

JOB APPLICATION FORM

POST TITLE:

Please complete this form and return, preferably by email to: music.service@slough.gov.uk
 .Alternatively you can complete the form and send to The Head of Slough Music Service, Slough Borough Council,
 Observatory House, 25 Windsor Road, Slough SL1 2EL. Please use black ink
Do NOT include a CV or any other supporting material.

PERSONAL DETAILS

Surname	Other Names
Previous Surnames	Preferred Title (eg Mr, Miss, Mrs, Ms)
Home Address (inc postcode)	Home Telephone
	Mobile Telephone
Email Address	Work Telephone (if it is convenient for contacting you)
N.I. Number	
Do you hold Qualified Teacher Status? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give your teacher number:	
Have you previously sought employment with Slough Music Service or another Slough school? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details	
Please indicate number of days/hours of work you are seeking:	

MUSIC SPECIALISM

Please list the instrument(s) (including voice or curriculum) you are qualified/experienced to teach:

Please give any further information about specialist skills/experience you can offer

EMPLOYMENT

PRESENT EMPLOYMENT

If currently unemployed please give details of last employer. If working for more than one employer, give main employer here, and other employers in the 'employment history' box below

Name and address of employer	Telephone Number
	Contact Name
	Email address
Date of commencement	Job Title
Please give a brief description of your duties	
Present basic salary/hourly rate	If part time, number or hours/days worked
Additional payments or benefits	Notice required
Reason for leaving (if currently not employed)	

EMPLOYMENT HISTORY

Please list your work experience since leaving full time education. Start with the most recent employer
Please use a separate sheet if necessary.

From	To	Employer's Name & Address	Job Title and brief summary of duties	Reason for leaving

VOLUNTARY/UNPAID ACTIVITIES

From	To	Position	Brief details of duties

PERIODS WHEN NOT EMPLOYED

Please provide details of periods of unemployment and reasons for these

From	To	Reason

EDUCATION

FURTHER EDUCATION

Dates		Name & Address of College or University	Examinations Passed		
From	To		Awarding Body	Qualification	Grade

SECONDARY EDUCATION

Dates		Name & Address of School	Examinations Passed		
From	To		Awarding body	Qualification	Grade

Other Qualifications held including vocational qualifications

Dates Awarded

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Are you a member of a professional body?

Yes

No

If yes, please specify

PERSONAL STATEMENT

Please provide any information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post. **Please look carefully at the Person Specification and Job Description and give examples of how you meet the job requirements.** This is important, as you will be shortlisted against these criteria. You can also draw on experience you may have gained outside the work environment. Please try to limit your statement to one page.

SUPPLEMENTARY QUESTIONS

Do you need a work permit?

Yes

No

Do you hold a full valid driving licence?

Yes

No

Do you have the daily use of a car?

Yes

No

This post is exempt from the Rehabilitation of Offenders Act 1974, therefore all convictions, including spent convictions, must be declared.

Do you have any past, present or pending convictions, cautions, prosecutions or bind-overs?

Yes

No

If yes, you are required to provide details of the offence(s), in a sealed envelope marked confidential, and attach it to this application.

Have you ever had any sanctions and/or warnings imposed by the GTC?

Yes

No

If so, please give details including the date on which any sanction/warning expires.

Have you ever had any sanctions and/or warnings imposed by the DCSF?

Yes

No

If so, please give details including the date on which any sanction/warning expires.

Do you have a personal relationship with any employees or a member of the governing body of the music service or a Slough school?

Yes

No

If yes, please give details

Please give details of any special areas of teaching interest.

What are your interests?

Where did you see the advertisement for this post?

Please contact us if you need the application form in an alternative format or if you require special arrangements or adjustments during the recruitment and selection process.

REFERENCES

Please give the names and addresses of two referees, one of which **MUST** be your present or last employer or headteacher/tutor if a school or college leaver. If your work does not currently involve working with children but you have worked with children in the past, please provide details of a suitable referee from the organisation where you most recently worked with children.

PLEASE NOTE - we will contact your referees and current employer prior to interview

1 – current or most recent employer Name Address Telephone Number Email address Relationship to you	2 – other referee Name Address Telephone number Email address Relationship to you
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I declare that the information set out in this application form is true and complete. I understand that if my application is incomplete, this form may be returned to me for completion before it can be considered. I also understand that any anomalies on my application will be explored by the School.

Any false statement may result in rejection as a candidate and/or dismissal if appointed, and possible referral to the police.

In accordance with the Data Protection Act I agree that the School may use and process the information on this form as necessary, and for any legitimate purposes of the School.

For the following statements please tick the appropriate box

*I have not been placed on List 99; disqualified from working with children, or subject to sanctions imposed by a regulatory body, e.g. GTC/DSCF. I have no convictions cautions or bind-overs, past, present or pending.

*I have attached details of my record referred to above in a sealed envelope marked confidential.

I understand that if I am successful, my employment will be subject to satisfactory Enhanced Criminal Records Bureau clearance.

Signed

Date

If you are returning this form electronically please type your full name. You will be asked to sign in person if invited for interview.

RECRUITMENT MONITORING FORM

STRICTLY CONFIDENTIAL

This sheet will be separated from your application form upon receipt and does not form part of the selection process.

Application for the post of:

Slough Music Service aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, the Council requests that all applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

What is your Ethnic Group

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. Tick F if you do not wish to give this information.

A. White

British

Irish

Any other White background, please write in:

D. Black or Black British

Caribbean

African

Any other Black background, please write in:

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in:

E. Chinese or other ethnic group

Chinese

Other, please write in

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Sikh

Any other Asian background, please write in:

F. I do not wish to provide this information.

Gender

Male

Female

Disability – Do you have a disability? If so, please state what type of adjustments to working arrangements would assist you in overcoming any disadvantage that your disability might otherwise cause you at work.

Please tick one box.

00 - None.

01 - You have a specific learning difficulty (for example dyslexia).

02 - You are blind or partially sighted.

03 - You are deaf or hard of hearing.

04 - You use a wheelchair or have mobility difficulties.

05 - You have Autistic Spectrum Disorder or Asperger Syndrome.

06 - You have mental health difficulties.

07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition.

08 - You have two or more of the above.

09 - You have a disability, special need or medical condition that is not listed above.

10 - I do not wish to provide this information.

Date of Birth

Age: