

Apprenticeship Application Form

Position applied for:

Please complete all sections and delete as appropriate where * indicates.

1. PERSONAL DETAILS

TITLE (please tick) Mr Mrs Miss Ms Other

Surname:	First name(s)
Known as:	
Current address:	
Postcode:	Email:
Home telephone number:	Mobile telephone number:

2. WORKING IN THE UK

Are you eligible to work in the UK/EEA? Yes No

Do you need a work permit or sponsorship certificate to work in the UK? Yes No

If yes, please clarify your status

Do you require leave to remain? Yes No

National Insurance Number

3. CURRENT EMPLOYMENT

Employer's Name	
Address:	Postcode :
Position Held:	Telephone Number:
Date From:	Leaving Date or notice required:
Please describe briefly the main duties of this post:	

4. PREVIOUS EMPLOYMENT

continue on separate sheet if necessary

Starting with your most recent job, paid and/or unpaid, please list previous employment providing all of the details requested. It is important that you include periods of unemployment, detailing which office you may have received benefits from, and if you have been self-employed you will need to provide proof.

Name of employer/organisation and full address	Job Title	From Month/Year	To Month/Year

5. REFEREES

If you are successful we will obtain references which may cover a full five year history, they could include time spent in education. Your first referee must be your current or last employer (if you have one). If you are a school/college leaver give the details of your Head teacher or Tutor. Relatives will not be accepted as a referee.

Questions will be asked in relation to ability and performance. In relation to work with children we will also be seeking information about any past disciplinary issues and/or allegations relating to children and/or child protection which you may have been subject to. If you have any concerns about this please contact the Recruiting Officer.

Please note that in accordance with requirements under the safer recruitment guidelines if you are applying for a position working with children and/or vulnerable adults and are shortlisted, references will be automatically requested so as to be available to the panel at interview stage.

FIRST REFEREE

Name:	Position in organisation:
Business address:	Telephone number:
Relationship to applicant:	Email address:

SECOND REFEREE

Name:	Position in organisation:
Business address:	Telephone number:
Relationship to applicant:	Email address:

6. EDUCATION

Please state the name(s) of the Secondary School, Colleges and University attended.

Name of Secondary School:	
Date from :	Date to:
Qualifications and grades obtained:	

Name of College/University/other:	
Date from :	Date to:
Qualifications and training with grades obtained (if applicable)::	

7. PROFESSIONAL QUALIFICATIONS/REGISTRATIONS (EG GSCC, DFES)

Please provide details of any professional qualifications and membership of professional institutes that you hold.

Name of qualification and professional body:	
Membership grade and number:	Date obtained:

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Name of qualification and professional body:	
Membership grade and number:	Date obtained:

8. TRAINING

Please give details of any training that you have received, which supports your application. Include any on the job training as well as formal courses.

Name of course:	
Date from:	Date to:
Name of College/University/other:	

Name of course:	
Date from:	Date to:
Name of College/University/other:	

Name of course:	
Date from:	Date to:
Name of College/University/other:	

9. SUPPORTING STATEMENT

continue on separate sheet if necessary

Please use this space to tell us how you meet each of the points on the Job Description. We need to have this information in order to consider your application.

10. ADDITIONAL

We can check your prior qualifications through a government website. If you are happy for us to do that please check the box. Yes No

Have you ever been enrolled on, or completed an apprenticeship? Yes No

If Yes, please give the following details:

Name of Apprenticeship:	Date on Apprenticeship From to
Name of Apprenticeship Provider:	
Title of qualification:	Qualification passed? Yes No

If you are currently employed in the role for which you are studying, how long have you been in post?	
Are you currently studying through a college or another Training Provider? (Anything other than an apprenticeship) Yes No	If Yes, please give full details of course, qualification and name of College/Training Provider Name of course: Qualification: College/Training Provider:

Do you hold any other prior qualifications that relate to the apprenticeship you are applying for? Yes No	If yes, please give details below; (if you are not sure if it is related, please list it and we can check this for you.)
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This information can help us determine if any of your prior learning can count towards your apprenticeship and therefore reduce the time that you need to complete your qualification.

