

**Please complete in full in black ink or typescript. All questions must be answered. No additional information pages or CV will be accepted. Candidates should show explicitly in their Application how they consider that they meet the essential and desirable criteria of the Personnel specification.**

**APPLICATION FORM FOR THE POST OF: SENCO (LEARNING SUPPORT CO-ORDINATOR)**

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| 1. **PERSONAL DETAILS**
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| **TITLE:** |  |
| **SURNAME:** |  |
| **FORENAME:** |  |
| **NAT INS NO:** |  |
| **CORRESPONDENCE ADDRESS:**  |  |
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|  |
| **POSTCODE:** |  |
| **HOME TEL NO:** |  |
| **WORK TEL NO:** |  | **MOBILE TEL NO:** |  |
| **EMAIL ADDRESS:** |  |  |  |
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| 1. **EDUCATION/EXAMINATION RECORD**
 |
| **Type of School/College/University** | **From** | **To** | **Qualifications Obtained (including grades)**(State degree classification and main subject) |
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| 1. **CURRENT EDUCATION**
 |
| **Type of School/College/University** | **From** | **To** | **Qualifications (State main subjects**) |
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| 1. **EMPLOYMENT HISTORY**
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| **Establishment** | **From** | **To** | **Duties** |
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| **5. OUTLINE HOW YOU FULFILL THE ESSENTIAL CRITERIA. (Reference should be made to the details of the post advertised).**  |
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| **6. OUTLINE HOW YOU FULFILL THE DESIRABLE CRITERIA. (Reference should be made to the details of the post advertised).**  |
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| **7. CONSIDERING PREVIOUS EXPERIENCES/QUALIFICATIONS STATE ANY RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION. (Reference should be made to the details of the post advertised).**  |

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| **8. REFERENCES**Please give names, addresses and telephone numbers of two persons willing to give references. One of these referees should be your present employer. |
| 1. | Professional Referee |  | 2. | Character Referee |  |
|  |  | *(name)* |  |  | *(name)* |
|  | Occupation |  |  | Occupation |  |
|  | Address*Inc Postcode* |  |  | Address*Inc Postcode* |  |
|  |  |  |  |
|  |  |  |  |
|  | Phone |  |  | Phone |  |
|  | Email |  |  | Email |  |
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| ***NB: REFERENCES MUST NOT BE SUBMITTED WITH THIS APPLICATION FORM*** |

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| **9. CRIMINAL RECORD DETAILS – Please ensure you complete this section carefully** |
| **NB: The Board of Governors has a responsibility to check whether persons who apply for posts have a criminal record. In order for the Board of Governors to fulfil this responsibility, you are required on this form to declare any criminal convictions you may have. This post is exempt from the provisions of the Rehabilitation of Offenders (Exceptions) Order 1979 which means you are not entitled to withhold information about convictions. It is important to note therefore that all bind-overs, cautions or convictions must be declared including those otherwise considered as ‘spent’. The fact that a person has a criminal record does not automatically render him or her unsuitable for the post. You should be advised that the above includes DRIVING OFFENCES AND ABSOLUTE DISCHARGES. A candidate found to have failed to declare any of the above will be liable to disqualification or if appointed to dismissal. Any information given will be completely confidential.** |
| **Have you been convicted in a court for law of any criminal offence?** (See note above) **YES** **NO**Please give details including nature of offences(s), sentence(s) and date(s). |
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| **10. RELATIONSHIP TO A MEMBER OF THE BOARD OF GOVERNORS**If you are aware that you are related to a member of the Board of Governors, please give the names of the relative(s) and the relationship to you: |

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| **11. DECLARATION:** |
| 1. The foregoing particulars are complete and correct to the best of my knowledge and belief.
2. I have not canvassed any member of the Board of Governors nor sought anyone to canvass on my behalf.
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| **Signature:** |  | **Date:** |  |
| A candidate found to have knowingly given false information, or to have suppressed any material fact, will be liable to disqualification, or if appointed, to dismissal. |
| **Applications should be returned to the Principal. Closing date for applications: 9.30 am on Monday 27 June 2022.****THE PANEL RESERVES THE RIGHT TO ENHANCE CRITERIA.** |

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| **MONITORING QUESTIONNAIRE****Please complete and return in separate envelope along with completed application form.**

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| **NATIONAL INSURANCE NUMBER:**  |
| **AGE: Please enter your date of birth:**  //  |
| **GENDER: I am -** Male ❒ Female ❒ |
| **COMMUNITY BACKGROUND:** **I am –** A member of the Protestant Community❒ A member of the Roman Catholic Community ❒Not a member of either the Protestant or the Roman Catholic Communities❒ |
| **DISABILITY****I have -** No disability ❒A physical impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches ❒A sensory impairment, such as blind/visual impairment or deaf/hearing impairment ❒A mental health condition, such as depression or schizophrenia ❒A learning disability, such as Down’s syndrome, dyslexia or cognitive impairment such as autism ❒A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy ❒Other ❒ Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **MARITAL STATUS****I am -** Single (never married) ❒Married (living with spouse) ❒Married (separated) ❒Civil partnership (same sex) ❒Divorced ❒Widowed ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **RACE, COLOUR OR ETHNIC/NATIONAL ORIGINS****I am -** White ❒Chinese ❒Irish Traveller ❒Indian ❒Pakistani ❒Bangladeshi ❒Black African ❒Black Caribbean ❒Black Other ❒Please specify­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mixed Ethnic Group ❒ Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ❒ Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NATIONALITY**Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DEPENDENTS/CARING RESPONSIBILITIES**Please indicate if you have dependents or persons you have caring responsibility for (if anyone): **No. dependents or caring responsibilities: -**

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| Child or children  |  |
| Disabled person(s)  |  |
| Elderly person(s)  |  |

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| Other |  |

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| **ADVERTISING**Please name any newspapers and/or websites where you learned of this job: |

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