

**Please return this form to:-**

**Plashet School**  
Plashet Grove  
East Ham  
London  
E6 1DG

Telephone Number: 020 8471 2418

[recruitment@plashet.newham.sch.uk](mailto:recruitment@plashet.newham.sch.uk)

www.plashet.newham.sch.uk

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| --- |
| Job Reference  Job Title  Plashet School |

**Job Application form**

**Before you commence working you MUST provide evidence to demonstrate your right to be in or work in the United Kingdom. If you are appointed to a post in the Authority you will receive further guidance.**

**Have you the right to work in the United Kingdom.**

**Is this subject to a work permit / visa / worker registration scheme?**

**If yes please provide evidence.**

**The decision to invite you to attend for assessment and/or interview will be based on the information you provide on this form. Please refer to the Recruitment Pack for more information and guidance on completing your application.**

**Please type or write clearly using black ink as this form may be photocopied.**

**Are you applying for this position on a Job Share basis?**

**SECTION 1 - PERSONAL/CONTACT DETAILS**

Title:         
Forename(s):         
Surname:

Address:         
Postcode:         
Mobile Telephone:

E-mail Address:       Fax no:         
Daytime Tel/Minicom: - Evening Tel/Minicom:

National Insurance Number:

Please indicate how you would prefer to be contacted (we will try to use your preferred method wherever possible):

E-mail:  Postal Address: Home Telephone:  Mobile:

Please tell us below any dates when you will not be available for interview.

(if these coincide with the interview date we will re-arrange if possible but cannot guarantee this).

**SECTION 2 - Disability Discrimination Act**

We are able to make provision for people with special needs. Such adjustments may include arranging a signer, providing information on tape, in braille or large print, or changing the location of the interview if access to an upper floor is not possible.

**If there any such help you require for interview or throughout the application process**  **Please State**

**SECTION 3 - Employment History**

Please give a summary of all employment, including any freelance, voluntary and relevant unpaid work, ensuring that you address any gaps in employment. (Continue on a separate sheet if necessary.)

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| **Current Employer’s Name & Address**  If you currently work for LBN Via an  agency you should give the name of  the agency (followed by the LBN  Section you are working for  in brackets) | **Dates**  **From and To** | **Position Held** | **Current Salary** |
|  |  |  |  |
| **Previous Employer’s Name & Address**  **(most recent first)** | **Dates**  **From and To** | **Position Held** | **Reason for**  **leaving** |
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**SECTION 4 - Qualifications**

Please list any qualifications you have obtained in secondary school, further/higher education, university, professional or technical institutes, including part-time attendance.

**You may be asked to provide evidence of any qualifications stated.**

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| **Schools/College/University** | **Qualification and grade achieved** | **Or date expected to complete** |
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**SECTION 5 - Supporting Statement**

**This is the most important section of your application.**

**You should tell us how you meet the criteria in the person specification, giving specific examples wherever possible including knowledge, abilities, skills and experience gained both inside and outside paid work, or through study and training. If you do not complete this section we will not be able to consider you for shortlisting as we will not have enough information to assess your application. For further guidance on completing this section, please refer to information supplied in the Recruitment Pack.**

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| If you are unable to meet some of the criteria due to a disability, please address this clearly in your supporting statement. If you meet the remaining criteria you will be shortlisted and we will explore with you if there are ways the job can be changed to enable you to meet the job requirements. This could include adjustments to equipment, premises or job duties. |

**SECTION 6 - References**

Please provide two referees who can confirm your suitability for this job. Personal references are not acceptable and referees must not be related to you. One referee must be your current employer or your most recent employer if you are currently not in employment. If you are a school leaver, or in full time education, you should give the name of your teacher/lecturer.

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| **First Referee:**  In order to comply with safer recruitment  guidelines references will be requested prior to interview | **Second Referee:**  In order to comply with safer recruitment  guidelines references will be requested prior to interview |
| Name:    Position:    Address:    E-mail:    Tel No:    Mobile:    How do you know this person: | Name:    Position:    Address:    E-mail:    Tel No:    Mobile:    How do you know this person: |

**SECTION 7- Rehabilitation of Offenders Act - Please read carefully**

(a) Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offender (Exception) (Amendments) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the Provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will be considered only in relation to any application for positions to which the Order applies. You are asked to note that a check will be carried out on Police records for details of any criminal Offence.

