

EQUAL OPPORTUNITIES MONITORING FORM

For office use only

CONFIDENTIAL INFORMATION

App No

The information given on this sheet **will not** be used to make decisions about who is recruited. The form **will not** be seen by the Shortlisting/Interview Panel. It will be stored securely by the Human Resources Section who will use the information to improve equality in recruitment and overall service delivery.

Please complete this form in full BLOCK CAPITALS

Your Surname/family name

Forenames/first names

Preferred title (please mark with a cross)

MR MRS MS MISS Other (please specify)

Your date of birth (day) (month) (year)

Which best describes your **racial or cultural origins?** (Please mark appropriate category with a cross)

White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	
	Any other white background <input type="checkbox"/> Please specify		
Mixed/Dual Heritage:	White and Black Caribbean <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
	White and Black African <input type="checkbox"/>		
	Any other mixed background <input type="checkbox"/> Please specify		
Asian or Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	
	Bangladeshi <input type="checkbox"/>		
	Any other Asian background <input type="checkbox"/> Please specify		
Black or Black British:	Caribbean <input type="checkbox"/>	Somali <input type="checkbox"/>	
	Other African <input type="checkbox"/>		
	Any other black background <input type="checkbox"/> Please specify		
Chinese:	Any Chinese background <input type="checkbox"/> Please specify		
Any other Ethnic group:	Yemeni <input type="checkbox"/>	Other Arabic <input type="checkbox"/>	
	Any other ethnic group <input type="checkbox"/> Please specify		
Do you consider yourself to be disabled? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please mark with a cross)			
How did you find out about this job? (Please mark one of the following with a cross)			
<input type="checkbox"/>	Job Shop Circular	<input type="checkbox"/>	Local Publication
<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Internet
<input type="checkbox"/>	National Publication	<input type="checkbox"/>	Other – (Please specify)
Signed		Date	

APPLICATION FOR A TEACHING POST WITHIN SHEFFIELD LEA

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CONFIDENTIAL

AS:

AT:

SCHOOL/SERVICE

Please return this form either by e-mail or post to the address shown on the 'Vacancy Details Screen' for the post you are applying for.
Details of the School/Service Area, Post Reference Number and closing date will also be available on this web page.

PERSONAL DETAILS: (BLOCK CAPITALS PLEASE)

Surname/Family Name:

Forename:

If relevant, please state other

Surname/family name used previously:

Address:

Daytime contact telephone numbers:

Work:

Home:

Post Code:

E-mail Address:

DFES: Ref. Number:

National Insurance No:

General Teaching Council Registered: YES NO (Please mark with a cross)

Date of award of qualified teacher status (QTS):

(If after 7 May 1999) Have you completed your induction year?

YES NO (Please mark with a cross)

If no – please give details of outstanding induction period:

EMPLOYMENT - Details of present or most recent employment. (Please give details of any other employment which, with the job applied for, would mean you would be working more than an average of more than 48 hours per week).

Post Title:

Place of work:

Address:

Post Code:

Salary Details:

Salary per annum:

Scale point:

And if applicable:

Management allowance:

Upper pay spine point:

Leadership group:

Main duties/responsibilities

Date appointed:

Date left (if applicable):

If appointed, please give the date on which you could commence employment:

EMPLOYMENT HISTORY - Please give details of all previous jobs since leaving full time

SUITABILITY FOR THE JOB

Please state why you think you are suitable for this job.

Note: The Applicants Charter states “we will recruit solely on merit”. To do this we will seek to match the information you provide against the person specification. Therefore, you should ensure that you address each point identified in the person specification and provide evidence of relevant experience and skills, including areas other than paid work.

ADDITIONAL INFORMATION

(Please mark your choice with a cross)

If the post you are applying for is full-time would you like to Job Share it? YES NO

RELATIONSHIP: Are you related to any councillor, Senior Officer (including Head or Deputy Headteacher in Sheffield), or member of the Governing Body relevant to this appointment?

If YES, give name:

Relationship:

The post you are applying for is subject to an order under Section 4(4) of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information about convictions which, for other purposes are 'spent' under the provisions of the Act. If you are to be recommended for the post you will be subject to a Criminal Records Bureau check.

This will be an **enhanced** disclosure.

You must, therefore, disclose any convictions, cautions, warnings, reprimands, binding over or other orders, pending prosecutions or criminal investigations. Failure to disclose this information could result in the withdrawal of a job offer, dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which an order applies.

I have read the above statement, and
(please mark with a cross)

I have no convictions to declare
I have convictions to declare

If you have convictions to declare, please set down the details on a separate sheet and place in a sealed envelope marked "private and confidential". This should be sent by post to The Human Resources Section shown in the vacancy details screen for the post for which you are applying.

Please give Post Reference Number and include contact details, for confidentiality purposes this information must not be sent by e-mail.

Have you ever been dismissed for gross misconduct, or on grounds of capability from employment with Sheffield City Council or any other employer? YES NO
If 'YES' state from where and when.

MEDICAL CLEARANCE: In accordance with the Education (Teacher Qualifications and Health Standards)(England) Regulations 1999 an offer of appointment will be subject to medical clearance.

Other than any details given on Page 1 are you in receipt of any income or pension from Sheffield City Council, including any payments received via agency work?
YES NO

Are you in receipt of an ill health pension from the Teachers Pensions Agency?
YES NO **If YES: Please give date that the pension commenced.**

REFERENCES - Please give the names and addresses of two people to whom we may write for references. Referee (1) should be your present or most recent employer. Please state whether Referee (2) is in a personal or employment capacity.

REFEREE (1) (Present or most recent employer)	REFEREE (2) *Employment/Personal Capacity (*delete)
Name Job Title	Name Job Title (if relevant)
Address	Address
Tel No: Fax No:	Tel No: Fax No:
<p>References are taken up for shortlisted candidates. If you do not wish a reference to be taken up at that stage please state why. Sheffield City Council and the School's Governing Body reserve the right to contact any previous employer.</p>	
<p><i>You may use a Councillor or Council employee or School Governor as a referee if they are not directly involved in the recruitment process (unless no alternative exists). However any attempt to influence the process in your favour or on your behalf will disqualify you.</i></p>	
<p>By signing this form you authorise us to check any information you have given with third parties (eg previous employers) and you authorise them to disclose your personal information to us.</p>	
<p>DECLARATION The information on this form is true and correct and will be used as part of my contract of employment. I accept that any false statement or omission may lead to the job offer being withdrawn or me being dismissed if appointed to the post.</p>	
Signature:	Date: