

## Non-teaching application form

Job applied for: \_\_\_\_\_

School: \_\_\_\_\_

Employer: Wessex MAT



### Where did you see the vacancy advertised?

Please tell us where you saw the vacancy advertised:

### Personal details

Preferred title:	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Lady	<input type="checkbox"/>	Lord
	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs
	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Prof	<input type="checkbox"/>	Rev

Forenames (given name):

Surname (family name):

Known as:

Email address:

Home telephone number:

Work telephone number:

Mobile telephone:

Preferred contact telephone number:  Home  Work  Mobile

Address 1:

Address 2:

Town/city:

County:

Postcode:

Country:

Are you currently an employee of Wessex MAT?

Yes No**Disability declaration**

Wessex MAT welcomes applications from disabled people and guarantees to interview disabled candidates who meet the essential requirements of the post applied for. For this purpose 'disability' means any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.

I have a disability and wish to be given a guaranteed interview under the MAT's commitment as a Disability Confident employer.

Please indicate below if you have any special requirements regarding attendance at interview.

**Employment history**

Please give details of your employment history, starting with your current or most recent job.

<b>Employers (from most recent)</b>	<b>Position</b>	<b>Start / Finish Dates</b>	<b>Reasons for leaving</b>

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**Education, qualifications and training**

Shortlisted candidates will be expected to provide evidence of the qualifications listed on this application.

<b>Qualifications including grades</b>	<b>Awarding body</b>	<b>Date</b>

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**Other relevant qualifications and training**

Any other relevant qualifications and training, taken or to be taken, including short courses, with dates

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Membership of professional/technical bodies

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**Relevant experience**

Please use this section to explain how your skills, experience and knowledge would make you a suitable candidate for the post. This could include voluntary work, leisure interests and other activities, which you consider to be relevant to the position. In completing this section it is important that you refer to the requirements in the job description/person specification and provide evidence of how you meet the essential and desirable criteria.

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<b>References</b>
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<p>Please provide contact details for two people who have agreed to give an employment reference on your behalf. These references must be from your two most recent places of work or education. The MAT also reserves the right to approach any previous employer to confirm factual information about your previous employment record.</p> <p>Note: References may be taken up prior to interview if you are shortlisted.</p>
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<b>First reference:</b>	
Name of referee:	
Employer's name:	
Address 1:	
Address 2:	
Town/city:	
County:	
Postcode (e.g. DT1 1XJ):	
Country:	
Telephone number:	
Email address:	
Relationship to you (e.g. manager/headteacher):	
<b>Second reference:</b>	
Name of referee:	
Employer's name:	
Address 1:	
Address 2:	
Town/city:	
County:	
Postcode (e.g. DT1 1XJ):	
Country:	
Telephone number:	
Email address:	
Relationship to you (e.g. manager/headteacher):	

If you wish to be contacted before references are taken up please give details below:

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<b>Miscellaneous</b>
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Do you possess a current driving licence?
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have the use of a vehicle or other appropriate means of transport?
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>National Insurance number:</b>	
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Are you related to an employee of the MAT, a trustee of the MAT or a governor of the school?
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>If yes, please give details:</b>
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## Declarations

The post you are applying for is exempt from the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020. You are required to reveal any information concerning spent or unspent convictions, cautions, reprimands or warnings.

Do you have any adult spent or unspent convictions, cautions, reprimands or warnings?

Yes

No

Are you barred from working with children or vulnerable adults?

Yes

No

For the purpose of the General Data Protection Act 2018 I give my consent to this form and related information being processed and retained on file and to Wessex verifying the information I have provided with relevant third parties in administering its recruitment process. I authorise Wessex to use this the information contained within the form, and any related information, in order to further my application for employment. I understand that Wessex may seek to verify the information I have provided with relevant third parties in administering its recruitment process.

I declare that the information given on this form is to the best of my knowledge and belief correct and I understand that if I give you any false information or fail to provide full and complete information it may lead to my dismissal if I am appointed. I further understand that canvassing councillors, senior officers or governors either directly or indirectly will disqualify me for appointment.

I have had the opportunity to consider the Dorset Council's recruitment privacy notice\* and understand that my application will be handled in accordance with the provisions of the same. [Recruitment privacy notice - Dorset Council](#))

\*The Wessex MAT Privacy Policy is available upon request.

I agree to the declarations made on this form

## Diversity questionnaire

We will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to diversity and equality of opportunity in our employment policies and practices. Our aim is to promote diversity so that no employee or potential employee will be subject to unlawful or unfair discrimination because of gender, age, marital or civil partnership status, colour, race, nationality or other ethnic or national origin, disability, religion, sexual orientation, gender reassignment, pregnancy or maternity or membership or non-membership of a trade union or political beliefs. We will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

In order to help us monitor the effectiveness of our Diversity Employment Policy (and for no other reason) all applicants are asked to provide the information requested below. This information is confidential and does not form part of your application and will not be taken into account when making the appointment.

### Which of the following best describes your ethnic origin?

<input type="checkbox"/>	White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Any other white background
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other Asian background
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other black background
<input type="checkbox"/>	Arab	<input type="checkbox"/>	Gypsy/Romany	<input type="checkbox"/>	Irish Traveller
<input type="checkbox"/>	Any other ethnic background				

### Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
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### Which of the following best describes your sexual orientation?

<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Other	

### Do you consider yourself to have a disability?

(for this purpose disability means any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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### If you have answered yes to the above please state the type of disability which applies to you (please select all that apply)

<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health illness	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Long standing illness or health condition	

### Please indicate below if you have any special requirements regarding attendance at interview

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Date of birth (e.g. dd/mm/yyyy):

Which of the following best describes your faith/religion/belief?

Prefer not to say

Hindu

None/no religion

Christian

Muslim

Jewish

Buddhism