



Hawarden High School  
Ysgol Uwchradd Penarlâg

# Application Form

**Applicants Full Name:**

**Application for the Post of:**

**Please complete the application form in black ink or type and ensure you complete all the sections.**

## Job Details

## Section 1

Do you need permission to work in the UK? Yes  No

Are you currently employed by Flintshire County Council? Yes  No

If yes, please state for which Directorate / School:

Are you registered with Education Workforce Council for Wales? Yes  No

Department for Education Registration No:

## The Governing Body

### Will:

- Process your application confidentially and objectively.
- Tell you at the interview when you will know the outcome.
- Feedback from an interview can be provided on request.
- Take account of any specific needs you let us know about e.g. assistance with access, sign language interpreters, large print, taped information etc. This includes, if appropriate, providing you with assistance in completing the application form.

## Do's and don'ts

### Please do...

- Read the job description and application form thoroughly
- Relate your experience, giving examples, to the Essential Criteria listed on the Person specification
- Ensure that what you include is relevant
- Read and sign the declaration
- Return the completed form to the address on the advert

### Please don't

- Rely on any covering letter to give information needed at the short listing stage; all such information must be contained within the application form
- Assume that we will 'read between the lines'
- Rush when filling your application form
- Include unnecessary details
- Expect your application to be considered after the closing date



**Breaks in Employment History****Section 5**

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, raising family, voluntary work, training, long periods of sickness etc.

**Section 6**

How many periods of sickness absence have you had over the last 2 years?  
How many days in total?  
Please note that disability related absences do not need to be declared.

**Education – Date of Academic and Professional Qualifications****Section 7**

School(s)/ College/ University	From	To	Qualification/Subject obtained	Grade	Dates

**Professional Qualifications****Section 8**

Including details of professional association membership

**Other relevant training attended in the last 5 years\*****Section 9**

Brief description/Course Title	Date	Organising body

\*(Please list the most recent first and continue on a separate sheet if necessary)

**References****Section 10**

Please give the names and addresses of two people whom reference can be made in support of your application (not relatives), one of whom must have known you in an employment capacity. Flintshire County Council reserves the right to contact any of your previous employers.

Name and address:

Position/Relationship:

Telephone number:

Fax Number:

Email:

Name and address:

Position/Relationship:

Telephone number:

Fax Number:

Email:

If either of your referees knows you by another name please give details:

N.B. Please tick the box only if you **do not** want your referees to be contacted prior to interview

**Close Personal Relationships****Section 11**

Are you a relative or partner of, or do you have a close personal relationship with any employee, any elected member of Flintshire County Council or governor of the school? If 'yes' please state the name(s) of the person(s) and relationships. Yes  No  Name(s):

Failure to disclose a close relationship may disqualify you. Canvassing of County Councillors or employees of the Council by or on your behalf is not allowed.

## Section 11

**Information in support of this application** (only to be completed if you have chosen not submit a letter of application)

Please refer to relevant Job Description and Person Specification providing examples below of how your skills and experience match the accountabilities and requirements of this role. Continue on a separate sheet if necessary.

## Medical and Reference Agreement

## Section 14

I understand and agree to complete the necessary form for submission to the Occupational Physician for medical clearance and consent to Flintshire County Council seeking references from the above named persons.

### Disclosure of Criminal Convictions

The successful candidate will be asked to complete a 'Criminal Records Bureau Application Form' and a Disclosure will be sought from the Criminal Records Bureau. A conviction will not necessarily be a bar to obtaining employment.

### The Rehabilitation of Offenders Act 1974

The job for which you are applying is one of those to which the provision of the Rehabilitation of Offenders Act in relation to spent convictions do not apply. You must therefore disclose whether you have any previous convictions, whether or not they are spent.

Do you have any criminal convictions whether spent or unspent?      Yes  No

If Yes, please state:

If you do not disclose any conviction you have, it could lead to your application being rejected, or, if you are appointed, may lead later to your dismissal.

### Data Protection Act 2018

Any personal information supplied by you will be held, stored, used and/or processed as and when necessary by Hawarden High School and/or Flintshire County Council for the purposes of carrying out their public function, for equal opportunities monitoring and for the prevention and detection of crime.

Disclosure of your personal data may take place and be given to external parties should they show reasonable cause for disclosure to be made and to the extent that the law allows.

I agree that any information or data I provide may be used and shared within Flintshire County Council for the above purposes.

### Declaration

I declare that the information given on this form is correct and that I have not canvassed either directly or indirectly any elected member or employee of the school or Flintshire County Council and that I will not do so. I understand that the deliberate provision of false information may disqualify me from employment or render me liable to dismissal if it comes to light after my appointment.

I agree to Flintshire County Council verifying the information given.

I agree to disclose from the Disclosure and Barring Service.

Prior to any job offer being confirmed, I understand and agree to complete the necessary form for submission to the Occupational Physician for medical clearance and consent to Flintshire County Council seeking references from the above named persons.

**\*Please tick this box if you agree to the above terms**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_