



## WEST KIRBY GRAMMAR SCHOOL

### Application Form for a Non Teaching Role

Please complete ALL sections of the form

#### Data Protection

Your data will be processed in accordance with data processing legislation. Processing of your data will take place either because:

- You consent to your data being processed
- Processing is necessary to evaluate your application for the position for which you have applied
- Processing is necessary for complying with legal obligations
- Processing is necessary for our legitimate interests.

For further information please see our privacy notice which is available on the School website – [www.wkgs.net](http://www.wkgs.net)

#### Vacancy Information

Application for the post of:

Closing date:

What date are you available to begin a new post?:

#### Recruitment Monitoring

Where did you first hear about this job?:

#### Disclosure and Barring

West Kirby Grammar School is legally obligated to process a Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which are not “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the School’s privacy statement.

Do you have a DBS certificate?:

☐ Yes ☐ No

Do you subscribe to the DBS Update Scheme?:

☐ Yes ☐ No

If you have lived or worked outside of the UK in the last 5 years the School may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.

Have you lived or worked outside of the UK in the last 5 years?:

☐ Yes ☐ No

## Right to work in the UK

The School will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.

By signing this application, you agree to produce such evidence when requested.

## Instructions

*Please complete all sections of this form using black in or type.*

The sections of this application form that include your personal details and equal opportunities information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

Applications will only be accepted if they are completed in full.

Completed applications may be submitted to the Headteacher by email to [office@wkgs.net](mailto:office@wkgs.net), putting the post for which you are applying in the title, or alternatively may be posted to The Headteacher, West Kirby Grammar School, Graham Road, West Kirby, Wirral, CH48 5DP. (Please ensure that a Large Letter stamp is used if you send your application in an A4 envelope.)

## Personal details

First Name(s):	
Surname:	
Preferred Title:	
Previous Surnames:	
If you prefer to be called by a name other than the one listed above, please specify:	

## Contact Details

Address:	
Post Code:	
Home Phone:	
Mobile Phone:	
Email Address:	

### Disability & Accessibility

West Kirby Grammar School is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.

If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements that you require:

### Relationship to the School

Please list any personal relationships that exist between you and any of the following members of the School Community:

- Governors
- Staff
- Pupils

*(Relationship with a member of staff or Governor does not necessarily prevent them from acting as a referee.)*

Name	Relationship	Role at the School

### Current or Most Recent Employer / Employment

Name:	Period From: (state month/year)
Address:	Period To: (state month/year)
	Telephone Number:
	Basic salary:
	Part Time/Full Time:
	Permanent/Temporary:
Post Code:	
Tel No:	Notice period:
Nature of business:	
Position held:	

Description of responsibilities:

Reason for leaving:

#### Previous Employment

Job Title	Name and Address of Employer	Description of Responsibilities	Dates Employed	Reason for Leaving

#### Gaps in Employment

Please use the space below to explain any gaps in your employment.

**Education, Training & Development****Please tell us about your education from secondary school onwards.***You will be required to produce evidence of qualifications*

Date From (month & year)	Date To (month & year)	Name and location of School, College, University or Training Provider	Qualifications Gained (including grades/levels)

**Training and Professional Development**

Course Date/s	Course Title	Qualification	Course Provider

## Letter of Application

Alongside this form you are required to submit a letter of application. (No more than 2 sides of A4)

In the letter please explain how your experience, training and personal qualities match the requirements of the role as set out in the job description and person specification.

## References

Please give the names of **2 people** who are able to comment on your suitability for this post. One must be your present or last employer. If you have not previously been employed, please provide details of other suitable referees.

The School reserves the right to seek any additional references it deems appropriate.

Please let your referees know that you have listed them as a referee, and to expect a request for a reference should you be shortlisted.

Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Daytime contact number:		Daytime contact number:	
Email address:		Email address:	
Is this person your present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person your present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered 'no' to the above question, in what capacity does the referee know you?		If you answered 'no' to the above question, in what capacity does the referee know you?	
<b>References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Your availability

Please tell us when you are **not** available for interview in the 6 weeks following the closing date for this post. This does not guarantee that we will be able to accommodate your needs, particularly where an interview date has already been indicated.

