



City of Westminster

Westminster City Council Application Form for Teaching Staff

Thank you for your interest in working for Westminster City Council.

The information given will be treated as confidential.

We are committed to equal opportunities in employment and service delivery and are only interested in your ability to do the job.

Please complete the form in black ink.

Please Post your completed application form to:

Position Applied for:

Where did you see this vacancy advertised?

School:

Closing date:

Section 1: Personal Details

(internal candidates should give their work address only)

Preferred Title: (e.g. Mr, Ms etc)

First Name:

Last Name:

Address:

Postcode:

NI Number:

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Telephone:

Mobile:

Email address:

Work address:

Work telephone:

Work email:

May we contact you at work?

Yes No

Please specify any dates you are not available for interview:

Do you require a certificate of sponsorship that would enable you to take up employment in the UK?

If yes, please provide details below or on a separate sheet

Yes No

Section 2: References

All Candidates – Please complete details for both referees, who should not be related to you and include your most recent employer(s). If school/college leaver, please give name and address of head teacher/tutor and also manager of most recent work experience placement – if applicable. **Please note – we reserve the right to contact any previous employer(s) you have listed for reference purposes where relevant.** Internal Candidates – Please note your Line Manager must be one of your referees.

Current/most recent employer:

Name of referee:

Position:

Name and Address of organisation:

Work Email:

Telephone:

May we approach them at the interview stage?

Yes No

Second Referee:

Name of referee:

Position:

Name and Address of organisation:

Work Email:

Telephone:

May we approach them at the interview stage?

Yes No

Section 3: Employment Details

Please record all previous employment below, starting with your present or most recent employer

1. Name and address of current or most recent employer:

Position held and salary:

Spinal Point, teaching and learning responsibility:

Date appointed:

Date left or notice required:

School type:

Age range:

Roll:

Reason for leaving (if applicable):

Section 3 continued:

All previous employment (including voluntary or community work if relevant)

2. Name and address of employer:

Position held and salary:

Main duties and responsibilities (bullet points):

Date appointed:

Date left or notice required:

Reason for leaving (if applicable):

3. Name and address of employer:

Position held and salary:

Main duties and responsibilities (main duties and responsibilities):

Date appointed:

Date left or notice required:

Reason for leaving (of applicable)

Please continue employment history on a separate sheet if necessary.

You may be asked to explain any gaps in employment under the child protection policy.

Section 4: Education, qualifications and training

Please list all training and qualifications which are relevant to this post including GCE O/A Level or equivalent, degree and teacher qualifications. You may be required to produce original certificates.

Name of School	Qualification/grade achieved	Dates

College/University	Qualification/grade achieved	Dates

Professional association/qualification	Qualification/grade achieved/training	Dates

Right to work:

Are you an overseas qualified teacher and have yet to achieve QTS in the UK? Yes No

Do you hold or are you working towards QTS? Yes No If yes, please give date of award:

DfES Number: QTS Certificate Number:

Are you registered with GTC? Yes No

Section 5: Relevant skills and competencies

Please review the person specification found within the job description. Record below details of any relevant skills, experience, training or qualifications which make you particularly suited for this position.

If the person specification contains competencies, please provide a brief example of how you have demonstrated each competency in the past. Use the behavioural indicators listed under each competency heading as a guide in preparing your response. Please note that you are not required to provide a separate response for each behavioural indicator. Please continue write below and/or on a separate sheet and attach to the application form.

Section 6: Prevention and detection of fraud

The council is committed to the highest ethical standards and expects its employees to act with integrity, to be honest and trustworthy and to comply with all laws and regulations which apply to council business.

The council collects information for a variety of local authority purposes including Housing Benefit. The information collected about you may be used for any local authority purpose.

Information on you provided by you or by a third party may be checked with other information held by the council. This information may also be used by the council or supplied to other bodies to prevent or detect crime or protect public funds. Use of information about you and disclosures to anyone outside the council will only be carried out where law permits.

If you have any queries about information held about you, all of which is held under the provisions of the Data Protection Act 1998, please contact the Director of Finance at Westminster City Hall, Victoria Street, London SW1E 6QP.

Section 7: Relative/other interests

Are you related to any Councillor/Governor or senior officer of the council/school? If **yes**, please give details below:

Warning – canvassing of or failing to disclose a relationship to a councillor, may disqualify you.

Section 8: Additional Information

Nationality:

Westminster City Council wishes to encourage disabled people to apply for jobs – all information will be treated in confidence. The council operates a guaranteed interview scheme for disabled people who demonstrate on their job application form that they meet the specified selection criteria for the job. (Indicate by marking 'x' in the relevant box).

Do you have a disability as outlined in the Equality Act (2010)? (See Equal Opportunities Monitoring section for detailed definition)

In relation to any disability, do you have any particular requirements in order to attend an interview?
If **yes**, please give details on a separate sheet.

