|  |  |  |
| --- | --- | --- |
| **Harrow Council**  **Application For Appointment** | |  |
| **This Council is an Equal Opportunities Employer** |  |  |

|  |
| --- |
| Please read the enclosed Guidance Booklet before completing this form. **Please use black ink** so that it can be photocopied. Do not attach a CV/work history alone, as they will not be considered. If you are sending an application on tape, follow the order of the sections below. Please indicate if someone has completed the form on your behalf. You may attach additional sheets whenever necessary. **If you do,** please **DO NOT** put down any personal details on these sheets (i.e. Name, address). A personal reference number will be allocated to you upon receipt of your application form. All information supplied on this form, is subject to the provisions of the Data Protection Act 1998 and will be treated in confidence. |
|  |

|  |  |  |
| --- | --- | --- |
| Post Applied for: | | Personal Reference No: |
| Post Reference Number: | | Closing Date: |
| Where did you see this post advertised? | Are you applying as a redeployee? Yes  No  Are you applying through Council Jobs in London? Yes  No  If yes, from which Council are you employed? | |

|  |
| --- |
| **Personal Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname / Family name | Forename | | |
| Any Previous Surnames / Family names | | | |
| How would you like to be addressed in correspondence? | | Mr Mrs Miss Ms Other: | |
| Address | | | |
|  | | Post Code | |
| Home Tel. No. | | Work Tel. No | |
| Mobile No | | E Mail Address | |
|  | National Insurance No. | | | |
| Are you currently employed by Harrow Council  Are you employed by an Agency and currently working on Harrow Council Services | | Yes  No  Yes  No | |
| Are you related to or partner of, or do you have a close personal relationship with, any elected member or senior officer of the local authority or a member of staff or governor of the school? | Yes  No | | |
| If yes give details  Name | | Relationship | |
| Department | |  | |
| Are you required to hold a work permit or certificate of sponsorship? | | Yes  No | |
| If yes, please state if there are any limitations/ conditions on it: | | | |
| **References** | | |

|  |
| --- |
| **Please supply us with a minimum of two references which covers all employers during your last 5 years of employment.** One referee must be your current, or if you are not employed, your most recent employer. Referees must be previous employers, not friends, or former colleagues and must not be related to you. If you are shortlisted, references may be taken up before interview. Occasionally references may be sought from previous employers not listed below. If you do not wish us to contact your employer before interview, please place an X in the relevant box. However, we will take up references for some positions within Children’s & Families Services, and all references for positions within schools prior to interview. We reserve the right to take up references from any of the previous employers you have listed. Note: Reference requests will be addressed to the Manager/Director of your previous employing department. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | Name: |  |  | **2** | Name: |  |  |
|  | Job Title: |  | |  | Job Title: |  | |
|  | Name of Establishment |  | |  | Name of Establishment |  | |
|  | Address / Postcode: |  | |  | Address / Postcode: |  | |
|  | Period Reference Covers: |  | |  | Period Reference Covers: |  | |
|  | Telephone No.: |  | |  | Telephone No.: |  | |
|  | Email: |  | |  | Email: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | Name: |  |  | **4** | Name: |  |  |
|  | Job Title: |  | |  | Job Title: |  | |
|  | Name of Establishment |  | |  | Name of Establishment |  | |
|  | Address / Postcode: |  | |  | Address / Postcode: |  | |
|  | Period Reference Covers: |  | |  | Period Reference Covers: |  | |
|  | Telephone No.: |  | |  | Telephone No.: |  | |
|  | Email: |  | |  | Email: |  | |
|  | | | | | | | | |  |  |  |  |

Please continue on a separate sheet if necessary, ensuring you number each reference as above.

**Educational Achievements and Training**

|  |
| --- |
| In this section please list all educational achievements, e.g. GCSE, ‘O’ level, ‘A’ level passes, BTEC, City & Guilds, degree and professional qualifications including membership of any professional bodies. You will be asked to bring proof of qualifications listed to any interview. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Dates attended** | |
| **Educational/Training Establishment From Age 11** | **Qualifications Gained, Training Courses Completed. Please state the level and the date achieved** | **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Member of Professional Bodies** | | | |
| **Name of Institute/Professional Body** | **Level of Membership e.g. Corporate** | **Membership No** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Employment History** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Or Most Recent Employment** | | | | |
| Employer’s Name & Address | Title and Duties | From | To | Notice Required |
|  |  |  |  |  |

|  |
| --- |
| Reason for leaving this post: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous Employment (Starting With Most Recent First***)* You should include all periods of work experience, including work placements and voluntary work. | | | | |
| Employer’s Name & Address | Description of Post Held | From | To | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DISCLOSURE AND BARRING CHECKS**

