

APPLICATION FORM

CONFIDENTIAL

Please ensure that you complete and return all sections of this form and note C.V.s will not be accepted.

Post applied for		Ref No. <small>(if available)</small>	
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Personal Details

Title			
First name		name you are known as (if different)	
Last name		previous last name(s)	
Address			
	Post code		
Preferred telephone number		email	
Please note, our main contact with you will be by email.			

	Yes	No		Yes	No
Are you eligible to work in the UK or EEA?			Do you hold a current driving licence?		
Do you require a work permit to work in the UK?			Do you have access to a car which you could use for work if required?		
How did you find out about this vacancy? (if newspaper, website or journal please tell us which one)					

Please note: A disclosure may be requested from the Disclosure & Barring Service (DBS) for successful candidates. This is a mandatory requirement for some positions within Redbridge Institute.

Employment History

*please give details of all your employment history – use additional pages if necessary
make sure you cover every year since you started work – give details of any gaps*

Your current job - or your most recent job if you are not currently working			
Name of employer			
Address of employer	Post code		Employer Telephone Number
Your job title		Your current or final salary	
Your start date with this employer (month/year)		How much notice do you have to give (if still working)	
Reason for leaving if you have left			
Brief description of duties			

Your previous job (this should be the one before the job listed above)			
Name of employer			
Address of employer	Post code		Employer Telephone Number
Your job title			
Your start date with this employer (month/year)		Your final salary	
Your end date with this employer (month/year)		Reason for leaving	
Brief description of duties			

Your previous job (this should be the one before the job listed above)

Name of employer			
Address of employer			Employer Telephone Number
	Post code		
Your job title			
Your start date with this employer (month/year)		Your final salary	
Your end date with this employer (month/year)		Reason for leaving	
Brief description of duties			

Your previous job (this should be the one before the job listed above)

Name of employer			
Address of employer			Employer Telephone Number
	Post code		
Your job title			
Your start date with this employer (month/year)		Your final salary	
Your end date with this employer (month/year)		Reason for leaving	
Brief description of duties			

Your previous job (this should be the one before the job listed above)

Name of employer			
Address of employer			Employer Telephone Number
	Post code		
Your job title			
Your start date with this employer (month/year)		Your final salary	
Your end date with this employer (month/year)		Reason for leaving	
Brief description of duties			

Your previous job (this should be the one before the job listed above)

Name of employer			
Address of employer			Employer Telephone Number
	Post code		
Your job title			
Your start date with this employer (month/year)		Your final salary	
Your end date with this employer (month/year)		Reason for leaving	
Brief description of duties			

Please provide details of any gaps in employment history – with dates (use separate page if necessary)

Dates of gaps	Reason

Please tell us how many days you have been absent from work due to sickness in the last 2 years

Total days		number of occasions	
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Referees

Please give details of 2 referees. Both should be employment references.

If you are unable to provide employer references, please say why

Referee's name		Job title	
Referee's company			
Company address			
	Post code		
Email		Telephone	
Your relationship to the referee		If this is not an employer reference please say why	

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Education and Qualifications

Please put your highest qualifications first

Secondary school/college/university	Dates		Qualifications gained	grades
	From	To		

Professional Qualifications/Registrations

Please provide details of any professional qualifications & membership of professional institutes

Name of professional body	membership grade and number	date obtained (if relevant)

Recent training courses attended

Supporting Statement and Achievements

Please use this space to tell us how you meet each of the points on the person specification. We need to have this information in order to consider your application. Please attach additional information if you require more space.

Disability

The Disability Discrimination Act protects people with disabilities from unlawful discrimination. To meet the Act's definition, a person must have, or have had a physical or mental impairment, which had substantial long-term effects on their ability to carry out normal day to day activities. If we know you have a disability we will make adjustments to the working arrangements and/or the working environment provided it is reasonable in the circumstances to do so.

Do you have a disability you wish us to know about at this stage? Yes No

Please let us know what access requirements you have:

Disability Confident Employer

We welcome enquiries from everyone and value diversity in our workforce.

As a registered member of the Disability Confident scheme, we encourage applications from disabled people. We guarantee an interview for all disabled candidates who meet the minimum criteria of the job description and to consider these applicants on their abilities.

Personal Relationships

Are you related to, or have a close personal relationship with any councillor, council/Institute employee or governor of Redbridge Institute? Yes No

If Yes, please state their name and your relationship to them

Name	Relationship to you
Name	Relationship to you

Data Protection – General Data Protection Regulation 2016 (GDPR)

Redbridge Institute uses the data collected on this form to process your application. The form will be shredded or deleted within 6 months of receipt if you are not shortlisted for interview and within one year if you are invited to interview but not appointed. If you are successful in obtaining employment with us, the data will be retained on your personnel record and shared with London Borough of Redbridge, as the employer. The information will be held securely at all times and will only be shared with those who have a need to know which directly relates to your application and subsequent appointment. You have the right to withdraw your consent for us to use this data at any time up until you have accepted employment with us but this will immediately cancel any outstanding applications. You have the right to request sight of any documents we hold and to have any errors in your personal data corrected.

Declaration of Offences

Before completing this section of the form, please read the following notes carefully

Rehabilitation of offenders Act 1974

This post is exempt from the above Act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment.

This means you must declare on this form all offences, convictions, cautions, bindovers or any court cases you may have pending.

Convictions will not necessarily be a bar to employment with Redbridge Institute.

Have you ever been cautioned or convicted of a criminal offence?

Have you ever been disqualified from working with children or vulnerable adults?

Do you have any unspent criminal convictions or cautions?

If you fail to disclose any criminal convictions or cautions, including those spent, it could result in withdrawal of the job offer, dismissal or disciplinary action.

If you do not have any, please write none.

Details of offence(s)	Place and date of Judgement(s)	Sentence(s)

Possession of a conviction or caution will not necessarily mean that you won't be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for this job application only.

Consent and signature

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may, after appointment, lead to disciplinary action which could lead to my dismissal without notice.

I authorise Redbridge Institute to check the information supplied and hold all such information in both paper and electronic formats.

Signature **Date**

Name
(please print)

(if you are emailing this form to us without a signature, your email will signify consent as you have sent it directly)

This form, when completed, to be returned to: staffing@redbridge-iae.ac.uk

Or post to:

Staffing Section, Redbridge Institute of Adult Education,
Gaysham Avenue, Gants Hill, Ilford, IG2 6TD

Please complete this form and return it with your application form. It will be separated before any shortlisting is undertaken and is not part of the selection process.

Workforce Monitoring

In line with Codes of Practice issues by the Equal Opportunities Commission and the Commission for Racial Equality and as required by the Audit Commission, Redbridge Council collects and maintains information on the gender, ethnic origin and disabilities of its employees.

It will be appreciated if you will complete this section of the application form which will be separated from the rest of the form before shortlist selection takes place.

You can be assured that this information will be treated in confidence and will not be available to shortlisting officers or interviewers.

1. Gender Male Female

2. What is your ethnic group?

Please choose one selection from A to E and then tick the appropriate box within your chosen section to indicate your cultural background.

A. White

British Irish
 Any other White Background

B. Mixed

White and Black Caribbean White and Black African
 White and Black Asian Any other Mixed Background

C. Asian or Asian British

Indian Pakistani
 Bangladeshi Any other Asian Background

D. Black or Black British

Caribbean African
 Any other Black Background

E. Chinese or other Ethnic Group

Chinese Any other Background

3. Do you consider that you have a disability as defined by the Disability Discrimination Act 1995? This means that any long term illness; health problem or disability that limits your daily activities or the work you can do. Please indicate: Yes No

4. Date of Birth