

## APPLICATION FORM

Please complete in BLACK as this form may be photocopied

In accordance with the Data Protection Act 1998, Service Children's Education will collect, use, protect and retain the information on this form in connection with all matters relating to our personnel administration and policies.

APPLICATION FOR THE POSITION OF:

LOCATION:

### 1. PERSONAL DETAILS (BLOCK LETTERS PLEASE)

Surname: \_\_\_\_\_ If you have ever been known by another surname, please state: \_\_\_\_\_ Title by which you wish to be referred (MR, MRS, MISS, MS, etc) \_\_\_\_\_

First name(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

MQ Address: \_\_\_\_\_

Telephone number – Home: \_\_\_\_\_

Telephone number – Work: \_\_\_\_\_

National Insurance number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Passport number: \_\_\_\_\_

### 2. PRESENT EMPLOYMENT

Name and address of present employer: \_\_\_\_\_

Name and address of present school (if applicable): \_\_\_\_\_

Present Post: \_\_\_\_\_

Date appointed: \_\_\_\_\_

Notice required to terminate present employment: \_\_\_\_\_

Annual Salary £ \_\_\_\_\_

Scale/Grade (Spine Point\*) \_\_\_\_\_

Brief description of duties (including age range of pupils currently taught, if applicable).

\*for teaching appointments only

### 3. PREVIOUS EMPLOYMENT (starting with present post)

Employer	No on roll	Post	Grade/Scale	Full or Part-time (if PT give hours)	Dates (Month and Year)		Age group taught*	Type of School*
					From	To		

\*for teaching appointments only. Continue on separate sheet if necessary, maintaining the same format as above

### 4. EDUCATION AND TRAINING

Secondary School/ College/University	Dates		Qualifications gained/examinations Passed and grades obtained	Date
	From	To		

Other Training Courses Attended (in last 5 years) continue on separate sheet, if necessary

Organising Body	Course Title	Length of Course

#### Membership of Professional Bodies

Name of Body	Type of Membership	Date Obtained

## 5. INFORMATION IN SUPPORT OF YOUR APPLICATION

This application should be supported by a formal letter of application and Curriculum Vitae which includes details of relevant experience, interests or skills that you could bring to the post, and your reasons for applying (the letter may be either typed, word processed or hand-written).

## 6. REFEREES

Please provide details of three referees below. One of the referees should be your present or most recent employer and normally no offer of employment will be made without reference to the employer. If you have not previously been employed, then Head Teachers, College Lecturers, or other persons who are able to comment authoritatively on your educational background and/or personal qualities, are acceptable as referees.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code : \_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

NAME: \_\_\_\_\_

Position: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code : \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address \_\_\_\_\_

Do we have your permission to approach the above prior to interview?

YES/NO

## 7. RECRUITMENT APPEALS PROCEDURE

If you consider that you have been discriminated against during recruitment because of your race, sex, disability, age or sexual orientation, then send full details within 14 days of the alleged act being discovered to the Personnel Manager, HQ SCE, Building 5, Wegberg Military Complex, BFPO 40.

## 8. PROTECTION OF CHILDREN: Disclosure of Criminal Background

Service Children's Education is required under joint Home Office and DES Circulars to check the criminal background of those employees whose jobs presently or potentially give them access to children. As a consequence you may be asked to provide details of any criminal record and to give permission for checks of convictions and cautions to be made with the Police before commencement of employment with the Agency.

## 9. HEALTH/MEDICAL DETAILS

Prior to formal appointment, applicants will be required to complete a confidential statement of medical history and may be required to undergo a medical examination.

## 10. DATA PROTECTION ACT 1998

Finally, the Ministry of Defence and Service Children's Education are committed to ensuring that all your personal data including that of a sensitive nature is used with your consent, respect for your privacy and only for the limited, clearly stated purposes within the form. This also accords with our legal obligations under the Data Protection Act 1998.

