



West Road Primary Academy West Road Moorends Doncaster DN8 4LH Tel: 01405 812734 Email: admin@westrd.doncaster.sch.uk

APPLICATION FORM

(Associate Staff)

Details of Vacancy							
Post Title:			Closir	ng Date:			
Personal Details							
Title:		Family name:		First name(s):			
Address:							
			Postco	de:			
Telephone no (home):			Mobile	:			
Email:							
Date of birth:			Nation	al insurance number:			
Education and Qualifi	cations						
Give details of secondary	and further education	n. Specify GCSE, CSE, 'O', 'A' leve	l or equ	ivalent			
Dates at		Name of School/College/o	ther	Qualifications obtained and			
From	То	institution:	, incl	grade/level by subject:			
ΜΜ/ΥΥΥΥ	ΜΜ/ΥΥΥΥ						
Give details of higher edu		courses					
Dates at		Name of School/College/o	ther	Qualifications obtained and			
From MM/YYYY	Το ΜΜ/ΥΥΥΥ	institution:		grade/level:			

Other courses/qualifications									
Give details of most recent, relevant courses (last 3 years) and any relevant professional or vocational qualifications you hold									
Course Title or Qualification Provider Award Date(s)									

Employment History							
			Da	tes			
Employer	Address	Post Held	From MM/YYYY	То ММ/ҮҮҮҮ			

If there are a	f there are any gaps in your employment history please explain them below						
Da	tes	Reason					
From MM/YYYY	То ММ/ҮҮҮҮ						

Additional Information in Supp	ort of your Application	l			
Using the Job Description and Person which you are applying. These may ha work, spare time activities, education	ve been gained through pai	d employment, domestic re			
References					
Please supply the names and contact			your suitability for this position. One		
should be your current or most recen	t employer. Relatives are r				
Name:		Name:			
Position:		Position:			
In what capacity do you know the ref	eree?	In what capacity do you know the referee?			
Name of organisation:		Name of organisation:			
Name of organisation.		Name of organisation.			
Address:		Address:			
Postcode:	Tel:	Postcode:	Tel:		
E-mail:		E-mail:			
If at this stage you do not want your o	current employer to be con	tacted, please tick here			
Please note that we will contact the above refe	rees if you are selected for intervie		nildren we will seek information about any past		
disciplinary issues relating to children and/or ch	ild protection concerns.				

For persons who are not British or EU nationals:

If you have any conditions related to your employment please give full details below:

Safer Recruitment			
Do you have any convictions or cautions? (If 'yes' details of any of these matters	No	Yes	
may be provided in a sealed envelope marked 'confidential')			
Are you (or have you ever been) disqualified from working with children or been	No	Yes	
subject to a sanction imposed by a regulatory authority such as the GTC?			
Enhanced Disclosure will be required if, following interview, it is considered that you	are the mo	ost suitable applicant	for the post.
Date you can take up the post if appointed:			

Documentation required

To comply with Asylum and Immigration Legislation you will be required, if appointed, to provide one or more documents from the specified list, which provides evidence of your entitlement to work in the UK. Please tick at least one of the following original documents that you will be able to provide when requested:

A document from a previous employer, the Inland Revenue, the Benefits Agency, or the Employment Service showing your name and National Insurance number. This could be a P45, a pay slip, a P60, a NI card or letter. A passport confirming that you are either a British citizen or a European Economic Area national or which shows

that you are otherwise entitled to live and work in the United Kingdom.

A birth certificate confirming birth in the United Kingdom or Republic of Ireland. A letter from the Home Office confirming that you are allowed to work in the UK.

Statement

To the best of my knowledge and belief, the information contained in this form is accurate. I understand that providing false								
information is an offence, that if I provide false information my application may be rejected and that if recruited I may be the								
subject of summary dismissal.								
Candidates are required to disclose whether, to their knowledge, they are related to any No Yes								
member of the school or to any governor of the school.								
If your answer is yes, please give details of relationship:								

Notes to Applicants

Before signing this form, please ensure that every section relevant to your application has been completed. Applications will only be acknowledged if a stamped addressed envelope is enclosed.

Signature _____ Date _____

Please return this form to The Headteacher, West Road Primary Academy, West Road, Moorends, Doncaster DN8 4LH or email to admin@westrd.doncaster.sch.uk

Please ensure Application Forms are accompanied with additional information as listed in the Application Pack.

The school is an equal opportunities employer and welcomes applications irrespective of race, sex or disability.

The school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Equal Opportunities Monitoring Form

West Road Primary Academy is committed to the principle of equality in employment. This form will help us to follow the recommendations of The Equal Opportunities Commission, The Commission for Racial Equality and The Disability Rights Commission that employers should monitor selection decisions to assess whether equality of opportunity is being achieved. The information on the form will be treated as confidential and used for statistical purposes only. This section will not be treated as part of your application.

Ethnic Origin - I would describe my ethnic origin as:									
White British		White/Black		Indian		Caribbean		Chinese	
		Caribbean							
White Irish		White/Black		Pakistani		African		Other	
		African							
Other White		White/Asian		Bangladeshi		Other Black			
		Other Mixed		Other Asian					
Not stated									

ſ	Gender	Male	Female	Date of birth (DD/MM/YYYY)

Disability			
Do you consider yourself to be disabled?	No	Yes	
If yes, please give details:			

Advertising Monitoring

Please state where you saw this job advertised. If seen on the Internet, please state which site