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| **Part B: References and Monitoring**Information Form |

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| **Data Protection Act**: This information is being collected for the purposes of the recruitment and selection procedures. When you complete this document you are providing your consent for the employer to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes. If you have a query or concern regarding this, please contact the Trustees of the school in the first instance. |

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| **Criminal Background Disclosure**: The nature of this post means that it is exempt from the Rehabilitation of Offenders Act (1974) and requires that all convictions (including spent convictions) have to be declared. A conviction is not necessarily a bar to employment. However, should you fail to disclose a criminal conviction prior to appointment; this could result in disciplinary actions including dismissal. All offers of employment with the school are subject to a satisfactory DBS check. Car parking or speeding offences may be disregarded. |

**Candidate Name**

**Post applied for**

**Name of School**

**References**

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| If you have worked with Children in the past, one of your references should be in connection with that employment. References from relatives or people writing solely as friends will not be acceptable. References may be contacted during the shortlisting process unless you give your express instruction not to do so. |
| **First reference (current or most recent employer)** | **Second Reference** |
| **Name** |  | **Name** |  |
| **Job Title** |       | **Job Title** |       |
| **Organisation name** |       | **Organisation name** |       |
| **Address** |  | **Address**   |  |
| **Postcode** |  | **Postcode**  |  |
| **Tel. No. (pref. mobile)** |  | **Tel. No. (pref. mobile)** |  |
| **Email**  |  | **Email** |  |
| **Contact (Yes/No)** |  | **Contact (Yes/No)** |  |

**Criminal Record Disclosure**

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| Have you ever been convicted of a criminal offence or subjected to a caution/reprimand/warning or bind over including any that would be regarded as ‘spent’ under the Act in other circumstances? (Yes/No) If yes, please give details including dates and penalties: |
| **Date** | **Details** |
|       |       |
|       |       |
|       |       |

**Family or close relationships to employer or Governor**

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| You are required to declare any family or close relationship to any existing employee of the Trust or Governing Body: |
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**Declaration**

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| The information contained in this form is true and accurate. If after appointment, the application is found to be misleading or inaccurate, I understand that this may lead to disciplinary action and could result in dismissal. I consent to the use of this personal data for recruitment and selection purposes. |
| **Signed:** |  | **Date**: |  |

**This page is not mandatory, but will help the Trust
monitor its obligations under the Equality Act 2010**

**Ethnicity**

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| Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the Census in alphabetical order. |
| **Asian** | **Black** | **Chinese or other ethnic group** |
| Indian | [ ]  | Caribbean | [ ]  | Chinese | [ ]  |
| Pakistani | [ ]  |  |  |
| Bangladeshi | [ ]  | African | [ ]  |
| Any other Asian background (please specify) |       | Any otherBlack background (please specify) |       | Any other ethnic group (please specify) |       |
|  |
| **Mixed** | **White** |  |
|  | English | [ ]  |
| White and Black Caribbean | [ ]  | Irish | [ ]  |
| White and Black African | [ ]  | Scottish | [ ]  |
| White and Asian | [ ]  | Welsh | [ ]  |
| Any other mixed background (please specify) |       | Any other White background (please specify) |       |
|  | **Rather not say** | [ ]  |
| **Age** |  | **Rather not say** | [ ]  |

**Disability**

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| The Disability Discrimination Act (1995) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one’s ability to carry out normal day-to-day activities. This definition includes such conditions as cancer, HIV, mental illness and learning disabilities. Do you consider yourself to have a disability according to the above definition? |
| Yes | [ ]  | No | [ ]  | Rather not say | [ ]  |

**Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| Male | [ ]  | Transgender F to M | [ ]  |
| Female | [ ]  | Transgender M to F | [ ]  |
|  | Rather not say | [ ]  |

**Faith**

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| Which religion do you most identify with? |
| No religion | [ ]  | Baha’i | [ ]  | Buddhist | [ ]  |
| Christian | [ ]  | Hindu | [ ]  | Jain | [ ]  |
| Jewish | [ ]  | Muslim | [ ]  | Sikh | [ ]  |
| Other (please specify) |       | Rather not say | [ ]  |

**Sexual orientation**

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| How would you describe your sexual orientation? |
| Bisexual | [ ]  | Gay man | [ ]  | Heterosexual | [ ]  |
| Lesbian | [ ]  |  | Rather not say | [ ]  |

*This school is committed to safeguarding and promoting the wellbeing of all children,
and expects our staff and volunteers to share this commitment.*