



Staff Application Form

Please complete ALL sections of the form

Personal details:

Title:

First Name(s):

Last Name:

Address:

Postcode:

Phone:

Email:

N.B. Sections B and C of the application form will be detached and retained in Human Resources to ensure that your application is dealt with objectively

Employment History

Your current or most recent employer

Name of employer:

Address:

Postcode:

Telephone number:

Job title:


Nature of business:

Pay:

Length of time with employer:

Reason for leaving:

Duties:



Education, Training & Development

Please give details:

[illegible]

Previous Employers

Please tell us about other jobs you have done and about the skills you used or learned in those jobs (please state ALL jobs in date order and including voluntary work. Please account for any gaps in employment. Failure to do so may result in your application not being considered – particularly if you are applying for a job which is exempt from the Rehabilitation of Offenders Act 1974. Please continue on a separate sheet if necessary)

[illegible]

Membership of Professional Organisations

Institute/Organisation	Date Joined	Grade of Membership (where required)

Supporting Statement

Please tell us why you applied for this job and why you think you are the best person for the job.
(Please continue on another sheet if necessary)

Interview arrangements and availability

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

Are there any dates when you will not be available for an interview?

When can you start working for WRAP?

Right to work in the UK

Do you need a work permit to work in the UK?

References

Please give the names and contact details of two people who we can ask to give you a reference concerning your application. **One** of the referees **must be** your current/last employer who will be asked specifically about your attendance record. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

Referee 1

Name:	Is this person your present or previous employer?
Address:	
Position in company: Principal	(if "no" to the above question, in what capacity does the referee know you?)
Daytime Contact Number:	<i>References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.</i>
Email Address:	

Referee 2

Name:	Is this person your present or previous employer?
Address:	
Position in company:	(if "no" to the above question, in what capacity does the referee know you?)
Daytime Contact Number:	<i>References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.</i>
Email Address:	

Relationship to existing employees / directors

If you have any personal relationship with any employee/director, please give their name and relationship. Any approach to a Director or other employees to influence a selection decision will disqualify you. This does not stop a Director or employee giving a reference

Declaration

I certify that the information contained on this application form is accurate and true. I give my consent to the processing, transfer and disclosure by the school of all the information submitted by me during the recruitment process and throughout my subsequent periods of employment for pre-employment checks, equal opportunities monitoring, payroll operations, training and absence records (Data Protection Act 1988).

(N.B. Deliberate falsification or withholding of information will lead to disciplinary proceedings and may result in dismissal.)

I understand that canvassing will automatically disqualify my application.

If you return this form without a signature, you will be assumed to have accepted the above declaration.

Name:

Signature:

Date:

Under data protection law, individuals have a right to be informed about how the school uses any personal data we hold about them. We comply with this right by providing access to 'privacy notices' to individuals where we are processing their personal data. This privacy notice explains how we collect, store and use personal data about individuals applying for jobs at our school. Available upon request.

Thank you for your application. This application form should be completed and returned via email to John@wirralwrap.org or returned by post to:

John Jerrom
HR Director
WRAP (Wirral) CIC,
Eastham Hall
109 Eastham Village Rd,
Eastham,
Wirral CH62 0AF

Section B –Monitoring of Equality & Diversity

Wirral WRAP School aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates.

Why do I need to complete Equality & Diversity Questions?

The School has a legal duty to promote equality. This duty applies to everything the School does, both as an employer and a provider of services. In order to help us, please answer the following questions and complete the declaration at the bottom of the end page.

What happens to the Equality & Diversity information?

All data, in accordance with the Data Protection Act will be confidentially retained and used only for the purpose of reporting to the Board and for the production of statistical reports. The Equality & Diversity data will only be recorded and maintained on the employee's personal record on the School's Human Resources system and used for the purpose of statistical reports in relation to equality and performance indicators including recruitment.

Title of job applied for:

Please repeat your Personal Details:

Title:

Full name:

Marital status:

Age:

Date of birth:

Race and Ethnicity

What is your ethnic group? *Please tick the relevant ethnic group. If you are in an 'Any Other Background' category please state what it is*

A. White	<input type="checkbox"/> English <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background
B. Mixed Race	<input type="checkbox"/> White & Black-Caribbean <input type="checkbox"/> White & Black-African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any Other Mixed Background
C. Asian or Asian-British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Asian Background
D. Black or Black British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Asian Background
E. Other Ethnic Group	<input type="checkbox"/> Arab <input type="checkbox"/> Romany/Irish Traveller <input type="checkbox"/> Any Other Ethnic Group
Do not wish to declare	<input type="checkbox"/> Do not wish to declare

Country of Birth

- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Northern Ireland
- ☐ Republic of Ireland
- ☐ Other (please write in the current name of the country)

☐ Do not wish to declare

What is your religion or Belief?

If you have "Any Other Religion or Belief" then please state what it is.

- ☐ None
- ☐ Christian (including Church of England, Catholic, Protestant & all other denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Humanist
- ☐ Atheist
- ☐ Agnostic
- ☐ Pagan
- ☐ Any other religion or belief
- ☐ Do not wish to declare

Sexual Orientation

What is your sexual orientation?

- ☐ Heterosexual
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Asexual
- ☐ Do not wish to declare

Disability

WRAP(WIRRAL) CIC takes a positive approach in the selection of people with disabilities, including interviewing all disabled persons who meet the essential selection criteria. The Disability Discrimination Act 1995, defines disability as "a physical or mental impairment which has substantial and long-term adverse effect on the ability to carry out normal day to day activities".

Do you consider yourself to be a disabled person?

- ☐ Yes
- ☐ No
- ☐ Do not wish to declare

If 'Yes' please provide details of any adjustments we might need to make in order to fulfil your needs at interview:

Marriage/Civil Partnership

Are you currently married?

- ☐ Yes
☐ No

Or in a civil partnership?

- ☐ Yes
☐ No

☐ Do not wish to declare

Gender

What is your gender?

- ☐ Male
☐ Female

☐ Do not wish to declare

Gender Reassignment

Is your gender identity the same as the gender you were assigned at birth?

- ☐ Yes
☐ No

☐ Do not wish to declare

Confirmation of Declaration

The details given by me are correct to my knowledge and belief.

Signature:

Date:

Section C – Medical Fitness Staff Declaration

With reference to your application for this post with this School. In order to assist us in establishing that you are medically suitable and satisfy the health standards required, I would be grateful if you would kindly answer the questions set out below. The information provided will be treated with the strictest confidence and used only to determine whether it will be necessary to refer you for a medical examination prior to confirming your appointment with this School.

Name in Full (Mr/Mrs/Miss)

Has there been any cause for concern regarding your health during the period of employment with your present or most recent employer?

Has a medical examination been required at any time in connection with this employment?

If the answer was "YES" to question No 2 above, was the medical requested on:

Appointment

Following a Special Referral during your appointment

What was the result of such an examination?

Are you aware of any illness / condition that would prevent you from performing your duties, as per the job description?

Declaration
<p>I declare to the best of my knowledge and belief, all statements contained in the above answers are correct and I understand and acknowledge that should I conceal a material fact I will be liable to the termination of my contract of service, with such notice as may be appropriate and may be refused benefits under the sickness payments and superannuation schemes I consent to undergo a medical examination or examinations if required to do so.</p>
<div>Signed: Date:</div>