# Ysgol Gyfun PORTHCAWL Comprehensive School

This form is available in Welsh on request. Mae'r ffurflen hon ar gael yn Gymraeg ar eich cais.

## **Job Application form Support Staff**

1 Vacancy details
Job title: Post reference:
Closing date: Where did you see this advert?
Please complete the whole application form. CVs can only be used as supplementary information.
2 Personal details
Title: (Mr/Mrs/Miss/Ms/Other) Address:
First name/s:
Surname:
Maiden or former name/s:  Post code:
E-mail address: Contact telephone no:
Do you hold a current driving licence? Yes No  Class (e.g: Full /Provisional /HGV/PSV):
Please give details of any driving licence endorsements
Do you have the use of a vehicle during work hours? Yes No
Under the Asylum & Immigration Act 1996, the Council has a responsibility to ensure that only those legally entitled to live and work in the United Kingdom are offered employment.
Do you have a passport, work permit or other travel document to show that you are authorised to work in the UK as you will need to provide these prior to starting any employment?
Please give details:
Please provide your National Insurance No.

3 Current and past employment	
Please provide details of your current and p	revious employment starting with your most recent,
including any periods of unemployment. Thi	s can include unpaid or voluntary work which you may
have undertaken. Please continue on a separ	rate sheet if necessary.

Dates Mnth/Yr	Job title, salary and benefits. Name and address of employer	Reason for leaving

Notice required for current post?	

4 Education and Training			
Please provide details of your education have been gained.	ation and training irrespective of whet	her qu	alifications
Secondary Education			
School/College/Training Provider	Subject Qualifications	Year	Grades where applicable
Higher Education			
School/College/Training Provider	Subject Qualifications	Year	Grades where applicable
Professional Membership	A		
	ship of a professional body including me	mbersl	nip number
Professional body/Training Provider	Qualifications/Grade	Year	Level of membership/No.

no ddi	wled ition	dge me nal info	et the	requir	ements	of th	e pers	on spe	cificatio	n provid	e also ir	nclude ar
ppi	licat	ion.										

#### 6 References

Please provide details of your current/most recent employer and also your previous employer who can provide information to support your application (for internal candidates this should be your current line manager). Where you have not been previously employed, give the name of a person of professional standing but not a relative. If you are a recent school/college leaver, give the details of your headteacher/tutor. Delete each box heading as appropriate.

Current / mos	st recent employer			
1. Referee conta	ct name:			
Address:	'			
Post code:				_
Contact teleph	none no:			
Email address	s:			
Previous emp	oloyer / Person of pr	ofessional stan	ding / Headteacher /	'Tutor
2. Referee conta	ct name:			
Address:	'			
Post code:				
Contact teleph	none no:			]
Email address	):			
-	our referees if you are sho or us to contact your curre			□No □

#### 7 Supplementary Information

The Rehabilitation of Offenders Act 1974 makes it illegal for employers to discriminate against ex-offenders on the grounds of 'spent' convictions. Spent convictions are where the person convicted of a criminal offence has completed an appropriate period of rehabilitation. However the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 as amended excludes the provisions of the Act from certain types of employment. For these types of employment (those involved with children and vulnerable adults) you must not withhold information about spent convictions. Where the job you are applying for requires full disclosure, this will be highlighted in your job pack and you will be required to provide further details with this form.

7 Supplementary Information continued	
Have you been convicted of any criminal offence or be conviction, final warning or disciplinary action?	een subject to a caution, reprimand, Yes No
If yes, please provide full details	
### ### ### ### ### ### ### ### ### ##	
If you are related to, or have a close personal associately work, with any councillor or council employee, please	provide their name and your relationship.
Canvassing, directly or indirectly will disqualify your instant dismissal or disciplinary action.	application, or if appointed could result in
Under the Working Time Regulations the council must employees. Will Bridgend County Borough Council be y	<u></u>
If no, please give details	
8 Declaration	Ĩ
The information you have provided on this form is subelled by the council for recruitment purposes. If y retained for the duration of your employment with directorates within the council.	you are appointed, this information will be
I acknowledge that if I am successful in obtaining information I have provided is later discovered to employment or appointment may be withdrawn information given in this application is complete a	be incorrect, any offer of or terminated. I declare that the
I have not canvassed (either directly or indirectly Bridgend County Borough Council and will not do	
Signed:	Date:

Please return your completed application form and any additional information to: Headteacher, Porthcawl Comprehensive School, 52 Park Avenue, Porthcawl CF36 3ES or by email to: porthcawlcs.officemanager@bridgend.gov.uk

Thank you for applying to join Bridgend County Borough Council.

# Ysgol Gyfun PORTHCAWL

**Comprehensive School** 

### **Equal Opportunities in Employment**

Post applied for:		Post reference:
Department:		Directorate:
Closing date:		
welcome applicate belief, language, caim please take the confidential and wardeness.  Please note that	I to promoting equal opportunities and ions from all sections of the community disability, age, sexual orientation or make time to complete this section of the facility be used for monitoring purposes or the information supplied on this form ect to the Data Protection Act 1998.	rital status.To help us to achieve this form. The information is strictly hly. It will not be used in the selection
Sex and Age	Female Date of Birt	h:
Disability		
<u>-</u>	ned by the Disability Discrimination A tantial and long-term adverse effect on	ct as a physical or mental impairment, your day-to-day activities.
Do you consider y	yourself to be disabled? Yes	No
If 'yes 'please give	e details if you wish	
Do you require ar	ny support or adjustments to enable yo	ou to take part in the selection process?
Yes No	o	
Please give detail	s	

Ethnicity
How would you describe your ethnic origin? (please tick one box only)  White:- British Irish Welsh
White:- British Irish Welsh Any other white background (please specify)
Mixed Race:- White & Black Caribbean White & Black African White & Asian Any other mixed background (please specify)
Asian or Asian British:- Indian Pakistani Bangladeshi Any other Asian background (please specify)
Black or Black British :- Caribbean African  Any other Black background (please specify)
Chinese or other ethnic group:- Chinese  Any other Asian background (please specify)
Welsh Language Speakers
Welsh Language Speakers         Are you a Welsh language speaker?       Yes       No
Are you a Welsh language speaker?
Are you a Welsh language speaker?  Are you able to write in Welsh?  Yes No
Are you a Welsh language speaker?  Are you able to write in Welsh?  Are you able to read Welsh?  Yes  No  Yes  No  No
Are you a Welsh language speaker?  Are you able to write in Welsh?  Are you able to read Welsh?  Yes  No  Yes  No  No
Are you a Welsh language speaker?  Are you able to write in Welsh?  Are you able to read Welsh?  Please specify if you have any other language skills (including British Sign Language)
Are you a Welsh language speaker?  Are you able to write in Welsh?  Are you able to read Welsh?  Please specify if you have any other language skills (including British Sign Language)  Marital Status
Are you a Welsh language speaker?  Are you able to write in Welsh?  Are you able to read Welsh?  Please specify if you have any other language skills (including British Sign Language)  Marital Status  How would you describe your marital status?
Are you a Welsh language speaker?  Are you able to write in Welsh?  Are you able to read Welsh?  Please specify if you have any other language skills (including British Sign Language)  Marital Status  How would you describe your marital status?  Single Married Divorced Separated Widowed

Thank you for completing this section of the form. This section will be removed before sending the application to the selection panel.