

# **Application Form**

All sections on the Employment Application, Personal Details and Diversity Monitoring Forms must be completed. Incomplete or late applications will NOT be put forward for shortlisting. Please complete electronically or use dark ink and ensure your name and the post title are stated on any additional sheets.

We do appreciate the effort that you have put into this application and thank you for your interest in working for the College.

If you require this form in a different format (i.e. large type, please contact the HR Manager).

| Details of the post for which you are applying |                  |               |
|--|------------------|---------------|
| Post Title:                                    |                  |               |
| Department (of post applied for):              |                  |               |
| 2. Your name                                   |                  |               |
| Surname:                                       | Initials:        |               |
| 3. Current/Most Recent Employer                |                  |               |
| Employer's Name:                               |                  |               |
| Address:                                       |                  |               |
| Job Title:                                     | Salary:          |               |
| Date Started:                                  | Date<br>Finished | Notice period |
| Main Responsibilities:                         |                  |               |

| Dates – From/To            | Employe       | er                               | Post held with brief outline of duties                 | Reason for leaving    |  |  |  |
|----------------------------|---------------|----------------------------------|--|-----------------------|--|--|--|
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
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|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
| Please continue listing    | previous e    | mployments on a                  | a separate sheet if necessary.                         |                       |  |  |  |
| Gaps in employment his     | storv         |                                  |  |                       |  |  |  |
|                            |               | gaps i.e. "in full-tir           | me education". If you do not provide a <u>full</u> his | tory your application |  |  |  |
| may not be put forward for | r shortlistin | g.                               | , , ,  |                       |  |  |  |
| Full Date                  |               |                                  |  |                       |  |  |  |
| DD/MM/YY                   | To            | Reason for the gap in employment |  |                       |  |  |  |
| From                       | То            |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |
|                            |               |                                  |  |                       |  |  |  |

**4. Previous Employment** (please start with the most recent and include full-time/part-time, voluntary work and explanations for periods of non-employment)

# 5. Education

|   | D                | ates            |                      |       |
|---|------------------|-----------------|----------------------|-------|
| Name of Educational Establishment             | From DD/MM/YY    | To<br>DD/MM/YY  | Qualification gained | Grade |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
|   | / /              | / /             |                      |       |
| ent short courses / training events including | CPD (please prov | ide dates)      |                      |       |
|   |                  |                 |                      |       |
|   |                  |                 |                      |       |
|   |                  |                 |                      |       |
|   |                  |                 |                      |       |
| nbership of Administrative, Professional or T | echnical Bodies  | (please provide | dates)               |       |
|   |                  |                 |                      |       |
|   |                  |                 |                      |       |
|   |                  |                 |                      |       |

# 6. Supporting Statement

Please read the job description and person specification. Using examples, show how your knowledge, skills and experience meet each of the essential requirements of the person specification and as many desirable requirements as possible. You

#### Declaration

I confirm that the information given to you is, to the best of my knowledge, true and complete. I understand that any false statements may lead to rejection or, if employed, to dismissal.

If you return this form electronically, then as well as printing your name below, you will be required to sign your application form at interview stage, if selected.

| Signature: | Date: |
|------------|-------|
|            |       |

#### **Notes**

- a) Queen's College, Taunton, is an equal opportunities employer.
- b) Queen's College, Taunton, is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.
- c) The successful applicant will be required to submit an Enhanced Disclosure Application to the Disclosure and Barring Service (the cost to the borne by Queen's College, Taunton).
- d) This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bindovers, including those as 'spent' must be declared. Please see note below.
- e) Applications not submitted on this standard application form will <u>not</u> be accepted.

#### **Data Protection**

Information that you provide for the purpose of your application will be used as part of the recruitment process. Any data supplied will be held securely and access restricted to those involved in dealing with your application and the recruitment and selection process. Once the process is completed, the data relating to unsuccessful applicants will be stored for a maximum of 6 months and then destroyed. If you are the successful candidate, your application form will be retained and form the basis of your personnel record. All processing of personal data by the school is undertaken in accordance with the principles of the Data Protection Act 2018.

# PERSONAL DETAILS FORM



All sections of this form must be completed. The information provided will be separated from your application for shortlisting purposes.

### **Diversity Monitoring**

Queen's College is committed to both eliminating discrimination and encouraging diversity amongst our workforce community.