Section 10: Applicant's declaration

I declare that the information that I have provided is true and accurate and in particular that I have not omitted any material facts which may have a bearing on my application. I understand that any subsequent contract of employment with the council will be made on the basis of the information I have provided.

I understand that a false declaration which results in my appointment to the council's service will render me liable to dismissal without notice. I give explicit consent that the information which I give on this form may be processed in accordance with the council's registration under the Data Protection Act 1998.

Signed:

Date:

Equal Opportunities monitoring form:

Corporate Equalities Employment Policy:

In order to combat discrimination, no unnecessary conditions or requirements will be applied which could have a disproportionately adverse effect on any one group. All sections of the population will have equal access to jobs. No applicant or employee will receive less favourable treatment because of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership and pregnancy or maternity, unless a Genuine Occupational Qualification (GOQ) applies.

To monitor the effectiveness of this policy, we need to record certain personal details about the people who apply for vacancies. It is for this reason only, that you are asked to provide the information below, which will be treated with the strictest confidence and used only for statistical purposes. Any equalities information provided to us, will not be shared with the selection panel, or used in the selection process. We would be grateful if you could complete the following in order for us to monitor equalities information and ensure that we are treating all candidates fairly and appropriately.

Guidance Notes on Disability

Under the Equality Act 2010 you are considered to have a disability if you have *‘a physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities’*.

Physical and mental impairments include sensory impairments and Deaf Sign Language users. Mental illness is included if it has a substantial effect on normal day to day activity. Past conditions are included. Progressive conditions, such as cancer, multiple sclerosis, muscular dystrophy and HIV infection, are covered from the point of diagnosis. Severe disfigurements are included.

Substantial adverse effect is more than a minor or trivial effect. Substantial effects of a disability, which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

Long term effect is one which has lasted, or is likely to last, 12 months or more.

Normal day to day activities are those which are carried out by most people on a fairly regular and frequent basis.

Full definitions of disability are available from <https://www.gov.uk/definition-of-disability-under-equality-act-2010>.

Personal Details:

First Name: Last Name:

Position reference no: D.O. B:

Please mark each applicable box with a tick, 'x' or write in the space if appropriate.

Gender, what do you identify with?

Male Female N/A

If you don't identify as a male or female, how would you describe your gender identity?

Gender Neutral Intersex Transgender F to M Transgender M to F
Nonbinary or you choose to define your identity in another way N/A

Age group:

16-24 25-34 35-44 45-54
55-64 65+

Ethnic groups:

To which of these groups do you consider you belong?

Asian or Asian British:

British Asian Indian Pakistani Bangladeshi
East African Asian Chinese Other Asian (please specify) _____

Black / Black British:

Black British African Caribbean Other (please specify) _____

White/White British:

English Irish Welsh Scottish Traveller/Roma Eastern European
Western European Other (please specify) _____

Mixed Heritage (please specify) _____

Any other ethnic background (please specify):

Prefer not to say

Disability

The council's Disability Equality Scheme states 'the problems experienced by many disabled people are not because of their impairments or medical conditions but are due to attitudinal and environmental barriers. This is known as 'the social model of disability'.

Do you consider yourself to be disabled as defined by the above 'social model'?

Yes No Prefer not to say

The definition of disability, as outlined in the Disability Discrimination Act 1995 & 2005 (DDA) is as follows: **"A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"**.

Do you consider yourself to be disabled as defined by the DDA?

Yes No Prefer not to say

Details of your disability (If you prefer to not say please leave blank)

Sexual Orientation:

Please tick the box that best describes your sexual orientation:

Bisexual Gay man Gay woman/Lesbian Heterosexual/Straight

Other (please specify) _____ Prefer not to say

Religion or Belief:

To which of these groups do you consider you belong?

Bahai Buddhism Christianity Hinduism

Islam Janinism Judaism Rastafarian

Secularism Sikhism Zoroastrianism No religion/belief

Prefer not to say Other religion or belief (please specify)

Marital Status:

- Single Married Heterosexual Married Same sex Heterosexual Civil Partnership
Same sex Civil partnership Co-habiting Widowed Separated
Divorced
Other (please specify) _____
-

Are you a Refugee or Asylum Seeker?

- No Refugee Asylum Seeker

Please specify what country or region you are a refugee/asylum seeker from?

Language

Please tick the box that best describe your main first/main language

- English French Spanish Portuguese Punjabi
Mandarin Chinese Russian Hindi Swahili
Arabic Other (please specify) _____
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Data Protection Act

The council will process all data in compliance with the provisions of the Data Protection Act 1998. Please sign below to give your explicit consent that the information which you give on this form may be processed in accordance with the council’s registration under the Data Protection Act 1998.

Please mark the box with an ‘x’ to confirm you have read and understood the above.

Signed (Please write or type in your full name)

Date
