed:	
Date:	

8. 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 Asian or British Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background 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			Other Ethnic groups <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say				

Which of the following best describes your sexual orientation?

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Homosexual | |

What is your religion or belief?

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

Pregnancy and maternity

- | | |
|--|---|
| Are you pregnant? | Have you given birth within the last 12 months? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | <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