Official Use Only
No
SL Yes / No
NSL Reason





Post	app	lied	for:

Post title: Apprentice Site Manager

School Name: Partnership

Closing Date:

Please return this form back to the school where you are applying. Contact details for the school can be found on the vacancy advert.

This form should be completed in full. You should **NOT** send a **C.V.** (curriculum vitae) as an alternative to completing any section of this form. However you may use additional sheets of paper if there is not enough space to enter relevant information on any section. Please complete the form clearly in black ink or typescript.

Your application will be judged solely on the information provided in accordance with the person specification.

PERSONAL DETAILS

Surname:	Title (Ms, Miss, Mrs, Mr etc.:
Forenames:	
Home Address:	
	Post Code :
N.I. Number :	
Telephone Number(s) (to include STD codes)	
Home **:	
Mobile 🖀:	
May we contact you at work?	Yes No
Please note we will exercise the utmost discretion should	you authorise us to contact you at work.

EDUCATION, TRAINING AND NON-VOCATIONAL EXPERIENCE

Please give relevant informatio	n about e	ducation re			
Canandam, Cabaala, Callagaa	De			cations gained or pend	ding
Secondary Schools, Colleges and Universities attended	From	To		please state subject, rel and date obtained)	Grade
N.B. You will be asked to proof the job	duce the	e certificat	es where	your qualifications	are a requireme
Do you have any non-vocation e.g. family duties, voluntary we lf yes, please state	•			· —	application?
Do you have any language ski If yes, please state languages		l of skill (ind	Yes cluding sig		ation)
MEMBEROLUB OF BROSE	-0010N	AL BOD	5 0		
MEMBERSHIP OF PROFI			ES		
Body	Grade Membe			By Examination Yes/No	Date
		5.0p		1.00/1.10	
ATTENDANCE AT TRAIN	ING CO	URSES			
Course				Duration	Date
Course				Duration	Date

PRESENT EMPLOYMENT (if applicable)						
Employer							
Job Title							
Date appointed							
Notice period required							
Current wage/salary and grade (
Please also list any other jobs yo		√)					
Flease also list ally other jobs yo	d currently have (paid or unpaid	<i>J)</i>					
Reason for wishing to leave pres	ent employment						
EMPLOYMENT HISTORY							
Previous paid employment (if a separate sheet if necessary. relating to disclosure under the Re	Account for any gaps in e	mploy					_
Employer's Name, Address and				Da	tes		
type of business			Fror			То	
		DD	MM	YY	DD	MM	YY
Have you was involved to	Southampton City Council		Vac		N.		
Have you previously worked for			Yes	·	No	, \Box	
Please provide details of your mo							
Dates (From/To): Position:							
	n).						
Location (Directorate and Divisio	n):						

OTHER RELEVANT INFORMATION

in fc sp of	in this section will be for applying for the specification and requ of the job requiremen	mation and experience used in assessing you post relating your suitements of the job. Into because of your distance a separate sheet if near the sheet in the shee	ur application. Plea skills, experience a If you are a disable sability, please docu	se use this space to and personal quali d person, but are u	state your reasons ties to the person nable to meet some
		-			

MISCELLANEOUS	
Are you the parent, grandparent, partner, child, stepchild, adopted child, grandchild, brother, sister, aunt, uncle, nephew or niece of an existing Councillor or employee of the Council. If Yes, please give: Name: Place of Work:	Yes No
Do you have a business or potential business relationship with the person named above?	Yes No
N.B. All forms of canvassing will automatically disqualify candidates for must not ask a Councillor or Officer of the Council to use their influence to the Are you currently an elected member of a Local Authority? Have you been nominated for a forthcoming Local Election?	
Driving Licence	
Only complete below, if according to the person specification, driving is a	a requirement of the job:
Do you have a full current driving licence?	Yes No No
If yes, please indicate which class of vehicle this covers (please use to licence)	the letters detailed on your
Job Share (see guidance notes)	
Do you wish to apply for this post on a job share basis?	Yes No
If yes, I would prefer to work/I can only work: Days	Hours
If there are no other applicants wishing to job share would you be willing full time basis?	g to consider the post on a
	Yes No

REFERENCES

Give the name and address of two referees of whom confidential enquiries may be made regarding your suitability for the post. One should be your present or last employer, the other preferably a previous employer or someone who has known you in a professional capacity. If you are a School, College or University leaver, your Headteacher or Tutor. **PLEASE PRINT DETAILS**

Post title	Name			
	Post title			
Organisation	Organisation			
Address	Address			
Post Code	Post Code			
Telephone (incl. STD code)	Telephone (incl. STD code)			
E-mail	E-mail			
Fax No.	Fax No.			
Capacity in which known to you	Capacity in which known to you			
It is normal for us to contact both referees after	shortlisting. May we contact your referees at this			
stage?				
Yes 🗌 No 🔲	Yes ☐ No ☐			
Rehabilitation of Offenders Act				
You have been asked to provide details about	•			
should read the attached guidance notes before	e doing so.			
It is accepted that you complete and return	the etteched Debebilitation of Offendare Act			
It is essential that you complete and return the attached Rehabilitation of Offenders Act				
Form	Title attached Kenabilitation of Offenders Act			
Form.	Title attached Renabilitation of Offenders Act			
Form.	Title attached Rehabilitation of Offenders Act			
DECLARATION	Title attached Renabilitation of Offenders Act			
DECLARATION				
DECLARATION I confirm to the best of my knowledge that the in	nformation given in this form is accurate and that I			
DECLARATION I confirm to the best of my knowledge that the inhave not omitted any facts which may have	nformation given in this form is accurate and that I e a bearing on my application for employment.			
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I understand that if I am appointed, personal information about me will be computerised for personnel / employee administration purposes in accordance with the General Data Protection Regulations. This may include analysis for management purposes and statutory returns.

