

SOUTHEND EAST COMMUNITY ACADEMY TRUST



NON-TEACHING APPLICATION FORM

Please complete all parts in black ink or type

Closing date	
Date received	
Short listed	

Post Title & Reference	Grade or Level	Name of school
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Personal Details

Title	Full name
Present address	All previous names
	Home phone no.
	Mobile or work no.
	National Insurance no.
E-mail address	Where did you see this post advertised?

Current Employment

Name and address of current or most recent employer	Job title
	Current salary
	Date appointed
	Date available
Outline of responsibilities	Reason for seeking other employment

Previous Employment

 Please continue on a separate sheet(s), if necessary.

Name and address of employer	Job title
	Salary
	Date appointed
	Date available
Outline of responsibilities	Reason for seeking other employment

Name and address of employer	Job title
	Salary
	Date appointed
	Date available
Outline of responsibilities	Reason for seeking other employment

Name and address of employer	Job title
	Salary
	Date appointed
	Date available
Outline of responsibilities	Reason for seeking other employment

Education Please continue on a separate sheet(s), if necessary.

Name of Establishment	FT or PT	Qualification	Grade	Date

Training Please include details of professional or personal development. Please continue on a separate sheet(s), if necessary.

Name of course	Organising body	Brief description of course content	Date

Statement in support of your application

Please use this section to show how your experience and achievements meet the requirements of this post. Please refer closely to the job description and person specification in this section. Include relevant skills and experience that you have obtained through previous employment, work experience, voluntary or community involvement, personal interests or education. Please continue on a separate sheet if necessary if completing the application by hand.

References

Your current or most recent employer must be one of your referees (or training provider for NQTs). The school reserves the right to contact your referees before an offer of employment is made or considered. Relatives are not acceptable, even if they are your employer.

Full name	Full name
Title	Title
Address	Address
Telephone no.	Telephone no.
Fax no.	Fax no.
Email address	Email address
Have you ever been known by any other names? If yes, please give full details here	

Miscellaneous Information

Are you related to or the partner of any school governor? **Yes / No**

If yes, please give details. Such a disclosure will not disqualify you from consideration. However, the failure to declare such a relationship may disqualify you, or may be dealt with under the appropriate procedure which may include the Disciplinary Procedure.

Self declaration

The information stated in this application, together with any accompanying papers is, to the best of my knowledge, correct. I understand that a false entry may lead to either an offer of employment being withdrawn or disciplinary action being taken which could result in dismissal.

Signed..... Date.....

**Thank you for taking the time to apply.
Please send your application using the method(s) and details listed below:**

**Please forward to:
Shoeburyness High School
Caulfield Road, Shoeburyness, Essex SS3 9LL**

for the attention of Miss G Ore

Email address: gabriellaore@shoeburyness.southend.sch.uk

**Telephone 01702 292286
Fax 01702 292333**



SOUTHEND EAST COMMUNITY ACADEMY TRUST

Equal Opportunities Monitoring Form

Southend East Community Academy Trust (SECAT) fully supports the principle of equal opportunities in employment and firmly opposes all forms of unlawful or unfair discrimination on the grounds of colour, race, nationality, those with HIV status, ethnic or national origin, gender, marital status, sexuality, age, disability, trade union membership and religious belief.

To monitor the effectiveness of our Equal Opportunities Policy you are asked to complete this questionnaire and return it with your completed application form. The information provided will be treated in confidence and further guidance is provided in the guidance notes overleaf.

Post Applied For: _____

Job Ref. No: _____

Name: _____

Date of Birth: _____

To which of these groups do you consider you belong? **(NB Please tick one box only)**

(a) **White**

- British
- Irish
- Any other White Background

(b) **Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background
Please specify

(c) **Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
Please specify

(d) **Black or Black British**

- Caribbean
- African
- Any other Black background
Please specify

(e) **Other ethnic group**

- Chinese
- Any other ethnic group

Do you describe yourself as having a disability in accordance with the Disability Discrimination Act?

Yes No

Do you have any special requirements that we need to know about in order to receive a fair interview?

Yes No If yes, please contact us to discuss your requirements

How did you become aware of this vacancy?
(If via a publication, please specify) _____

Please see guidance notes overleaf

Disability Discrimination Act (1995)

Under the Disability Discrimination Act 1995, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

- A substantial adverse effect is something which is more than a minor or trivial effect.
- A long term effect of an impairment is one:
 - Which has lasted at least 12 months; or
 - Where the total period for which it lasts is likely to be at least 12 months; or
 - Which is likely to last for the rest of the life of the person affected.
- Those registered disabled under the Disabled Persons (Employment) Act 1944 both on 12 January 1995 and 2 December 1996 will be treated as being disabled under the Disability Discrimination Act 1995 for three years from that date.
- Those specifically excluded from the act include;
 - Addiction or dependency on alcohol, nicotine or any other substance (other than as a result of the substance being medically prescribed).
 - Seasonal allergic rhinitis (e.g. Hayfever), except where it aggravates the effect of another condition.
 - A visual impairment which is or can be corrected by wearing contact lenses or glasses.

Confidentiality

The provision of the information contained on this form is entirely voluntary and will in no way affect your application. It is collected to help the Trust ensure that its recruitment arrangements are fair and comply with our equal opportunities policy. The information that you provide will be treated in the utmost confidence and will only be used for statistical purposes.

The information provided by the successful candidate will become part of their personal record as an employee of the Trust. The information will be used to help monitor the effectiveness of the Trust's equal opportunities policy. Information will be provided to authorised agencies such as the Office of National Statistics, but only in the form of overall statistics and will not contain information that can be traced to named individuals.