# APPLICATION FOR CASUAL WORK (CONFIDENTIAL)

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| Job  Title: | Casual Virtual School Associate Teacher | |
| To be returned to:  Virtual School for Looked After Children  3rd Floor Sir Henry Mitchell House  4 Manchester Road  Bradford  BD5 0QL    email: fiona.wood@bradford.gov.uk    Telephone No: 01274 435280  Fax No: | | Closing date: 30 June 2017 |

**IMPORTANT NOTE**

Thank you for requesting an Application Form for the above casual post. Please read the following notes before completing the form. If you require assistance with this form, feel free to contact the address above.

Please:-

⏺ read ALL enclosed information, particularly the Job Description and Personnel Specification before completing the form

⏺ complete the form using black/dark blue ink or type for photocopying purposes

⏺ give all the information you can about yourself and tell us why you think you are suitable for the casual post. Please indicate how you meet the requirements of the Personnel Specification in the specific sections provided on this form

⏺ complete the Monitoring Information on the back sheet and sign the declaration

⏺ use only the two additional information sheets as necessary – we do not encourage the submission of CV’s

⏺ return to the address shown above on or before the closing date

|  |  |
| --- | --- |
| Your full Name and postal address (please print in block capitals): | Telephone No’s where you can be contacted.  Day: |
| Evening: |
| Mobile: |
| Fax: |
| How do you wish to be addressed  In correspondence?  MR  MRS  MISS  MS  or OTHER (Please state): |
| E-mail: |

**REFERENCES**

|  |  |
| --- | --- |
| It is our policy to take up references for those shortlisted. Please give names and addresses of two referees who know you well enough to comment on your suitability for the casual post. One of them must be your present or most recent employer. If you have not been previously employed, give the name of a responsible person who knows you well, but is not a relative. Please state in which capacity you know each referee. **An offer of casual work will not be made until satisfactory references have been received.** | |
| Give your former name if different from that above, to ensure we are asking for the correct reference. | Your Former Name and Job Title (if applicable) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF REFEREE  AND JOB TITLE or STATUS (e.g. teacher, friend) | | ADDRESS FOR CONTACT | MAY WE APPROACH THEM BEFORE INTERVIEW? | |
| 1 Name: |  |  | YES |  |
| Status: |  |  | NO |  |
| Tel No: |  |  |  |  |
| Fax No |  |  |  |  |
| E-mail: |  | Post Code: |  |  |
| 2 Name: |  |  | YES |  |
| Status: |  |  | NO |  |
| Tel No: |  |  |  |  |
| Fax No: |  |  |  |  |
| E-mail: |  | Post Code: |  |  |

**EDUCATION AND QUALIFICATIONS**

Please give details of your education and qualifications. Please note that if you are appointed to a casual post where qualifications are an essential requirement you will be asked, before your appointment is confirmed, to present the original copies issued to you by the examining body (photocopies will not be acceptable).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATION AND QUALIFICATION DETAILS | RESULTS/  GRADES  OBTAINED | WHERE OBTAINED | HOW OBTAINED  (FULL TIME)  (PART TIME)  (CORRESPON) | DATE  FROM | DATE  TO |
|  |  |  |  |  |  |

**PROFESSIONAL QUALIFICATIONS/MEMBERSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| QUALIFICATION/PROFESSIONAL BODY | LEVEL | DATE ATTAINED | CURRENT  MEMBERSHIP  STATUS |
|  |  |  |  |

**TRAINING AND DEVELOPMENT**

List all relevant training courses undertaken including practical, in-house, commercial and special training courses. Include any apprenticeships, training schemes, evening classes and adult education.

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| --- | --- | --- | --- | --- | --- |
| COURSE AND TRAINING DETAILS | RESULTS/  GRADES  OBTAINED | WHERE OBTAINED | HOW OBTAINED  (FULL TIME)  (PART TIME)  (RESIDENTIAL) | DATE  FROM | DATE  TO |
|  |  |  |  |  |  |

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| Do you have a current driving licence? | Car |  | M/C |  | HGV class |  | Others: |  |
|  | | | | | | | | |

**LANGUAGE SKILLS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Which languages other than English do you speak and/or write? (please tick if fluent) | | | | | | | | |
|  | Speak | | | Write |  | | Speak | Write |
|  |  | | |  |  | |  |  |
|  |  |  |  |  |  | |  | |
| Please indicate whether you use Sign Language | |  | Indicate B.S.L. level | | |  |  | |
|  | | | | | | | | |

**EMPLOYMENT HISTORY CURRENT (most recent) EMPLOYMENT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER’S NAME AND ADDRESS | | | POSITION HELD | | | DATE | | | REASON FOR WISHING TO LEAVE | |
|  | | |  | | | FROM | | TO |  | |
|  | | |  | | |  | |  |  | |
| Tel No |  | Salary/Wage | |  | No Hrs worked | |  | |  | |
| Brief note of Duties and Responsibilities: | | | | | | | | | | |
| Length of Notice? | | | | | | | | | |  |