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<b>Declaration</b>
<i>I certify that the information contained on this application form is accurate and true.</i> <i>I understand that canvassing will automatically disqualify my application.</i> <i>If this form is returned without a signature, it will be assumed that the applicant has accepted the above declaration.</i>
Signature: _____ Date: _____

## Section B – Equalities Monitoring

We are bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we are meeting this duty, whether our policies are effective and whether we are complying with relevant legislation, we need to know the information requested below.

The information will **not** be used during the selection process. It will be used for monitoring purposes only.

### Equalities monitoring information

#### Please repeat your Personal Details

Title:

Full Name:

Marital Status:

#### Age

What is your date of birth?

DD/MM/YYYY

### Race & Ethnicity

What is your ethnic group? *Please tick the relevant ethnic group. If you are in an 'Any Other Background' category please state what it is.*

A. White

- ☐ English
- ☐ Other British
- ☐ Irish
- ☐ Any Other White Background\*

B. Mixed

- ☐ White & Black-Caribbean
- ☐ White & Black-African
- ☐ White & Asian
- ☐ Any Other Mixed Background\*

C. Asian or Asian-British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any Other Asian Background\*

D. Black or Black-British

- ☐ Caribbean
- ☐ African
- ☐ Any Other Black Background\*

E. Other Ethnic Group

- ☐ Arab
- ☐ Gypsy/Romany/Irish Traveller
- ☐ Any Other Ethnic Group\*

F. Prefer not to say

- ☐ Prefer not to say



### Country of Birth

What is your country of birth?

- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Northern Ireland
- ☐ Republic of Ireland
- ☐ Other (please write in the current name of the country)
- ☐ Prefer not to say

### Religion or Belief

What is your religion or Belief? **\*If you have “Any Other Religion or Belief” then please state what it is.**

- ☐ None
- ☐ Christian (including Church of England, Catholic, Protestant & all other denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Humanist
- ☐ Atheist
- ☐ Agnostic
- ☐ Pagan
- ☐ Any other religion or belief\*
- ☐ Prefer not to say

### Nationality

What is your nationality? (e.g. English, British, French, Spanish etc)

- ☐ Prefer not to say

### Sexual Orientation

What is your sexual orientation?

- ☐ Heterosexual
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Asexual
- ☐ Prefer not to say

**Disability**

Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Yes  
☐ No  
☐ Prefer not to say

If you answered 'Yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'

- |   |  |
|---|--|
| <input type="checkbox"/> Physical impairment            | <input type="checkbox"/> Developmental condition |
| <input type="checkbox"/> Sensory impairment             | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Learning disability/difficulty |  |
| <input type="checkbox"/> Long-standing illness          |  |
| <input type="checkbox"/> Mental health condition        |  |

**Marriage/Civil Partnership**

Are you currently married?

- ☐ Yes  
☐ No

Or in a civil partnership?

- ☐ Yes  
☐ No  
☐ Prefer not to say

**Gender**

What is your gender?

- ☐ Male  
☐ Female  
☐ Prefer not to say

**Gender Reassignment**

Is your gender identity the same as the gender you were assigned at birth?

- ☐ Yes  
☐ No  
☐ Prefer not to say

*In order to improve the way in which we advertise in future, please tell us how you found out about this vacancy:*

- |  |  |
|--|--|
| <input type="checkbox"/> Job Centre                        | <input type="checkbox"/> Personal recommendation         |
| <input type="checkbox"/> Internal Human Resources Bulletin | <input type="checkbox"/> Newspaper or other publication* |
| <input type="checkbox"/> One Stop Shop                     | <input type="checkbox"/> Internet/Intranet*              |
| <input type="checkbox"/> Other*                            |  |

**Confirmation of Declaration**

*The details given by me are correct to my knowledge and belief.*

Signature:

Date: