

-CONFIDENTIAL-

FOR OFFICE USE ONLY
Application no
Date Rec'd
Shortlisted YES/NO
Date of interview
Appointed YES/NO

Application for the appointment of: Please State
Centre Applying for: Please state
Are you interested in: Full Time, Part Time, Term Time
Closing date for receipt of applications:

APPLICANT – *please put your initials on the bottom page of each sheet of your application.*

1. EXPERIENCE, SKILLS AND ABILITIES

(Examples must demonstrate how you meet the essential and desirable criteria on the person specification)

Please use additional sheets if needed

2. PRESENT EMPLOYER

Name and address of employer:		Nature of Business:	
		Present Salary (with grade if appropriate):	
Telephone:	Other benefits and/or emoluments:		
Job Title:	Notice required:		
Responsible to:			
Date of appointment:			
Brief description of duties:			

3. PREVIOUS EMPLOYMENT (Starting with most recent)

Employer	Job Title and brief description of duties	Salary per annum	Dates		Reason For Leaving
			From	To	

<p>If you have lived or worked abroad in the last 10 years for 3 months or more please record here full details of role undertaken and country lived in. Please note that you will be required to provide us with a criminal records check for that country or a certificate of good character.</p>	
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4. EDUCATION/TRAINING/QUALIFICATIONS

Type of Education i.e. secondary school/college/university	Dates attended		Qualifications gained (state level)		
	From:	To:	Subjects	Grades	Date
Relevant non-qualification courses attended within the last 5 years					
Organising body	Course details		Dates		
Membership of professional bodies					
Body	Membership Status		Since (date)		

5. OTHER

A. This post is exempt from the Rehabilitation of Offenders Act 1974. You are required to disclose any conviction, warning, reprimand, caution or other order including “spent convictions”, that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. Do you have any convictions, cautions, reprimands or final warnings that are not “protected”? *Please refer to Appendix A for more information.*

B. Have you lived or worked abroad for a period of more than 3 months in the last 10 years?
YES / NO (Please delete as appropriate)

If you have answered 'YES' do you have a statement of good conduct from the police or embassy of the relevant country? YES/ NO (Please delete as appropriate)

C. Do you have a close association with a Board member or senior manager with North Halifax Partnership Ltd? YES/ NO If yes, please give details:

*A candidate who fails to disclose a relationship will be disqualified and, if appointed, will be liable to dismissal.
Canvassing (unfair attempts to further your application) will lead to your application being withdrawn.*

D. Please state where you heard of this vacancy.

6. ADDITIONAL INFORMATION

Please use this space to supply any other information you believe is relevant to your application. This may include examples from paid employment, voluntary work, study and/or home.

Use an additional sheet if required

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7. PERSONAL DETAILS

Title (e.g Mr/Ms/Mrs)	First Name (Block Letters)	Last Name (Block Letters)	Application number: Office use only
Address (Block letters):		Telephone numbers	
Post code:		Home:	
Email address:		Work:	
		Mobile:	

8. REFEREES (One of whom must be your current/most recent employer. If both references are from employers, please ensure they are both from different organisations)

May we contact your present employer prior to interview?		YES/NO
a) Name:	b) Name:	
Position held by referee:	Position held by referee:	
Organisation if appropriate:	Organisation if appropriate:	
Address:	Address:	
Telephone:	Telephone:	
Email address:	Email address:	

- I declare that the information on this form is true to the best of my knowledge and belief.
- I understand that providing misleading or false information will disqualify me from appointment or may lead to me being dismissed if appointed to the role.
- My name has not been placed on any list which disqualifies me from working with children.
- I confirm that I have read the above statements in respect of "Disclosure of Criminal Records/Sanctions" and understand the requirements of this position.
- Privacy Notice: I have read the privacy notice for job applicants and consent to the information contained in this form, and any other information received by or on behalf of the Partnership relating to my application, being processed by the Partnership in administering the recruitment process and to assist with the prevention and detection of fraud.

Signature..... Date.....

Please return to:
Kevin Pearce Children's Centre
Ovenden Road
Halifax
HX3 5RQ

Please ensure you mark your envelope **Private and Confidential**.
 Any queries regarding this application should be made to our Admin Team who will signpost you to the relevant person please telephone: 01422 251090
 If you require any assistance to complete this form, please contact us.

PRIVACY NOTICE

For successful applicants

North Halifax Partnership (NHP) is registered with the Information Commissioner's Office (ICO) under the provisions of the Data Protection Act and it takes its responsibilities under the act very seriously. The information provided by you in this form is collected to ensure NHP can fulfil its legal obligations to you as employer, and for the performance of the contract of your employment with NHP. Moreover, completion of this form constitutes explicit consent from you to us to process your personal data given on this form.

You have the right to see what information is held about you, to have any inaccurate information corrected, and to have information removed from our system unless we are required by law or a statutory purpose to keep it. If you feel that your data has not been handled in accordance with the law, you have the right to complain to North Halifax Partnership's Data Protection Officer, Diane Coenen who can be contacted on Diane.coenen@nhpltd.org.uk.

Your data will be shared with colleagues within the Partnership where it is necessary for them to undertake their duties with regard to recruitment. This includes, for example, the HR department, those in the department where the vacancy is who responsible for screening your application and interviewing you.

Your data will be shared with third parties if you are successful in your job application. In these circumstances, we will share your data in order to obtain references and DBS check as part of the recruitment process.

For unsuccessful applicants

If your application is not successful we will keep your application on file for a period of 6 months in line with our retention of records working practice.

Appendix A

The position you have applied for is exempt from the Rehabilitation of Offenders Act 1974, therefore North Halifax Partnership Ltd will undertake to use the Disclosure and Barring Service (DBS). For some posts, the information required, will include details of cautions, reprimands, or final warnings as well as convictions.

Whereby a Disclosure is to form part of the recruitment process applicants are encouraged to provide details of their criminal record at any part of the process. All information will be kept confidential and only disclosed to those parties relevant to the recruitment process.

The disclosure of a criminal record will not necessarily prevent your employment with us; in making a decision, the council will consider many factors relevant to the appointment. This means that you must provide information about all previous convictions, cautions, reprimands and final warnings including those, which, in other circumstances, would be thought of as spent. Failure to disclose relevant information could lead to North Halifax Partnership Ltd withdrawing the offer of employment.

Equal Opportunities Monitoring Form

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

Name:		What is your Nationality?	
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What is your Ethnic Origin? (please tick)			
Asian or Asian British Bangladeshi		Mixed Race White and Asian	
Asian or Asian British Indian		Mixed Race White and Black African	
Asian or Asian British Pakistani		Mixed Race White and Black Caribbean	
Asian or Asian British Other		Mixed Race Any other Mixed origin	
Black or Black British African		White British (English/Northern Irish/Scottish/Welsh)	
Black or Black British Caribbean		White Irish	
Black or Black British Any other Black origin		White Any other White background	
Chinese		Prefer not to say	
Other ethnic group (Please specify):			

Gender: What best describes your gender?					
Female		Male		Prefer not to say	
Prefer to self-describe		If you prefer to self-describe, please provide this here:			

Disability – do you consider yourself to have a disability? (please tick)			
Yes, I am aware I have a disability		No, I don't have a disability	
As far as I am aware, I don't have a disability		Prefer not to say	

You will be considered as having a disability for discrimination purposes if you fit the definition as given in the Equality Act 2010. In the Act, a disability is a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.' For these purposes, 'long term' is taken to mean the condition is likely to last longer than 12 months or likely to recur.

Sexual Orientation (please tick)			
Bisexual	<input type="checkbox"/>	Heterosexual/straight	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Not specified	<input type="checkbox"/>
Gay woman/lesbian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Religious Belief (please tick)			
Agnostic	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Not specified	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

The information supplied on this form is for monitoring purposes only and will be treated confidentially.