Where applicable, I will be subject to the regulations on political restrictions as defined in Local Government and Housing Act 1989.

I understand that, should any of the particulars I provide in this application be found to be false within my knowledge, or should there be any omission of material fact, this may be reported to the police as well as leading to my application being rejected or the contract being null and void if I have already been appointed.

More detailed information about the School's handling of your personal data can be found in its privacy notice available on the school website or available on request. Additionally, Southampton City Council's Privacy Policy can be found on line at (http://www.southampton.gov.uk/privacy



EQUALITY OF OPPORTUNITY GUIDANCE NOTES

Southampton City Council is an Equal Opportunities Employer. Its aim is to ensure that it does not discriminate in the selection for employment or retention and promotion in employment against, or in favour, of any person on the grounds of their race or ethnic origin, marital status, sex, sexual orientation, gender reassignment or religion, and shall actively promote ways of employing a higher proportion of disabled people amongst its workforce.

Within the Application Form you have been asked to indicate whether you are a disabled person. Please read the following notes in conjunction with the application form.

Southampton City Council recognises its responsibilities in respect of disabled people and undertakes to:

comply with the employment provisions of the Disability Discrimination Act 1995;
give disabled applicants full and fair consideration for all vacancies;
provide, as practical, suitable facilities and accommodation for disabled people;
provide full and fair opportunities in general for the training, career development and promotion of disabled employees.

To ensure that its Equal Opportunities Employment Policy is working and does not discriminate, the Council supported by the Trade Unions considers it essential to keep up to date information about job applicants. Accordingly all applicants are requested to complete the information on ethnic origin which will be treated as strictly confidential and used for statistical purposes only.

To help you complete the ethnic information the following categories apply:

WHITE

British

Persons born in the United Kingdom whose recent forebears came from the United Kingdom.

Irish

Persons born in Ireland whose forebears came from Ireland

BLACK OR BLACK BRITISH

Caribbean

Persons whose forebears originated in, or came from, a Caribbean island.

African

Persons whose forebears originated in, or came from, an African country.

CHINESE OR OTHER ETHNIC GROUP

Chinese

Persons whose forebears originated in, or came from, the Chinese sub-Continent including China, Vietnam etc.

Other

Self defined groups not included in the other categories.

ASIAN OR ASIAN BRITISH

Indian

Persons whose forebears originated in, or came from, India.

Pakistani

Persons whose forebears originated in, or came from, Pakistan.

Bangladeshi

Persons whose forebears originated in, or came from, Bangladesh.

Thank you for your co-operation.

EQUAL OPORTUNITIES MONITORING FORM The following information is required in order that the Council's Equal Opportunities Policy can be monitored effectively. (Please refer to guidance notes) Please tick the box from the list below which best describes the ethnic group to which you belong: Age Date of Birth Sex: Male Female White **Black / Black British** Chinese / other ethnic group **British** Black Caribbean Chinese Black African Irish Any other background Other White background Other Black background Please specify Please specify Please specify Asian / Asian British Mixed White & Black Caribbean Indian Pakistani White & Black African Bangladeshi Other Asian background Other mixed background Please specify Please specify Do you consider yourself to have a disability? Yes No Is there anything we need to know about your disability in order to offer you a fair selection interview? (For example a signer or an accessible interview room) How did you hear about this vacancy? Please specify: Job Centre Word of Mouth ☐ Website ☐ Advertisement (please specify) Other (please specify)



Please ensure you read this information before submitting your application

POSTS EXEMPT FROM THE REHABILITATION OF OFFENDERS ACT 1974

You have been asked to provide details about previous convictions and cautions for criminal offences. You should read these guidance notes before doing so.

The Council's policy is that the disclosure of a criminal record, or other similar information, will not necessarily debar you from appointment. In making a decision the council will consider the nature of the offence(s), relevance to the post, how long ago and what age you were when it was committed and any other factor which may be relevant. (You can obtain further information from the Human Resource Group who sent you this application form).

The job for which you have applied is exempt from the Rehabilitation of Offenders Act 1974. This means that you must provide information about ALL previous convictions, including those which, in other circumstances, would be thought of as 'spent' (including a corresponding court martial punishment).

Southampton City Council meets the requirements in respect of exempted questions under the Act. Applicants for posts who are offered employment will be subject to a Criminal record check with the Police or the Criminal Records Bureau before employment is confirmed. For some posts this will include details of cautions, reprimands or final warnings as well as convictions.

An offer of employment may be withdrawn, or employment may be terminated, if any relevant information, which was not disclosed, is revealed by subsequent checks.

If there is information which you are required to disclose, please complete the sections on the reverse of this form.

Thank you for your co-operation.

CRIMINAL CONVICTIONS

You are asked to provide details of previous convictions and cautions for criminal offences	. You
should read the attached guidance notes before doing so.	

Date(s) of conviction(s)

Details of conviction(s) including court(s) passing sentence

I agree that, if necessary, the information I provide may be checked I understand that an offer of appointment may be withdrawn or dismiss convictions for any criminal offences are not disclosed.	
Signed Dated	