**Application form for Clerking Service Clerk**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please:** Complete this form in **black ink** or type script to facilitate photocopying. Return your application to [clerking@octavopartnership.org](mailto:clerking@octavopartnership.org) or via post to **Octavo Governance, Octavo Partnership, 4th Floor, Croydon Clocktower, Katharine Street, Croydon, CR9 1ET** | | | |
|  |  | |  |
| 1. **PERSONAL DETAILS** |  | |  |
| Mrs, Miss, Ms, Mr, Other | |  | |
| First Name(s) | |  | |
| Surname | |  | |
| All other names used | |  | |
| Home Address (including Postcode) | |  | |
| Telephone Number | |  | |
| Email Address | |  | |

**2. SCHOOL CLERKING EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please give details in chronological order schools or other organisations where you have undertaken school clerking practice. | | | | |
| Name and Full Address of Employer. | Date | | Position held, types of school clerked for e.g. academy, maintained, free etc. and main duties – giving Grade and salary if known | Reason for Leaving |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. DETAILS OF ALL PREVIOUS EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please enter details of **all** your work experience including periods of non-employment, unpaid voluntary work and study, starting with your most recent first, highlighting any experience / activities which you consider relevant to the Clerking Service e.g. personal assistant roles, secretarial roles etc. Please add lines or continue on a separate piece of paper as necessary. | | | | |
| Name and Full Address of Employer. | Position held and main duties – giving Grade and salary if known | Dates | | Reason for Leaving |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**4. OTHER DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you eligible to work in the UK? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| |  |  | | --- | --- | | National Insurance Number |  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Are you related to a Croydon / Bromley School Governor, to any staff or Board Member in Octavo Partnership? | Yes |  | No |  |   **A candidate who fails to disclose such a relationship shall be disqualified from the clerking service. Any canvassing will disqualify candidates.** |

**5. DISABILITIES**

|  |  |
| --- | --- |
| Do you need any special arrangements to be made during the selection process on account of a disability? | Yes  No |
| If "yes", please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and assessment test and thus meet our obligations under the Equality Act 2010: | |

**6. EDUCATION AND QUALIFICATIONS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please give details in chronological order of your education history and qualifications.** Please insert lines as necessary or continue on a separate piece of paper. | | | | | | | | |
| School/Place of Study (University, College, etc.) and address | Dates | | Qualification e.g. GCSE, A level, degree etc. | | | Subject | | Grade |
| From | To |
|  |  |  |  | | |  | |  |
|  |  |  |  | | |  | |  |
|  |  |  |  | | |  | |  |
| **Please give details in chronological order of other relevant qualifications.** Please insert lines as necessary or continue on a separate piece of paper. | | | | | | | | |
| Place of Study  (University, College, etc.) | Dates | | | Qualification | Title | | Grade | |
| From | To | |
|  |  |  | |  |  | |  | |
|  |  |  | |  |  | |  | |
|  |  |  | |  |  | |  | |

**7. LEISURE ACTIVITIES AND SPECIAL INTERESTS**

|  |
| --- |
| Please give details of any recreational and any other special interest that you do e.g. sports coach, scout leader, swimming instructor. |
|  |

**8. SUPPORTING STATEMENT**

|  |
| --- |
| Using the role profile and person specification please write a supporting statement about yourself and the skills and experience you have. See Information for Applicants for guidance on writing your supporting statement. |
| *(This space will automatically increase when you input your text)* |

**9. REFERENCES**

|  |  |
| --- | --- |
| Please give the name and address of two referees. One must be your current or most recent employer. | |
| **First Referee** Full Name: |  |
| Address: |  |
| Daytime Tel: |  |
| Email: |  |
| Capacity in which known to you |  |
| **Second Referee** Full Name: |  |
| Address: |  |
| Daytime Tel: |  |
| Email: |  |
| Capacity in which known to you |  |

**TO BE COMPLETED BY ALL APPLICANTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any criminal convictions | Yes |  | No |  |

**CHECK ON CONVICTIONS OR CAUTIONS**

|  |
| --- |
| Please give details (in the space below) of any conviction, warning, reprimand, caution or other order including “spent convictions”, that you may have which are not excluded by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. (date, conviction, sentence etc.) The disclosure of a criminal record may not necessarily prevent you from joining the clerking service. The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered ‘spent’ under the terms of the Act. |
| **Please give details of ALL convictions, cautions, reprimands or warnings (whether spent or not)**    I understand that if I am successful at interview for the Clerking Service, I may be subject to an enhanced check being made with the Disclosure and Barring Service for any record of convictions or cautions against me. If I am appointed to the post I understand that any major omission or inaccurate information relevant to my application could lead to the withdrawal of an offer of employment or even dismissal.    Please type or sign your name in the above space.  Typing your name here will be considered your agreement to the above statement is your application form is submitted electronical. If your application form is sent in the post, please sign. If this is not completed, your application may be withdrawn. |

|  |
| --- |
|  |
| **I CONFIRM THAT THE INFORMATION GIVEN ABOVE IS CORRECT.**  I consent to the use of this information during the Clerking Service process. I declare that, to the best of my knowledge, the information provided on this form and any additional documentation sheets are true, accurate and complete. I understand that the withholding of any relevant information or any false declarations may lead to the withdrawal of an interview and if I am appointed to the post I understand that any major omission or inaccurate information relevant to my application could lead to the withdrawal of an offer of employment or even dismissal.  **Name :**  **Please return the completed form to:**  Octavo Partnership, 4th Floor Croydon Clocktower, Katharine Street, Croydon, CR9 1ET  Email: [clerking@octavopartnership.org](mailto:clerking@octavopartnership.org) |

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This form will be separated from the main application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way. | | | | |
| Post Applied For: |  | | | |
| Ref No: |  | | | |
| Surname or Family Name: |  | | | |
| Former Name(s): |  | | | |
| Other names: |  | | | |
| What is your gender?  Please tick appropriate box | Male  Female  Prefer not to say | | | |
| Which of the following best describes your Ethnic origin?  Please tick appropriate box | Arab  Other Asian Background  Bangladeshi  Other Black Background  Black African  Other Mixed Background  Black Caribbean  Pakistani  Chinese  White British | | Indian  White Gypsy or Traveller  Mixed - White Asian  White Irish  Mixed – Black African  White Other  Mixed – Black Caribbean  Prefer not to say  Other, please provide details: | |
| Do you consider yourself to have a disability? | Yes  No  Prefer not to say | | | |
| If “YES” select the option that best describes the nature of your disability? | Chronic ongoing medical condition  Developmental Impairments  Fluctuating or Recurring Impairment  Mental Impairment  Physical Impairment  Progressive condition  Sensory Impairment  Prefer not to say  Other, please provide details: | | | |
| If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties? |  | | | |
| What is your age range? | Under 20  21 - 25  26 - 30  31 - 35 | 36 – 40  41 - 45  46 - 50  51 – 55 | | 56 - 60  61 - 65  65 – 70  70 and over  Prefer not to say |
| What is your religion or belief? | Buddhist  No religion  Christian  Hindu  Sikh  Jewish  Muslim  Prefer not to say  Other, please provide details: | | | |
| What is your sexual orientation? | Bisexual  Heterosexual/straight  Gay Man  Gay Woman/Lesbian  Prefer not to say | | | |
| Are you married or in a registered civil partnership? | Yes  No  Prefer not to say | | | |
| Are you currently pregnant or on maternity leave from your current employer? | Yes  No  Prefer not to say | | | |
| Where did you see this post advertised? |  | | | |
| FOR OFFICIAL USE ONLY | | | | |

**www.croydonlwb.org**