The information you provide will be treated as strictly confidential and will be used only for equality and diversity monitoring purposes and for the purpose of helping us to prioritise appropriate initiatives. It will not be used for shortlisting or interviewing purposes.

| Post for which you are applying:  |                |   |
|-----------------------------------|----------------|---|
| Department (of post applied for): |                |   |
| Personal details                  |                |   |
| Surname:                          | Forename(s):   |   |
| Title: Mr/Mrs/Miss/Ms/Dr/Other    | Date of Birth: |   |
| DFE Number (Teachers):            | NI Number:     |   |
| Address:                          |                |   |
|                                   |                |   |
| Postcode:                         |                |   |
| Telephone Home:                   |                |   |
| Mobile:                           | Work:          |   |
| E-mail:                           |                |   |
|                                   |                | · |

#### **Data Protection Act 1998**

Information that you provide for the purpose of your application will be used as part of the recruitment process. Any data supplied will be held securely and access restricted to those involved in dealing with your application and the recruitment and selection process. Once this process is completed, the data relating to unsuccessful applicants will be stored for a maximum of 6 months and then destroyed. If you are the successful candidate, your application form will be retained and form the basis of your personnel records. Information provided on the Diversity Monitoring Form will be used to monitor the school's equal opportunities policy and practices. All processing of personal data by the school is undertaken in accordance with the principles of the Data Protection Act 2018.

| elation                    | ships                        |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|----------------------------|------------------------------|--|-------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------|--------------------|----------------|---------|-------------------|-------------------|---------------|---------|---------------------|-------------------|--------------------------|
|                            | ou or is a                   | any mem<br>ollege?   | ber of y                      | our fa                         | mily rela                      | ated to                       | or hav             | e a clo            | se rela        | itionsh | nip wit           | h an e            | mploy         | /ee oi  | gove                | rnor c            | or student               |
| Yes                        |                              |  | No                            |                                | ٦                              |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| If yes,                    | name:                        |  |                               |                                | _                              |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| Relation                   | onship:                      |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| Positio                    | -                            |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|                            |                              |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| he Safe                    | eguardi                      | ing Vulne  | erable (                      | Group                          | s Act 2                        | 006 as                        | amen               | ded by             | The F          | Protec  | ction             | of Fre            | edom          | s Ac    | t 2012              | 2                 |                          |
| risk of<br>check<br>are de | harm to<br>those e<br>emed a | rding Vuln<br>o children<br>employed<br>as taking<br>Disclosur | and ad<br>at a 'sp<br>place a | lults by<br>pecifie<br>t a 'sp | y worke<br>d place'<br>ecified | rs who<br>' are no<br>Place'. | might<br>ot barre  | seek to<br>ed from | cause<br>worki | e them  | n harn<br>th vulr | n. The<br>nerable | Colle<br>grou | ege ha  | as a le<br>All role | egal o<br>es at t | bligation the Collection |
| Are yo                     | ou regis                     | tered with   | the Dis                       | sclosu                         | re and E                       | 3arring                       | Servic             | ce onlin           | e?             |         |                   |                   |               |         |                     |                   |                          |
|                            | Yes                          |  |                               | No                             |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|                            |                              | sign belou   |                               |                                |                                |                               | for Qu             | een's C            | College        | e to ch | neck y            | our de            | etails v      | via th  | e onli              | ne se             | rvice in th              |
| Signe                      | d                            |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| Ü                          |                              |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| ohahili                    | tation 4                     | of Offend  | lore Ac                       | + 107 <i>1</i>                 |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|                            |                              | the follow   |                               |                                |                                | omple                         | te as a            | approp             | riate.         |         |                   |                   |               |         |                     |                   |                          |
| (If you                    | are em                       | nployed, f   | ailure to                     | nrovi                          | de full d                      | l elictal                     | اه دمیار           | d result           | in disr        | missal  | l or dis          | cinlin:           | arv ac        | tion)   |                     |                   |                          |
| The po                     | ost for v                    | which you<br>ation of Of                                       | ı have a                      | pplied                         | is exen                        | mpt fror                      | m Sect             | tion 4 (2          | 2) of th       | ne Reh  | habilit           | ation o           | of Offe       | ·       | s Act               | 1974              | by virtue                |
|                            |                              | nortlisted<br>efore the  |                               |                                |                                | rview,                        | you w              | vill be            | asked          | to co   | omple             | te and            | d retu        | ırn a   | crimi               | nal re            | ecord sel                |
| inform<br>post.            | ation gi<br>Γhe Col          | autions / iven will b<br>lege does<br>f Justice                | e treate<br>s not dis         | ed in st<br>scrimin            | trict con<br>ate aga           | ifidence<br>ainst ca          | e and v<br>andidat | will be c          | onside         | ered o  | nly in            | relatio           | n to y        | our a   | pplica              | ation fo          | or this                  |
| I have                     | read a                       | nd unders  | stood m                       | y oblig                        | jations t                      | to decla                      | are rele           | evant c            | autions        | s and/  | or cor            | nvictio           | ns if I       | am s    | hortlis             | ted               |                          |
|                            |                              |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|                            |                              |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
| If the r                   | ole you                      | ı are app  | lying fo                      | or requ                        | ires yo                        | ou to d                       | drive a            | Colleg             | e vehi         | icle, p | lease             | answ              | er the        | e folle | owing               | រ ques            | stion:                   |
| Have y                     | ou held                      | l a full driv  | ing lice                      | nce fo                         | r at leas                      | st two y                      | years v            | with no            | more t         | than 6  | point             | s?                |               |         |                     |                   |                          |
| Yes                        |                              | No   |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|                            |                              |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |
|                            |                              |  |                               |                                |                                |                               |                    |                    |                |         |                   |                   |               |         |                     |                   |                          |