**PREVIOUS EMPLOYMENT** **Please give a complete history detailing any breaks in employment.**

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| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER’S NAME AND ADDRESS | POSITION HELD | F/T OR  P/T HRS | SALARY/  WAGE | DATE  FROM | DATE  TO | REASON FOR LEAVING |
|  |  |  |  |  |  |  |

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| Under the requirements of the Asylum and Immigration Act, are you currently eligible to work in the UK? | YES |  | NO |  |
|  | | | | |

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| **ADDITIONAL INFORMATION** Use the space below to show you have the skills, knowledge and experience to do the casual post (as described in the Job Description and Personnel Specification). You may also wish to include details of home based work, work in the community or with voluntary groups and your leisure interests to support your application. (Use up to two separate sheets as necessary). |

# EQUAL RIGHTS

As an Equal Rights employer the Council seeks a workforce which reflects the community it serves and is committed to providing equality of access to employment and development opportunities for people from all parts of the community. All applications will be considered on merit.

To ensure this policy is carried out effectively, we ask all applicants to provide the information requested on this page. It will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant.

**YOUR PERSONAL DETAILS** **ETHNIC CLASSIFICATION**

I would describe myself as (Please Tick):

|  |  |
| --- | --- |
| Are you a current employee of Bradford Council? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| White | English | 1 |  |
|  | Scottish | 2 |  |
|  | Welsh | 3 |  |
|  | Irish | 4 |  |
|  | Any Other White | 5 |  |
| Mixed | White & Black Caribbean | 6 |  |
|  | White & Black African | 7 |  |
|  | White & Asian | 8 |  |
|  | Any Other Mixed | 9 |  |
| Asian or Asian British | Indian | 10 |  |
|  | Pakistani | 11 |  |
|  | Bangladeshi | 12 |  |
|  | Kashmiri | 13 |  |
|  | Any Other Asian | 14 |  |
| Black or Black British | Caribbean | 15 |  |
|  | African | 16 |  |
|  | Any Other Black | 17 |  |
| Other Ethnic Groups | Chinese | 18 |  |
|  | Any Other Ethnic Group | 19 |  |
| NOTE: These categories have been recommended to the employers by the Commission For Racial Equality and are being collected to assist the Council to monitor the effects of its equal rights policy and to meet the requirements of the Race Relations (Amendment) Act 2000. | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Of Birth | | | | |  | |  | |  | | Age | |  | |
| Male | | |  | | Please Tick | | | | | | | | | |
| Female | | |  | |  | | | | | | | | | |
| National Insurance Number | | | | | | | | | | | | | | |
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| The Equality Act 2010 defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.  Do you consider yourself to have a disability as defined above?  Are there any arrangements you would like the  Council to make if you are interviewed?   |  |  | | --- | --- | | YES | NO | |  |  | |  |  |   *NOTE:* The Council has adopted a positive approach to the Equality Act 2010 and it is our policy to interview all people with disabilities as defined in the act, who meet the essential shortlisting requirements of the post as described in the Job Description/Personnel Specification. If you need further information or clarification on these job requirements please contact the Human Resources Department. |

## DISABILITY

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| ANY CANVASSING WILL DISQUALIFY CANDIDATES A candidate for any appointment with the Council must state below any known relationship to a Councillor, Co-opted Member, Director or Senior Officer of the Council when making an application. A candidate failing to disclose such a relationship or seeking to improperly influence the recruitment and selection process shall be disqualified from appointment, or if appointed, shall be liable to dismissal without notice. **Are you related to any Councillor or Senior Officer of the Council?**  **Yes**  **No**  **(If YES, please give details).** |

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| I understand that public funds must be protected and so the information I have provided on this form may be used to prevent and detect fraud. The information on this form may be used by the Council for checking to other records held by the Council and may also be shared, for the same purposes, with other organisations which handle public funds. I confirm, that to the best of my knowledge, the information provided on this form is correct and gives a true representation of my qualifications and employment history and agree that this information can be used for monitoring purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998. | | | | | | | |
| Signed: |  | | | | | Date: |  |
| Please print your name: | |  | | | | | |
| HOW DID YOU LEARN OF THIS CASUAL WORK? | | | |  | | | |
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FOR OFFICE USE ONLY

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date form Received: | |  | | | Ref.s taken up by: | Telep: |  | In writing: |  | Qualifications Checked: | YES | NO |
|  |  |
| **Reason for Rejection (Please tick)** | | | | **COMMENTS:** | | | | | | | | |
| 1 Exp | 4 Know | | 7 Skills |
| 2 Qual | 5 Circum | | 8 Phys |
| 3 Train | 6 Disp | | 9 Other |