**Criminal Records Checks - Overseas**

From April 2017, if an employee has lived, worked or studied overseas for a period of 12 months or more in the past 10 years and require a visa they will now be required to provide an overseas criminal record certificate.   Schools now have a statutory duty to inform Tier 2 skilled worker applicants of the need to source and submit overseas criminal record certificates as part of the application process - The Skilled Worker route since December 2020

|  |
| --- |
| The post for which you are applying is **exempt from the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in *the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020*).** If you are appointed you will be required to undertake an Enhanced Disclosure & Barring Service (DBS) with a check against the Children’s Barred List. |

|  |
| --- |
| **Periods Unaccounted for** |

|  |
| --- |
| Please give details of any periods that are not accounted for by full time employment, education or training. This would include periods of unemployment etc. |

|  |  |  |
| --- | --- | --- |
| Reason/Description of Circumstances | Dates | |
|  | From | To |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Supporting Statement** |

|  |
| --- |
| Please explain (ideally no more than 2 sides of A4) how your experience, skills, abilities and knowledge, gained in paid or unpaid work, study or training, meet the relevant criteria as described in the person specification or role profile.  **Make sure you address all the criteria on the person specification/selection criteria marked 'A'** (if you fail to do so, you will not be short listed). If you have received a role profile instead of a job description and person specification, please ensure that your supporting statement fully describes how your experience, skills and abilities meet the requirements of the Role Profile.  Remember to include relevant experience (skills you have gained outside paid work e.g. voluntary and community work). |
| |  | | --- | | **I declare that the information on this form is correct to the best of my knowledge**. |  |  |  | | --- | --- | | Has someone completed this form on your behalf? | Yes  No |  |  |  |  |  | | --- | --- | --- | --- | | SIGNED |  | DATE |  | | Please note, if you are completing this application electronically, you will be asked to sign the form if you are invited to an interview. | | | |  |  |  | | --- | --- | | **Personal Ref. No.:**  *(Office Use Only)* |  | |

|  |
| --- |
|  |

**Equalities Monitoring Form**

Why do we monitor?

Harrow Council has a legal responsibility to promote and advance equality. To help us to do this, it is important that we have a good understanding of our communities, how our services are being accessed and who is using or would like to use our services. With up-to-date and accurate information we are able to:

* Better understand our service users / residents and shape services to meet their specific needs
* Identify and address any barriers / issues individuals may experience when accessing our services (including information about our services)
* Ensure our policies and services are accessible to everyone who uses them

The information will also enable us to monitor our progress with regards to addressing inequality and allow our employees and service users to see how we are performing on equality.

Harrow Council is committed to recruiting the best applicant for the job, regardless of any factor than the ability to do the job. To help us monitor, please complete this recruitment monitoring form. All information will be treated in the strictest confidence and will be separated from your application on receipt. It will not be seen by those involved in the assessment of your application. Your cooperation in it’s completion is therefore welcome and helpful.

**Age -** What is your age group?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Under 16 |  |  | 16 – 24 years |  |
| 25 – 44 years |  |  | 45 – 64 years |  |
| 65 & over |  |  |  |  |

**Disability –** Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
| No |  | Yes, affecting mobility |  |
| Yes, affecting hearing |  | Yes, affecting vision |  |
| Yes, a learning disability |  | Yes, mental ill-health |  |
| Yes, another form of disability, please specify | |  | |

**Ethnic origin -** What is your ethnic origin?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or Asian British** | | | | |
| Afghani |  | Bangladeshi |  |  |
| Chinese |  | Indian |  |  |
| Pakistani |  | Sri Lankan |  |  |
| Any other Asian background – please specify | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Black or Black British** | | | |  |
| African |  | Caribbean | |  |
| Somali |  |  |  |  |
| Any other Black background – please specify | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mixed background** | | | |
| White and Black African |  | White and Black Caribbean |  | |
| White and Asian |  |  |  | |
| Any other mixed background - please specify | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other ethnic background** | | | |
| Arab |  | Iranian |  |
| Any other Ethnic group – please specify | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **White or White British** | | | |
| Albanian |  | English |  |
| Gypsy / Irish Traveller |  | Irish |  |
| Polish |  | Romanian |  |
| Scottish |  | Welsh |  |
| Any other White background - please specify | |  | |

**Marriage or Civil Partnership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you married? | Yes |  | No |  |
| Are you in a Civil Partnership? | Yes |  | No |  |

**Pregnancy or Maternity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been pregnant and / or on maternity leave during the past 2 years? | Yes |  | No |  |

**Religion and belief -** What is your religion?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhism |  | Judaism | |  |
| Christianity (all denominations) |  | Sikh | |  |
| Hinduism |  | Zoroastrian | |  |
| Islam |  | No religion / Atheist | |  |
| Jainism |  | Other -please specify |  | |

**Sex -** Are you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  |  | Female |  |

**Gender Reassignment**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

**Sexual orientation -** What is your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Gay Man |  |
| Gay Woman / Lesbian |  | Heterosexual |  |
| Other – Please specify | |  | |
|  | |  | |

|  |
| --- |
| **Disability** |

|  |  |
| --- | --- |
|  | |
| The Equalities Act 2010 defines a person as having a disability if:  They have a physical and mental impairment.  The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.  The Council is keen to encourage disabled people to apply for jobs at the Council.  The following information is sought for three reasons:     * To underpin our commitment to the ‘Disability Symbol’ - in particular we need to make sure that disabled applicants are shortlisted if they meet the minimum criteria - those listed as ‘essential’ on the person specification; * For monitoring purposes; and * To determine any help you may require at the interview stage. | |
|  |  |
| If you consider yourself to have disability, is there anything we need to know about your disability in order to offer you a fair selection interview | Yes  No |
| If YES please give details: | |