



QUEENSWELL SCHOOLS

ENJOY, ENDEAVOUR, ACHIEVE, TOGETHER

Vacancy title:	Part Time Caretaker
Closing date:	Midday on Wednesday 1st July
School:	Queenswell Schools Sweets Way London, N20 0NQ 020 8445 0524 office@queenswellsch.org

Application Form

for non-teaching/support posts

Queenswell is committed to protecting and safeguarding children and vulnerable adults. We apply stringent safer recruitment practices.

Please ensure that all sections are completed, all information that you provide will be treated as confidential. The Declaration of Criminal Offences form must be completed. If you require any reasonable adjustments as part of the application or selection process please contact us.

1. About you			
Title:			
First names:			
Previous names:			
Surname:			
Previous surnames:			
National Insurance Number			
Address:			
Postcode:			
Email:		Daytime telephone number	
Mobile:		Evening telephone number	
May we contact you at work?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Where did you see this vacancy advertised? (publication/website)			

2. Employment history Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used if required.

Employers' names, addresses and type of business	Job title, Key responsibilities, final salary and any allowances	Dates of employment		Reason for leaving
		From	To	

3. Other relevant experience

Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependants/family. Your experience should be related to the skills, abilities and knowledge outlined in the person specification and job description/role profile.

Type of experience	Dates

4. Education, qualifications and training – any gaps must be explained and a continuation sheet used if required.

Name of school, college, university etc.	Name of course	Dates		Qualification/grade achieved
		From	To	

5. Professional association membership

Name of professional association	Year of membership	Grade/level

6. Personal statement

Relevant abilities, skills, knowledge and experience.

Tell us how you meet all of the short listing criteria set out in the enclosed Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work.

Are you required to have a UK work visa/permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you have a valid visa/permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when does it expire?	dd/mm/yyyy

7. References

Please give details of two referees from whom confidential enquiries may be made. Your referees should be from your current or most recent employer or your current educational establishment. We reserve the right to contact any of your previous employers

Name of referee:		Name of referee:	
Job title:		Job title:	
Organisation:		Organisation:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
Capacity in which known to you:		Capacity in which known to you:	

8. Declaration

All applicants are required to declare personal relationships with existing Council employees and Council members. Canvassing of elected councillors or officers involved in the selection process directly or indirectly will automatically disqualify the applicant.	Any financial interests that applicants may have in contracts with the Council or pending Council tenders must be declared.
Are you related to, or a close friend of, any elected councillor or member of staff employed by Barnet Council? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you or any of your relatives party to an existing Council contract or involved in any competitive tendering process? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state their name and your relationship with them: Name: Relationship:	If yes, specify the contract details:

I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the Council's registration under the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up.

Signed – Applicant:	Date: dd/mm/yyyy
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Please note that successful candidates will be required to sign their application form prior to appo

Diversity Monitoring Form

Barnet Council aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities.

We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the Council does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you.

Name	Job ref
Post applied for	
Are you applying on a job share basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you applying with a job share partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently work for Barnet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what is your Payroll number?	
Where did you see this job advertised?	Date of Birth: dd/mm/yyyy
Age	<input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 and over

Disability
 The Disability Discrimination Act 1995 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

Do you consider that you have a disability under the Disability Discrimination Act definition?
 Yes No

If you have answered 'Yes', please select the definition/s from the list below that best describes your disability/disabilities:

Hearing (such as: deaf, partially deaf or hard of hearing)	<input type="checkbox"/>	Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)	<input type="checkbox"/>
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)	<input type="checkbox"/>	Severe disfigurement	<input type="checkbox"/>
Speech (such as impairments that can cause communication problems)	<input type="checkbox"/>	Learning difficulties (such as dyslexia)	<input type="checkbox"/>
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	<input type="checkbox"/>	Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)	<input type="checkbox"/>
Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)	<input type="checkbox"/>	Other disability (please specify)	<input type="checkbox"/>

Declaration:
 I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998.

Signed - Applicant:	Date (dd/mm/yyyy)
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