



This form can be supplied in large print please contact us.

## Job Application Form

Vacancy Title:

Please tell us how you heard about this vacancy:

### 1. Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone No.

Daytime Contact No.

E-mail address:

National Insurance No.

**Driving Licence**

Yes  No

Do you hold a full, clean driving licence valid in the UK?

### 2. Preferred hours

Please tick

Full time

Part time

**We like our workers to be willing to work flexibly across the week and need to know when other commitments mean you could not be available to work:**

Please tick when you are unavailable:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Education/Qualifications

School (11+)	Study Dates	Qualification and Grade	Date Obtained
College/University	Study Dates	Qualification and Grade	Date Obtained
Ongoing Professional Development	Study Dates	Qualification and Grade	Date Obtained

### Training and Development

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

Training Course	Course Details (including length of course/nature of training)

### Current Membership of any Professional Body/Organisation

Please give details:

#### 4. Employment History

**Previous Employment:** Please include any previous experience (paid or unpaid), starting with the most recent first.

##### Current or most recent employer

Name of Employer:

Address:

Postcode:

Position Held:

Date Started:

Leaving Date:

Reason for Leaving:

Salary on leaving this post:

Contact Name of Line Manager for reference:

Brief description of duties:

##### Previous employer

Name of Employer:

Address:

Postcode:

Position Held:

Date Started:

Leaving Date:

Reason for leaving:

Brief description of duties:

**Previous employer**

Name of Employer:

Address:

Postcode:

Position Held:

Date Started:

Leaving Date:

Reason for Leaving

Brief description of duties:

Continue on separate sheet if necessary

## 5. Information in support of your application

### **Skills, abilities and experience**

Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used. See guidance sheet for further information.

Continue on a separate sheet if necessary

## Section 6 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check. **Teaching Assistant apprentices will be CRB checked.**

### Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

## Section 7 Disability Discrimination Act 1995

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

**Do you have a disability which is relevant to your application?**

Yes

No

**If yes, please give details:**

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

**Do we need to make any specific arrangements in order for you to attend the interview?**

Yes

No

**If yes, please give details:**

## 8. Convictions/ Disqualifications

To ensure the safety of our clients/members a CRB check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position at Generate. If a check is returned and reveals any information, this will be discussed with the applicant. The Chief Executive will make a decision as to whether the offer of employment should be withdrawn.

### **Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986**

**We would draw your attention to the following statement:-**

“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

**Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order.** (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests).

## Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who **your 2 references are**.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N <sup>o</sup> :	<input type="text"/>	Telephone N <sup>o</sup> :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? **Yes**  **No**

Are you willing for this referee to be approached prior to the interview? **Yes**  **No**

If you are a school leaver please could you give 2 references for any work experience that you undertook, or give details of a non-family member who has known you personally for 3 years or more.



## Section 10 What is your Ethnic Group?

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background

### A. White

White UK

Irish

White non-UK

Any other White background  
(please give details):

### B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background  
(please give details):

### C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background  
(please give details):

### D. Black or Black British

Black Caribbean

Black African

Any other Black background  
(please give details):

### E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background  
(please give details):

F. I do not wish to provide this information

**Section 11 Recruitment Monitoring Form continued**

**Gender**

Male

Female

**Disability**

Disability is defined as “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”.

**Do you consider yourself disabled? Yes  No**

**If yes, please give details:**

**Age Group**

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

**Media**

Please state where you saw this post advertised

## Section 12 Declaration

### Statement to be Signed by the Applicant

The Council is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

**I acknowledge that the Council is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.**

**I hereby certify that:**

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

**Signed:**

**Date:**

## RETURNING THIS FORM



**By Hand or Post:**

iMedia School  
Faraday Court  
85, Summer Road  
Erdington,  
Birmingham  
B23 6UT

**By E-Mail:**

[info@imediaschool.co.uk](mailto:info@imediaschool.co.uk)

**Enquiries:**

Telephone: 0121 448 1727