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| St. Paul’s Community **Development Trust**  **Job Application Form** | | |
| Please read carefully all instructions and job details prior to completing this form.  Please use BLACK Arial 12 font. Please ensure you complete ALL sections of this application form. CV’s or referral to CV will not be accepted. | | |
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| Position Applied For | Educational Health and Care (EHC) Plan Co-ordinator and Post 16 Transitions Officer | |
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| Department | School | |
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| Closing Date | 1st July 2022 12 noon | |
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| Registered in England and Wales No. 1429707. Charity No. 508943 | | |

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| **PERSONAL DETAILS** | | | | |
| Title | | Nat Ins No. | | |
| First Names | | Surname | | |
| Email Address |  | | | |
| Please tick this box if we can contact you via e-mail: | | | |
| Home Address |  | | | |
| Contact Telephone Numbers: Day | | | Eve | |
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| REFEREES | | | | |
| Please give details of two people who may be approached for a reference who can comment on your suitability for this position. One referee must be your present or most recent employer. In exceptional circumstances, personal references will be allowed. | | | | |
| 1. Present/Most recent employer | | 2. Second Referee | | |
| Name | | Name | | |
| Job Title | | Job Title | | |
| Organisation Name | | Organisation Name | | |
| Address  Email address: | | Address  Email address: | | |
| Telephone Number | | Telephone Number | | |
| In what capacity does this person know you? | | In what capacity does this person know you? | | |
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**If you do not wish us to approach the above referee If you do not wish us to approach the above referee**

**prior to interview, please cross the box.**  **prior to interview, please cross the box.**

**St. Paul’s Community Development Trust reserves the right to contact any of your previous employers.**

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| **Post Title:**  **Educational Health Care Plan Co-ordinator & Post 16 Transitions Officer** | | | |  | Internal Use Only EHCP | | |
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| EDUCATION, QUALIFICATIONS AND TRAINING | | | | | | | |
| Please list your formal educational qualifications and any professional training undertaken relevant to this post. If gained in a country other than the UK please indicate at what level – e.g. A level equivalent. Where applicable please include details of examinations which have been or are about to be taken, but results of which are not yet available. Proof of any qualifications/status/training mentioned will be required before an appointment is made. | | | | | | | |
| Secondary, Further and Higher Education: | | | | | | | |
| Subjects | | Qualification gained, e.g. GCSEs, Highers | | | | Grade | |
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| Professional Qualifications: | | | | | | | |
| Name of Professional body and qualification awarded | Membership Grade | | Was membership gained by exam? | | | | Date Course completed |
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| Training Courses attended: (Relevant to the post) Date and accreditation gained | | | | | | | |
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| Continue on separate sheet if necessary | | | | | | | |

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| DETAILS OF CURRENT OR MOST RECENT EMPLOYMENT | | | | | | | | | |
| Briefly describe your current/most recent employment, highlighting duties, responsibilities, skills or experience gained relevant to the post for which you are applying. If you are a school or college leaver, please include details of any placement/holiday employment. | | | | | | | | | |
| Name and address of employer | | Date From | Date To | | Reason for Leaving | | | Notice Required | Salary |
|  | |  |  | |  | | |  |  |
| Job Title | | | | | | | | | |
| Brief Description of Duties | | | | | | | | | |
| DETAILS OF PREVIOUS EMPLOYMENT (including voluntary, home-based or part-time work) | | | | | | | | | |
| Please provide details of your past employment history to date, starting with your most recent first, accounting for any periods of time not spent in further education of employment. For posts within the last five years please confirm salary details. | | | | | | | | | |
| Name and address of employer | Position held & grade if applicable | | | FromMonth/Year | | ToMonth/Year | FinalSalary | Reason for **Leaving** | |
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|  | | Internal Use Only EHCP |
| YOUR ABILITY TO MEET ESSENTIAL CRITERIA FOR THE POST | | |
| The job description details the key areas of responsibility and tasks involved. The person specification details key areas of knowledge, experience and skills, some of which are essential. Please demonstrate in this section how you meet the person specification requirements. Short-listing will depend on how well you demonstrate your ability to meet these criteria.Continuation pages(no more than 3) must include your name on each page and must be numbered. You should ensure any continuation sheets are inserted within the Application Form.CV’s/Referral to CV’s will not be accepted | | |
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|  | Continue on separate sheet if necessary | |