1. DECLARATION

Rehabilitation of Offenders Act 1974

If the job that you are applying for involves working with or has access to children or vulnerable adults or their records, we will require an enhanced Disclosure from the Disclosure & Barring Service (DBS) and need to have information from you regarding any previous, existing or pending convictions or cautions.

If you are applying for such a job, you are not entitled to withhold information even if you have convictions, which would normally be considered as 'spent'. Please answer Q1 and Q2 only.

- 1. Have you ever been cautioned or convicted of a criminal offence? Yes No
- 2. Have you ever been disqualified from working with children or vulnerable adults? Yes No
- 3. Have you ever been the subject of allegations of any kind relating to Children or Vulnerable Adults or their records whether founded or otherwise? Yes No

If you fail to disclose any criminal convictions or cautions, including those 'spent', it could result in withdrawal of the job offer, dismissal or disciplinary action by the Authority. You may be asked to provide details to the panel if selected for interview. Possession of a conviction or caution will not necessarily mean that you won't be appointed, each case is considered on its merits.

Are you related to, or have a close personal relationship with, any Greenwich Council School Governor, Councillor, or employee? Yes No

If YES, please state their name and the position they hold.

Name:	Position held:
Name:	Position held:

Canvassing of employees or councillors directly or indirectly will disqualify candidates from appointment.

Data Protection

The Council intends to fulfil all its obligations under the Data Protection Act 1998 (the Act). The Council will ensure that all processing of data falling within the scope of the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by the Council can be assured the information will be maintained in confidence and treated with all due care. The Council tries to keep information held about you accurate and up-to-date. However if you find any inaccuracies you have the right to have them corrected.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided in your application within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

The information you supply is used by the Learning Records Service (LRS). The LRS issues Unique Learner Numbers (ULN) and creates Personal Learning records across England, Wales and Northern Ireland, and is operated by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE). For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notice>

Political Restrictions

Some posts are also subject to political restrictions under the provisions of the Local Government and Housing Act 1989. If the post is subject to these conditions, further details will be made available to you.

Declaration

I will declare if appointed, my intention to continue to work for any other employer or on a self employed basis (under the Working Time Directive). I understand that providing misleading or false information/qualifications will disqualify me from appointment or if appointed, may lead to disciplinary action and dismissal.

I authorise Greenwich Council to check this information supplied.

SIGNED:	DATE:
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12. EQUAL OPPORTUNITIES MONITORING INFORMATION

The Council wishes to ensure there is a genuine equality of opportunity in employment. It is collecting the following information to monitor the success of its equality initiatives. **This information will be held by Human Resources and not seen by the appointment panel.**

Position applied for:	
Last name:	Initials:
Date of Birth (dd/mm/yyyy): (You will need to produce proof if appointed.)	Where did you see the post advertised?
Gender:	
a. I would describe myself as having a disability? Yes No	
The Equality Act considers a person disabled if: You have a longstanding physical or mental condition or disability that has lasted 12 months or is likely to last 12 months or more and this condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.	
b. I would describe my Sexual Orientation as:	
Bi-sexual Gay Man Lesbian Heterosexual Prefer not to say	
c. I would describe my Religion as:	
Christian Muslim Hindu Buddhist Jewish Sikh	
Prefer not to say None Other, please specify	

d. I would describe my ethnic origin as:				
White	British	Irish		
	Any other White background (please specify):			
Mixed	White & Black Caribbean	White & Black African	White & Asian	
	Any other Mixed background (please specify):			
Asian or Asian British	Indian	Pakistani	Bangladeshi	Chinese
	Any other Asian background (please specify):			
Black or Black British	Caribbean	African		
	Any other Black background (please specify):			
Other ethnic group	Any other ethnic group (please specify):			