## 11. DECLARATION

By signing this declaration:

- I confirm that the information I have given is accurate to the best of my knowledge and belief;
- I confirm that I understand the purpose of the above form and the reasons for the collection of my personal data, including sensitive personal data, and that I agree to my personal data being used as stated;
- I understand that, should my application be successful and it is discovered subsequently that information has been falsified, then disciplinary action may be taken which may include dismissal from the post;



Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Your application should be returned by the date specified to:

St. David's School  
UKNSE  
Ramstein Airbase  
BFPO 109

# RECRUITMENT AND SELECTION MONITORING INFORMATION

The Ministry of Defence and Service Children's Education are committed to the development of positive policies to promote equal opportunities in employment for all people, regardless of race, colour, nationality, ethnic or national origin, creed, disability, sex, marital status, age or sexual orientation. The commitment will apply to recruitment and selection practices, training, promotion and in the application of national and local agreements in respect of pay and conditions of service. In accordance with the Data Protection Act 1998, the Ministry of Defence and Service Children's Education will collect, use, protect and retain the information on this form in connection with all matters relating to our personnel administration and policies.



The aim of this policy is to make sure that you and other applicants for jobs are not discriminated against. In order to monitor and ensure the successful development of this policy all applicants for jobs are asked to complete the section below. The information will only be used to monitor the effectiveness of this policy and will not be used for selection purposes.

NAME \_\_\_\_\_ POST REF. NO. \_\_\_\_\_

Please tick as appropriate

SEX: MALE  FEMALE

AGE: 16 - 25  26 - 35  36 - 45  46 - 55  56 and over

ETHNIC ORIGIN: Which group do you most identify with? Please tick ONE box in Column A (National Identity) and ONE box in Column B (Ethnic Background).

## Column A

- (A)  British or Mixed British  
(B)  English  
(C)  Irish  
(D)  Scottish  
(E)  Welsh  
(F)  Or any other?

## Column B

- ASIAN  
(A)  Bangladeshi  
(B)  Indian  
(C)  Pakistani  
(D)  Any other Asian Background

## BLACK

- (E)  African  
(F)  Caribbean  
(G)  Any other Black Background

## CHINESE

- (H)  Any Chinese background?

## MIXED ETHNIC BACKGROUND

- (I)  Asian and White  
(J)  Black African and White  
(K)  Black Caribbean and White  
(L)  Any other Mixed ethnic background

## WHITE

- (M)  Any White background

## ANY OTHER ETHNIC BACKGROUND

- (N)  Any other ethnic background

DISABILITY: Do you have a disability?

YES  NO

Note: A disability is not a bar to appointment provided it would not prevent you carrying out your duties satisfactorily.

## DECLARATION

By signing this declaration:



- I confirm that the information I have given is accurate to the best of my knowledge and belief;
- I confirm that I understand the purpose of the above form and the reasons for the collection of my personal data, including sensitive personal data, and that I agree to my personal data being used as stated;

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Ministry of Defence**

**Guaranteed Interview Scheme Declaration Form**

**(To be completed by all candidates)**

**Part A**

The Ministry of Defence is a user of the Employment Service Disability Symbol "Positive About Disabled People". We offer Guaranteed Interview Scheme (GIS) for all disabled candidates. All disabled candidates will be offered an interview providing they meet the essential criteria for the job.

To be eligible for the Scheme, you must have:

- (a) a disability which puts you at a substantial disadvantage in obtaining or keeping employment; and
- (b) the disability must be likely to last at least 12 months.

Do you consider yourself to have a disability? Yes  No

The GIS does not require you to be registered disabled; however we need to collect this information to monitor our equal opportunities policy.

Any false declaration of disability to obtain an interview will cause your application to be terminated, or will invalidate your contract of employment.

**Part B – Assistance for Interview or Competency Tests**

We welcome applications from disabled people and value their contribution within the workplace. We recognise that to compete on equal terms some disabled people may have additional requirements.

Please let us know if you require any particular assistance for your interview or competency tests such as:

- |  | Please Tick              |
|--|--------------------------|
| Sign Language Interpreter (type _____ )                            | <input type="checkbox"/> |
| Keyboard for written tests.  | <input type="checkbox"/> |
| Someone with you on Interview (eg speech facilitator or advocate). | <input type="checkbox"/> |
| Assistance in and out of vehicle.                                  | <input type="checkbox"/> |
| Car Parking.   | <input type="checkbox"/> |
| Wheelchair Access.   | <input type="checkbox"/> |
| Accessible toilet facilities for wheelchair users.                 | <input type="checkbox"/> |
| Other Assistance (Please Specify).                                 | <input type="checkbox"/> |

If you have equipment of your own which you would like to bring with you to help you compete on equal terms at the interview or the competency tests please give details below:

Name: \_\_\_\_\_ Candidate Number: .....

Post(s) applied for:

Date and time of Interview: .....