| Right to work in the UK  |  |
|--|--|
| Do you have the right to work in the UK?   | Yes No   |
| Do you require a work permit?  | Yes No   |
| When was the work permit issued? DD/MM/YY  |  |
| When does the work permit expire? DD/MM/YY   |  |
| Have you lived or worked abroad for a period of loud of the so then please provide details.                  | onger than one month in the last five years?   |
| Please provide any additional information relating   | g to your eligibility to work in the UK.   |
| References   |  |
| one should be a previous employer. Character references can be from certified professionals tutors/teachers. | ust be work related, one <u>must</u> be your current or most recent employer and references cannot be accepted. If you are or have been self employed s. If this is your first employment, we will accept references from pasted, we contact your referees, unless you indicate otherwise. |
| Name:  | Name:  |
| Address:   | Address:   |
| Post Code:   | Post Code:   |
| How known to you:  | How known to you:  |
| Telephone No:  | Telephone No:  |
| Nature of business:  | Nature of business:  |
| Job Title:   | Job Title:   |
| E-mail:  | E-mail:  |
| May we contact prior to interview? Yes/No  | May we contact prior to interview? Yes/No  |
| How did you <b>initially</b> hear about this vacancy?  |  |

**Please note** – Employees are not able to commence work until the appropriate pre employment checks have been carried out and satisfactory responses received by the College.

Your employment is conditional upon the receipt of satisfactory references and satisfactory clearance from the Disclosure and Barring Service.

Without these responses, there may be a delay to your employment commencement date. This applies to all posts within the College.

## **Equality Monitoring Data**

| Relationship Status  |   |
|--|---|
| Partnered, Relationship or Co Habiting Sing  | ried or Civil or Legal Partnership                                  |
| Religion/Belief  |   |
| Buddhist Christian Hindu   | Humanist  |
| Jewish Muslim Sikh   | No religion   |
| Any other religion or philosophical belief   |   |
| Prefer not to say  |   |
| Monitoring Ethnicity   |   |
| How would you describe yourself (please tick one box only):  |   |
| Asian or Asian British - Bangladeshi Asian or Asian British - Indian Any other Asian background        | Asian or Asian British - Chinese Asian or Asian British – Pakistani |
| Black or Black British African Black British any other Black/African/Caribbean                         | Black or Black British Caribbean                                    |
| Mixed White and Asian Mixed White and Black Caribbean Mixed any other mixed/multiple ethnic background | Mixed White and Black African                                       |
| White British White Iris White Other European White Gypsy or Irish Travelle White any other White      |   |
| Arab Prefer not to say Any other ethnic group  |   |

| My age is:  | 16 – 20        |              | 21 - 30          |              |             | 31 – 40     |             |             |                 |
|---|----------------|--------------|------------------|--------------|-------------|-------------|-------------|-------------|-----------------|
|   | 41 – 50        |              | 51 – 60          |              |             | 61 - 70     |             |             | 70+             |
| My gender is  | -This should   | d be vour ge | nder at birth or | on a Gen     | der Reco    | anition Cer | tificate.   |             |                 |
| (please tick a  | ppropriate bo  |              | 1                | er not to sa |             |             |             |             |                 |
| Sexual Orien Bisexual   | tation:<br>Gay |              | Heterosexual     |              | Lesbiar     | 1           | Prefer r    | not to say  |                 |
| Queen's Collego<br>individual is not on<br>their sex or geno  | obliged to dis | close transs | exual status, a  | lthough we   | will welco  | ome their c | hoice to do | so. A perso | on can indicate |
| Disability  |                |              |                  |              |             |             |             |             |                 |
| The Equality Act  |                |              |                  |              |             |             |             |             | has a           |
| Do you consider   | yourself to h  | nave a disab | ility? Ye        | es           | No          |             |             |             |                 |
| If you answered   | yes then ple   | ase select a | category belo    | w:           |             |             |             |             |                 |
| Learning impairr  | ment           |              |                  |              | Г           | $\neg$      |             |             |                 |
| Longstanding illi   | ness or healt  | h condition  |                  |              | Г           |             |             |             |                 |
| Physical impairn  | nent           |              |                  |              | Г           |             |             |             |                 |
| Sensory impairn   | nent           |              |                  |              |             |             |             |             |                 |
| Prefer not to say   | /              |              |                  |              |             |             |             |             |                 |
| If there any adju   | stments we     | could make t | to enable you t  | o participa  | te in our s | selection p | rocess plea | se provide  | details:        |
|   |                |              |                  |              |             |             |             |             |                 |
| I confirm that the information that I have provided is to the best of my knowledge, true and complete. I understand that any false statements or failure to disclose convictions may lead to a rejection, withdrawal of an offer of employment, or, if employed, to dismissal. If you return this form electronically, then as well as printing your name below, you will be required to sign your personal details form at interview stage, if selected. |                |              |                  |              |             |             |             |             |                 |
| Signature:  |                |              |                  |              |             |             |             | Date:       |                 |