

APPLICATION FORM

Post applied for: _____ Ref.: _____

Please fully complete this form using black ink or type.
A curriculum vitae is not an acceptable form of application unless stated otherwise.
Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

The completed application form must be returned to:
The Applications Officer, St. Paul's Way Trust School, 125 St. Paul's Way, London E3 4FT
Telephone: 020 7987 1883 X121 • Fax: 020 7515 3342 • Email: Jhoward@spwt.net

PERSONAL DETAILS

Last Name: _____ First Name(s): _____
Previous Last Name(s): _____
Address (including post code): _____

Home Telephone No.: _____ Daytime Telephone No.: _____
E-mail address: _____ Mobile Telephone No.: _____
Previous address if you have lived at your current address for less than 12 months: _____

National Insurance Number:

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Are you free to remain and take up employment in the U.K. with no current immigration restrictions?
Select Yes/No

RP/DFES Reference Number _____ (if applicable)
Date of recognition as a qualified teacher in England / Wales: / /
If you are successful you will be required to provide evidence of the above details prior to your appointment.

Dates not available for interview: _____

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SUPPORTING STATEMENT

Please use this section to explain in detail how you feel you meet the requirements of the Person Specification. Please include any experience gained through voluntary work, leisure activities or any other activities considered relevant to this post.

FACILITIES AT INTERVIEW

The Disability Discrimination Act (DDA) 1995 protects disabled people from unlawful discrimination. If you are a person with a disability, please advise us if you have any requirements you would like us to be aware of in case you are invited for interview.

Is there any special help you may require for interview?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify: e.g. would you like to be interviewed in a venue with wheelchair access or to be provided with a sign language interpreter or tape/braille version of the job description?

ADDITIONAL INFORMATION

Job Share Details

Are you applying on a job share basis?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, are you applying with a partner?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give the name of your partner:

Your job share partner will need to complete a separate application form.

Do you hold a full, clean, current driving license valid in the UK?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Languages

Do you speak any of the following languages?

Bengali Chinese (Cantonese) Somali Vietnamese Other

Would you be willing to assist the Council's service delivery using your language skills?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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REFERENCES

Please give the names and addresses of two persons willing to provide references relating to your work experience and suitability for the post applied for. One should be your present or most recent employer:

<p>1. Name: _____</p> <p>Position (job title): _____</p> <p>Work relationship: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel: _____ Fax: _____</p> <p>Email: _____</p>	<p>2. Name: _____</p> <p>Position (job title): _____</p> <p>Work relationship: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel: _____ Fax: _____</p> <p>Email: _____</p>
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Are you willing for your present employer to be approached prior to interview?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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DECLARATIONS

A. Relatives/Other Interests

Any candidate who directly or indirectly canvasses a Councillor or senior officer of the Council will be disqualified. The Council does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with a Member (Councillor) or employee of the Council of the London Borough of Tower Hamlets?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, specify (name, position and relationship):

If appointed, do you have any interests or hold any appointments that may conflict with this Council's employment? If yes, please detail on a separate sheet.

B. Rehabilitation of Offenders Act 1974

You are asked to refer to guidance notes enclosed in the application pack entitled Rehabilitation of Offenders Act 1974. Any information given will be treated confidentially and only considered in relation to the post for which you are applying.

Do you have a Criminal Conviction(s) or police caution(s)?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answer yes and you are successfully shortlisted you will be expected to provide the panel with details of the conviction(s) or offence(s) in a sealed envelope marked 'private and confidential'. The envelope will only be opened and considered if the panel agree to appoint you for the post. If you are not selected, the envelope will be returned to you unopened.

Failure to disclose any conviction(s) for an exempt post, whether spent or not may lead to the withdrawal of the offer of employment.

C. Data Protection Act 1998

Under the Data Protection Act 1998, Tower Hamlets Council reserves the right to collect, store and process personal data about applicants in so far as it is relevant to your application. This also applies during employment and for six years thereafter. This includes processing of sensitive data for the purposes of monitoring the Council's equality and diversity policy.

D. Statement to be Signed by the Applicant

The Council is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

I acknowledge that the Council is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes.

I have read, and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information may result in disciplinary action including dismissal from the Council or withdrawal of an offer of employment.

I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for registration purposes.

If you are returning this form by e-mail, you will be asked to sign your application upon being called for interview.

Full Name: Signed Date:

Candidates selected for interview will be notified within three weeks of the closing date. It is regretted that applicants who do not hear further within the three week period, must conclude that their application has not been successful on this occasion.

EMPLOYMENT MONITORING

Tower Hamlets Council has an equal opportunities policy and is keen to ensure that it is working effectively. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring and is not used as part of the interview selection process. We are unable to process application forms from candidates who do not complete this section.

Ref No. _____

Form No. _____

Date of Birth: / /

Last Name _____

Age: _____

Postcode _____

Where did you see the post advertised? _____

Are you? Female Male A Tower Hamlets Resident? Yes No

Applying for: Full Time Part Time A job share? Yes No

Languages

Bengali Chinese (Cantonese) Somali Vietnamese Other

MONITORING CATEGORIES

Choose ONE section from A to E, then tick the appropriate box to indicate your background.

A • White

British

English
 Scottish
 Welsh
 Other:

Irish
 Any other White
 background:

B • Mixed

White and Black

Caribbean

White and Black

African

White and Asian

Any other Mixed
 background:

C • Asian

**Asian British,
 Asian English,
 Asian Scottish,
 Asian Welsh**

Indian Pakistani

Bangladeshi

Vietnamese

Any other Asian
 background:

D • Black

**Black British,
 Black English,
 Black Scottish,
 Black Welsh**

Caribbean

African Somali

Any other Black
 background:

E • Chinese

**Chinese British,
 Chinese English,
 Chinese Scottish,
 Chinese Welsh or
 Other ethnic group**

Chinese

Any other
 background:

Bengali Chinese (Cantonese) Somali Vietnamese Other

DISABILITY

Do you consider yourself to be disabled? Yes No

If yes, please specify the nature of your disability.

Learning Difficulties

Physical Difficulty

Mental Health Issue

Hearing Impairment

Sight Impairment

Other (please specify below)
