|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Official Use Only |  | **APPLICATION FORM**  **Private and Confidential** | | |  |  |
| No |
| SL Yes / No |
| NSL Reason |
| Post applied for: | | |  |  | | |
| **Post title: Teaching Assistant / 1:1 Support**  **School Name: Shirley Warren Primary and Nursery School**  **Closing Date: 19th October 2025** | | |  | 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 🕿: | | | |  | | | | | | | |
| E-mail 🖳: | | | |  | | | | | | | |
| Mobile 🕿: | | | |  | | | | | | | |
| Work🕿: | | | |  | | | | | | | |
| 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 information about education received, and qualifications obtained with dates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary Schools, Colleges and Universities attended | Dates | | Qualifications gained or pending (please state subject,  level and date obtained) | Grade |
| From | To |
|  |  |  |  |  |
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**N.B. You will be asked to produce the certificates where your qualifications are a requirement of the job**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any non-vocational experience/skills which may be relevant to your application? | | | | | | | |
| e.g. family duties, voluntary work, leisure interests | **Yes** | **☐** |  | **No** | **☐** |  | |
| If yes, please state | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Do you have any language skills? | **Yes** | **☐** |  | **No** | **☐** |  | |
| If yes, please state languages and level of skill (including sign language interpretation) | | | | | | |  |
|  | | | | | | | |
|  | | | | | | | |

**MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Body | Grade of  Membership | By Examination  Yes/No | Date |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**ATTENDANCE AT TRAINING COURSES**

|  |  |  |
| --- | --- | --- |
| Course | Duration | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PRESENT EMPLOYMENT (if applicable)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer | |  | | | | | |
| Job Title |  | | | | | | |
| Date appointed | | |  | | | | |
| Notice period required | | | |  | | | |
| Current wage/salary and grade *(if applicable)* | | | | |  | | |
| Please also list any other jobs you currently have *(paid or unpaid)* | | | | | | |  |
|  | | | | | | | |
| Reason for wishing to leave present employment | | | | | |  | |
|  | | | | | | | |
|  | | | | | | | |

**EMPLOYMENT HISTORY**

Previous paid employment (if applicable). List all other employers (most recent first) using a separate sheet if necessary. **Account for any gaps in employment** (subject to provisions   
relating to disclosure under the Rehabilitation of Offenders Act 1974).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s Name, Address and type of business | Post held | Dates | | | | | | |
| From | | | | To | | |
| DD | MM | YY | DD | | MM | YY |
|  |  |  |  |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you previously worked for Southampton City Council?** | | | | **Yes** | **☐** | **No** | **x****☐** |  |
| Please provide details of your most recent appointment: | | | | | | | | |
| Dates (From/To): | |  | | | | | | |
| Position: |  | | | | | | | |
| Location (Directorate and Division): | | |  | | | | | |

**OTHER RELEVANT INFORMATION**

Other relevant information and experience including current duties. The information you provide   
in this section will be used in assessing your application. Please use this space to state your reasons for applying for the post relating your skills, experience and personal qualities to the person specification and requirements of the job. If you are a disabled person, but are unable to meet some of the job requirements because of your disability, please document this in this section.

**Please continue on a separate sheet if necessary.**

|  |
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**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. | | | | | | | | | **Yes** | | **☐** | | **No** | | **☐** |
| If Yes, please give: Name: |  | Place of Work: | | | |  | | | | | | | | | |
|  |  | |  | | |  | | | | | | | | | |
| 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 from appointment e.g. you must not ask a Councillor or Officer of the Council to use their influence to help you gain this job. | | | | | | | | | | | | | | | |
| Are you currently an elected member of a Local Authority? | | | |  | | | | **Yes** | | **☐** | | **No** | | **☐** | |
| Have you been nominated for a forthcoming Local Election? | | | | |  | | | **Yes** | | **☐** | | **No** | | **☐** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Driving Licence** | | | | | |
| Only complete below, if according to the person specification, driving is a requirement of the job: | | | | | |
| Do you have a full current driving licence? |  | **Yes** | **☐** | **No** | **☐** |
| If yes, please indicate which class of vehicle this covers *(please use the letters detailed on your licence)* | | | | | |
|  | | | | | |
|  | | | | | |

**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 to consider the post on a full time basis? | | | | | | | | | |
|  | | | | **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | | | | Name | | |  | | | | | | |
| Post title | | |  | | | | | | | 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 | | | | | | Line Manager | | | |
| 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 previous convictions for criminal offences. You should read the attached guidance notes before doing so.  **It is essential that you complete and return the attached Rehabilitation of Offenders Act Form.** |

**DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm to the best of my knowledge that the information given in this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment. (WARNING: Any person appointed to the Authority having given false information will be liable to summary dismissal) | | | |
| Signed |  | Date |  |
|  |  |  |  |
| PLEASE GIVE ANY DATES ON WHICH YOU WOULD NOT BE AVAILABLE FOR INTERVIEW: | | | |
|  | | | |
|  | | | |

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 | | | | | | | |
| **☐** | Irish | | | | | | **☐** | | Black African | | | | | | | | **☐** | | | | Any other background | | | | | | | |
| **☐** | Other White background | | | | | | **☐** | | Other Black background | | | | | | | |  | | | |  | | | | | | | |
|  | Please specify | | | | | |  | | Please specify | | | | | | | |  | | | | Please specify | | | | | | |  |
|  |  | | | | | |  | |  | | | | | | | |  | | | |  | | | | | | |  |
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| **Asian / Asian British** | | | | | | | **Mixed** | | | | | | | | | |  | | | | | | | | | | | |
| **☐** | Indian | | | | | | **☐** | | White & Black Caribbean | | | | | | | |  | | | |  | | | | | | | |
| **☐** | Pakistani | | | | | | **☐** | | White & Black African | | | | | | | |  | | | |  | | | | | | | |
| **☐** | Bangladeshi | | | | | | **☐** | | White & Asian | | | | | | | |  | | | |  | | | | | | | |
| **☐** | Other Asian background | | | | | | **☐** | | Other mixed background | | | | | | | |  | | | |  | | | | | | | |
|  | Please specify | | | | | |  | | Please specify | | | | | | | |  | | | |  | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.

|  |  |
| --- | --- |
| Details of conviction(s) including court(s) passing sentence | Date(s) of conviction(s) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I agree that, if necessary, the information I provide may be checked against police records.  I understand that an offer of appointment may be withdrawn or dismissal may result if previous convictions for any criminal offences are not disclosed. | | | |
| Signed |  | Dated |  |
|  |  |  |  |