Job application form

Glyne Gap School is committed to the safeguarding and promotion of the welfare of all children, young people and vulnerable adults.

Please complete all this form in type or black ink and use only the same size paper (A4) as continuation sheets. Guidance notes are included at the end of this form.

Job details						
Job title	School Business Manager					
Location	Glyne Gap School	Glyne Gap School				
Closing date for application	Friday 22 nd November 2024					
Work arrangements (select as appropriate)	Full time / part time / job share /					
If the post is full-time, would you be prepared to consider working on a job-share basis? (select as appropriate) Yes Yes No						
If job-share, please state preferred w	orking arrangements:					
Personal details						
Surname						
First names						
Title (select as appropriate)	Mr 🗌 / Mrs 🗌 / Miss 🗎 / Ms 🗍] / Other [
Maiden name or previous names						
Address						
Email address						
Correspondence Address (if different	from above):					
National Insurance number						
Daytime telephone number						
Mobile						
Home						

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Present employment

Job title					
Name and address of	employer (inc	luding Co	ounty)		
Date started current pe	ost				
Date commenced with	n employer				
Salary / wage / benefit	ts				
Notice required					
Briefly describe your p	present job; its	main pui	rpose and	your responsibili	ties:
Are you currently emp apprentice?	loyed as an			Yes 🗌 / N	lo 🗌
Previous employm	nent				
Please list most recen any work.	t first. Include	permane	ent and ten	nporary work, vol	untary work and
		From / (exact	То	Position and Salary	Reason for leaving
any work. Name & Address (including County an		From /	То	Position and	Reason for
any work. Name & Address (including County an		From /	То	Position and	Reason for
any work. Name & Address (including County an		From /	То	Position and	Reason for
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Education and qualifications

From age 11 onwards, and please state whether full (F) or part (P) time					
Name of School, College, University etc	Name of School, College, Jniversity etc From / To		Subjects studied (with grades and year taken)		

Training

This includes government training schemes, apprenticeships, short courses, projects and secondments. Please also include trade/professional training and give date of completion.

Course Title	Organisation	From / To

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Membership of professional	institutes		
Please indicate whether membersh	ip is by examinatio	n	
Institute	Level of member	rship	Year of Award
Other Experience			
Please describe all time spent singular for any period not accounted This would include e.g. unemploym chronological order.	l for by full-time er	mployment, educa	ation and training.
Experience			From / To
Driving Licence			
Only answer if a full driving licen	ce is an essential	requirement of t	he job.
Do you hold a current Driving Licen (select as applicable)	ice?	Yes 🗌	/ No 🗌
If YES, please state the type of lice	nce you hold		
Do you have any current endorsem (select as applicable)	ents?	Yes 🗌	/ No 🗌
If YES, please specify:			

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Why should we hire you? Refer to 'Guidance Notes' for job applicants

des cur	Please mention any specific skills or experience that meet the requirements of the job description and person specification. These skills may have been gained in relation to your current or previous employment, education, training, domestic activities, voluntary work or eisure interests. (Use a separate A4 sheet if necessary).						

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Declaration by Applicant

The Working Time Regulations 1998

Regulations on Working Time

The Working Time Regulations were introduced on 1st October 1998 and working hours in the UK are now governed by statute. Department working practices and procedures are therefore organised to comply with the following legal requirements. (Average hours are normally calculated over a 17 week period.)

- Average weekly working hours are limited to 48 hours
- Average daily night working hours are limited to 8 hours
- Minimum daily, weekly and in-work rest breaks requirements
- Minimum requirements for annual leave.

Department Policy and Procedures

The legislation was introduced as a health and safety measure. Employers who do not comply with the limits to working time will be committing a criminal offence. Working practices in the department are therefore monitored to ensure that generally, working hours remain well within legal limits.

Employers are required to take 'all responsible steps' to ensure that the limits to working time are not exceeded. This includes inquiring whether a person is working elsewhere. All applicants are therefore asked to declare all other employment.

This declaration will not prejudice your application

Please note:

- If you do have other job(s), your application will still be assessed on your suitability to do the job you are applying for. At this stage, any other jobs you declare will be ignored.
- If you are selected for interview the implications will be carefully discussed with you. The department may consider it necessary to discuss the situation with your other employer(s) but only with your permission.
- Depending on the overall situation and the outcome of discussions with you, the department would have the following options:
 - not to offer you the appointment
 - offer the appointment on reduced hours
 - offer the appointment providing the other work is relinquished (or the hours reduced)
 - offer the appointment and enter into an agreement with you to opt out of the weekly working time limit.

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Employment which you intend to continue if successfully appointed to the post applied for.

Please complete and sign either Section 1 or Section 2 below.

Your application cannot be processed if you do not return this form.

Please declare any other job.

Section 1 – No other employment						
I confirm that I do not have any other emp	oloyment.					
Signature						
Print Name						
Date						
If form has been completed electronically please place an 'x' in this box in place of you						
Section 2 – Other Employment						
All other employment that I have is detailed below: Weekly hours must specify total regularly worked (including overtime) Please use 24-hour clock						
Job Title	Weekly Hours	Start Time	End Time			
Signature						
Print Name						
Date						
If form has been completed electronically please place an 'x' in this box in place of you						

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References

Please provide two references. One must be your present or last employer (where applicable) and the other, a second employer. If you have not been employed previously, please provide an academic and character reference. A job offer will not be made without 2 references.

If you do not wish us to contact your referees prior to interview, please indicate as shown.

Note: We reserve the right to seek references at any point in the recruitment process and from any previous employers listed in the 'Previous Employment' section of this form.

Present/last employer					
Name					
Address					
Tel No:					
Occupation					
Email Address					
May we contact this referee pri	or to inte	erview? (select	as applicable)	Yes 🗌 / No 🗌	
Second referee or course tut	or (if ap	plicable)			
Name					
Address					
Tel No:					
Occupation					
Email Address					
May we contact this referee pri	or to int	erview? (select	as applicable)	Yes 🗌 / No 🗍	
Warnings and Disciplinar	y Issue	es			
Have you ever been dismissed face of a dismissal or warning?		•	•	Yes 🗌 / No 🗍	
Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated?				Yes 🗌 / No 🗍	
If you have answered yes to the above question, you must supply details on a separate sheet of paper, place it in a sealed envelope marked confidential and attach it to your application form.					
I have attached details request	ed			Yes 🗌 / No 🗌	
Please list any disciplinary offences or warnings you have received at any time, or state if not applicable.					
Reason for warning		Date	Name/addres	s of employer	

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Rehabilitation of Offenders Act 1974

You are required to declare any criminal convictions (including bind over and cautions) which are not "spent" in accordance with the Rehabilitation of Offenders Act 1974. Some of our posts carry exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether or not the time limit has elapsed. **Please read the guidance notes before completing this section.**

For posts that are exempt under the Rehabilitation of Offenders Act	1974:
Have you ever been convicted of a criminal offence?	Yes 🗌 / No 🗍
Are there any alleged offences outstanding against you?	Yes 🗌 / No 🗍
For all other posts:	
Do you have any criminal convictions which are not yet "spent"?	Yes 🗌 / No 🗍
If YES to any of the above, please give details below or, if you prefer, att sealed envelope marked 'strictly confidential'. Failure to disclose, in accoguidance, any information relating to criminal convictions may disqualify result in dismissal without notice.	ordance with the
Prohibition Orders on Teaching Assistants	
Have you ever been employed as a teacher, member of the school	N
leadership team, or an instructor in a maintained school, academy, independent school or in the FE or HE sector?	Yes 🗌 / No 🗌
Have you ever been prohibited from teaching?	Yes 🗌 / No 🔲
If YES, please give details below including the date of prohibition and the	reason
Disclosure and Barring Service	
Do you have a DBS registered with the tracking service?	Yes 🗌 / No 🔲
If yes, do we have your permission to check the status of your DBS?	Yes 🗌 / No 🗌
Number of certificate:	

Childcare disqualification

Surname printed on certificate:

As all staff at Glyne Gap School may be required to work with children under the age of five we need to ensure that all our employees are not disqualified from working with children. By signing the declaration below you are confirming that you are not disqualified from working with children.

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Declaration

I declare that the information given both on this application form and the attached equal opportunities monitoring form is true and correct. I understand that any false or misleading information, or omissions of information concerning canvassing or criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination.					
Signed:					
Date					
Print name					
	If form has been completed electronically please place an 'x' in this box to indicate your consent →				
Û					
Data Protection We will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for the purposes relating to your employment.					
	sclose this information about you to outside organisations a legal requirement to do so, or for the prevention and	•			
Unsuccessful	applications will be kept for six months and there dispos	sed of securely.			

How to return your form

Post to:-	Or email to:-
Glyne Gap School	Beverley.smart@glynegap.org
Hastings Road	
Bexhill on Sea	
E Sussex TN40 2PU	

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CONFIDENTIAL: Equal Opportunities in Employment – Monitoring Form

This section will be removed for monitoring purposes before the selection process begins and will not affect the consideration of your application.

Everyone is unique owing to differences in age, gender, ethnic origin, religion, sexual orientation, ability etc. The School aims to treat these differences positively, recognising that diversity creates a strong, flexible and creative workforce.

The School's Equality of Opportunity in Employment Policy states that all applicants are to be treated fairly, and selection for appointment is to be based solely on a person's ability to do the job.

The School has a statutory duty to collect the information you provide on this form and it will assist us in ensuring fairness of treatment in appointment decisions, as statistical monitoring will show whether minority groups are being treated equitably.

This information will not affect the consideration of your application.

Job applied for	Job applied for Sch			School	ol Business	Manager		
Location				Glyne Gap School				
How did you learn of this vacancy?								
Surname and initia	als							
Age					Date of Bir	th		
Gender	М	/ F 🗌						
Ethnic Origin								
This is the origin of British and your eth combination of the	nnic (fa	amily) o	origins	could b	e any of the	•		
Please identify you giving your own de		_			•	n ONE of th	ne boxes below or by	
a. White			c. Blac	k or Bla	ck British	If other, p	lease specify:	
British			Caribbe					
Irish			African					
Gypsy/Roma				ner Black	·			
Traveller of Irish			backgr	ound				
Heritage								
Any other White				in or As	ian British	7		
background			Indian			_		
h Miyad			Pakista			_		
b. Mixed White and Black		Ì	Bangla	desni ner Asiar	, 	-		
Caribbean			backgr		' '			
White and Black	\neg		Duongi	Caria				

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e. Other ethnic groups

Any other ethnic group

Chinese

African

White and Asian

Any other mixed

background

Disability Guidance

Where an applicant has a disability and they meet the essential criteria of the post they are automatically shortlisted for interview. This positive action helps ensure people with disabilities get their fair share of jobs.

The Equality Act 2010 says that a person is disabled if they have a mental or physical impairment or long term health condition which has a substantial adverse effect on their ability to carry out normal day-to-day activities.

If you consider yourself to be disabled please let us know. We would appreciate advice on any assistance you may require or reasonable adjustments we might arrange to enable you to attend or participate in the interview, in compliance with the Equality Act 2010.

Do you consider yourself to be disabled as set out in the Equality Act? (select as applicable)	Yes 🗌 / No 🗌
If YES, please describe your disability.	
If you need any assistance to attend or participate in the interview, ple	ase give details.

Religion

Please identify your religion by putting an 'x' in ONE of the boxes below.

Christian	
Buddhist	
Hindu	
Jewish	
Muslim	

Sikh	
Other religion	
No religion	
Prefer not to say	

Sexual Orientation

Please identify your sexual orientation by putting an 'x' in ONE of the boxes below.

Bisexual	
Gay man	
Gay woman / lesbian	
Heterosexual / straight	
Other	
Prefer not to say	

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Gender Identity

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

Yes	
No	
Prefer not to say	

Military Status

Please identify your military status by putting an 'x' in the relevant box below, if required.

Army Reserve	
Regular Reserve	

Data Protection Act 1998 and General Data Protection Regulation 2018

Glyne Gap School will only process the information you have provided in this form for the purpose of recruitment and selection.

If you are successful in securing this position the information will be used for purposes relating to your employment. Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud.

If you are unsuccessful this application form will be kept for six months, after this time it will be disposed of securely i.e. shredded.

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