(b) Have you been convicted of any criminal offences?

(c) If yes, give details, place in a sealed envelope and attach to this form

**Do you hold a full/clean driving licence?**

(Please refer to the Recruitment Pack for information on whether a driving licence is needed for this post)

If yes, what type of licence do you hold?

**Have you previously worked for Newham Council?**

(If yes, please give date(s), Department(s) and Position(s) held:

     

**Are you related to any Councillor, Employee, Head Teacher or School Governor of Newham Council?**

(If yes, please give date(s), Department(s) and Position(s) held:

     

**Do you have any interests or hold any appointments that may conflict with this Council’s employment?**

(If yes, please give date(s), Department(s) and Position(s) held:

**SECTION 8- Declaration**

*I declare that to the best of my knowledge the information given in this application and in any accompanying documents is correct. I understand that any false or misleading information given during the application process may lead to me being dismissed without notice. I agree that the council can check the information I have supplied including approaching any of my previous employers for a reference if required.*

*I also understand that the information I have given will be used and retained in accordance with the provisions of the Data Protection Act. This will include using the information for the purposes of selection for the post in which it applies, making appropriate checks and such information will be made available to all persons involved in the selection process. all forms will be kept for a period of 6 months from completion of the selection process. Forms submitted by the successful candidate will be maintained on the relevantpersonnel files. Information relating to my application may be kept for monitoring or research purposes beyond the 6 months. I understand the Council will anonomise this as far as possible.*

*I understand that I must not, under any circumstances, attempt to influence councillors/employees of the Council concerning my application for employment.*

***Security and Probity Checks:***

*The Council is under a duty to protect those to whom we provide services and the information and material we hold. All new staff may therefore be required to provide proof of any of the matters set out in their application form and the Council reserves its rights to make appropriate additional checks in respect of the information provided by you.*

*In addition if you are successful you will be required to complete a declaration of interests form and provide proof of identity and nationality on or before your first day of employment. If acceptable evidence is not provided or if the declaration of interest form indicates there is a potential for an unacceptable conflict of interest, which cannot be resolved, then any appointment cannot commence.*

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| **Signed** | **Date** |

**Please note: if you have completed this application electronically you will be asked to sign the form should you be invited to an interview.**

**Equalities and Diversity Monitoring Information**

The London Borough of Newham recognises that everyone in Newham has a right to play a full part in the life of the borough.This means that everyone should have equal access to council services, job opportunities and to having their voices heard.

It is the council’s position that everyone should be treated fairly, without discrimination and with respect of their human rights, regardless of their gender, race, age, disability, sexual orientation, HIV status, religion, natural or social origin or class. The information requested on this form will help us to monitor the Council’ effectiveness in achieving equality for all and valuing diversity.

**The information you give on this form will be treated in the strictest confidence and retained and processed in accordance with the provision of the Data Protection Act. The information will be used for statistical purposes only and is not part of the selection process. This page will be separated from your application prior to shortlisting.**

**1. Where did you see the post advertised/hear about this vacancy?**

**(**Please give the name of newspaper/journal, website etc).

**2. Gender:**

**3. Age:** **Date of Birth:**

**4. Do you consider yourself disabled?**

(The Disability Discrimination Act says that this would be “a substantial or long term physical or mental impairment or health issue which could adversely affect your ability to carry on normal day to day activity”)

If yes, please state the nature of your disability:

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**5. Sexual Orientation:**

Which classification best describes your sexual orientation?

**6. Ethnic Origin:**

Please indicate your ethnic origin from the list below which is based on the official 2001 census categories.

THANK YOU FOR YOUR CO-OPERATION.

PLEASE RETURN THE **COMPLETE FORM** TO THE ADDRESS ON THE FRONT PAGE