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| ARRANGEMENTS FOR INTERVIEW | |
| It is our objective that people with disabilities receive fair treatment and are considered solely on their ability to do the job. If you are disabled you are guaranteed an interview if you meet the minimum essential requirements for the post. Are there any arrangements we can make if you are called for interview? Please give details on the Equal Opportunities monitoring form. | |
| OTHER INFORMATION | |
| The post for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are invited to an interview you will be required to declare details of any (pending) convictions (spent and unspent) and cautions at an early stage in the application process. This information should be sent under separate, confidential cover, to HR at St Paul’s Community Development Trust, and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences. | |
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| DECLARATION | |
| I declare that the information contained in this form is true and accurate. I understand that giving false information may result in the application not being pursued or the contract of employment being terminated if already appointed. | |
| Signature: | Date: |
| IMPORTANT: Please return completed form to: [HR@stpaulstrust.org.uk](mailto:HR@stpaulstrust.org.uk) This MUST be returned in MS Word in order for your personal information to be removed for Shortlisting purposes. | |
| **Data Protection Notice**  The information contained on this form will be processed in accordance with the principles of the Data Protection Act 2018 & GDPR. We will process the personal data contained in the form as you have **consented** take part in a recruitment process**,** therefore the legal basis for processing the information is your signed **consent.**  The information contained will only be processed by authorised St Pauls Community Development Trust staff. Unless otherwise stated we will not be share this information with any third party organisation. We do not process this data outside of the EEA or use any automated decision making or profiling to process your information. For full details of our Data Security & Privacy Statement refer to our website. Applications for unsuccessful candidates will be destroyed after 6 months. | |

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|  | | Internal Use Only **Educational Health Care Plan Co-ordinator & Post 16 Transitions Officer** | | | | | | |
| Equal Opportunities MonitoringPRIVACY NOTICE In order to help us effectively monitor our recruitment processes you are requested to complete this equalities monitoring form. This form will be treated in the strictest confidence and will be separated from your application form for analysis by Human Resources. The form will not be seen by any of the Recruitment Panel. I hereby agree to the processing of my personal data, please tick this box | | | | | | |
| Where did you hear about the vacancy? | | | | | | | Are you:  Male  Female Transgender | |
| Our web site | City Council Website | | | Job Centre | | | Date of Birth | |
| Web Search | Indeed | | | Internal Advert | | | Age (years) | |
|  | | | | Other (please state) …………………….. | | |  | |
| Do you require a work permit?  Yes  No | | | | | | | | |
| Do you consider yourself to have a disability?  Yes. if Yes, please see below  No | | | | | | | | |
| ARRANGEMENTS FOR INTERVIEW | | | | | | | | |
| Please give details of any arrangements you may require if called for interview | | | | | | | | |
| ETHNIC ORIGIN | | | | | | | | |
| How would you describe your ethnic origin? Please put a cross in one of the boxes | | | | | | | | |
| Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. The categories listed below are approved by the Commission For Racial Equality. | | | | | | | | |
| Asian or Asian British - Bangladeshi | | | | | | Mixed - White and Black African | | |
| Asian or Asian British - Indian | | | | | | Mixed - White and Black Caribbean | | |
| Asian or Asian British - Pakistani | | | | | | Mixed - Other Mixed | | |
| Asian or Asian British - Other Asian | | | | | | White - British | | |
| Black or Black British - African | | | | | | White - Irish | | |
| Black or Black British - Caribbean | | | | | | White - Other White | | |
| Black or Black British - Other Black | | | | | | Yemeni | | |
| Chinese | | | | | | Not known or prefer not to say | | |
| Mixed - White and Asian | | | | | | Any other group (specify) | | |
| OTHER | | | | | | | | |
| Religion | | | | | I have no religious beliefs  Prefer not to say | | | |
| I would describe my religious background as: | | | | |  | | | |
| Sexual Orientation | | | | |  | | | |
| Bi Sexual | | | Gay/Lesbian | | Heterosexual | | | Prefer not to say |
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