

Blackburn College values diversity and is committed to creating a diverse workforce

Please refer to the Guidance Notes prior to completing your application (available to download from the Internet).
Alternatively contact the Human Resources Team on 01254 292579.

THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION BEFORE SHORTLISTING.

POST DETAILS

Job Title

Job Reference Number

PERSONAL DETAILS

Surname:

First Name(s): Title:

Home Address:

Postcode:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

Email Address:

What is your preferred method of communication:

National Insurance Number:

DfES Ref No. (If Applicable):

DISABILITY

Do you consider yourself to have a disability? Yes (If yes do you require reasonable adjustments for interview) No
If yes please state

Disabled applicants who demonstrate that they meet the minimum essential criteria for the post are guaranteed an interview.

I understand that any false or misleading statement that subsequently comes to light may result in withdrawal of any offer of employment made or dismissal from employment and may be reported to the Police and DfES. I also understand that satisfactory references, pre-employment health clearance and a criminal record disclosure will be required should my application be successful at interview.

Applicant's Signature: Date:

REFERENCES

Please give the name, address and job title of two referees from different periods of employment who can comment on your work performance. One of these should be from your current or most recent place of employment or study. (If you have worked for more than one employer in the last 2 years you may be asked to supply further referees).

REFEREE 1 Current/Most Recent Employer		REFEREE 2 Previous Employer	
Name of Referee		Name of Referee	
Job Title		Job Title	
Address		Address	
Tel No		Tel No	
Work Email Address		Work Email Address	
HR to contact applicant before approaching referee? Yes <input type="checkbox"/> No <input type="checkbox"/>		HR to contact applicant before approaching referee? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OTHER INFORMATION

Do you hold a current full UK driving licence? Yes No

Do you have your own transport which is available for work? Yes No

Do you have any family or other close relationship to any existing employee of the College or a member of the Corporation Board (including Governors)? Yes No

If yes please give full name and position within College and your relationship to them:

Are you currently or have you ever been disqualified from working with children, young persons or vulnerable adults by any regulatory body? (e.g.) General Teaching Council) Yes No

Criminal Convictions (Please read notes below carefully before answering this question)

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

If yes please enclose details on a separate sheet and place in a sealed envelope marked 'Confidential' for the attention on the HR Manager.

DECLARATION

Please note that the place of work to which you are applying means that this post is exempt from the Rehabilitation of Offenders' Act 1974. Therefore all applicants are asked to declare any convictions, cautions or reprimands warnings or bind-overs which you have incurred, (whether spent or unspent). If you are unsure what is meant by spent or unspent you should seek appropriate advice. If you have been convicted or cautioned you may still be eligible for appointment depending on the nature of the circumstances of the offence. However failure to disclose relevant details could count against you. The College will seek confirmation of criminal history from the Criminal Records Bureau, before confirming the appointment of any person.

By signing the applicant declaration I confirm that the information that I have provided in support of the above Safeguarding and Criminal Conviction is true and understand that knowingly to make a false statement for this may be a criminal offence.

Applicant Declaration
(Please sign)

Date

If you require this document in an alternative format please contact our HR Department to discuss your requirements: Tel: 01254 292579

Employment History

CURRENT OR LATEST EMPLOYMENT

Employer's Name and Address (Including Postcode)

Nature of Business

Position Held

Date Appointed

Date Left (if applicable)

Period of Notice Required

Current Grade and Salary

Main Duties and Responsibilities

PREVIOUS EMPLOYMENT

Please list in chronological order, starting with the most recent and include any gaps in employment.

Employer Name and Address	From	To	Job Title	Reason For Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use continuation sheets if necessary

SCHOOL, FURTHER AND HIGHER EDUCATION

Please state all the qualifications you are currently taking or have already completed, including the level (i.e. GCSE, Higher, Intermediate or Foundation) and predicted/actual grade (if known).

Name of Establishment (Please include full address)	From	To	Course/Qualification	Grade

TRAINING HISTORY

Name of Establishment (Please include full address)	From	To	Course/Qualification

PROFESSIONAL MEMBERSHIP

Name of Professional Body	Level of Membership	Method of Entry (e.g. Exam)	Date Membership Attained	Membership Number	Expiry Date

ADDITIONAL INFORMATION

The Information you give here will be used to assess your application against "The Person" profile. Please specify how you meet each of the essential criteria and where appropriate the desirable criteria by providing clear examples of your skills and experience. Please refer to the application guidelines to ensure your application is effective. Please note CVs are not accepted, if you attach a CV your application form will not be considered. Please continue overleaf if necessary.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide details about their application.

EQUAL OPPORTUNITIES MONITORING INFORMATION

Blackburn College is committed to providing equal access to our jobs for all, which is why we want to monitor our recruitment procedures to ensure this is adhered to. The information you provide will only be used for monitoring purposes.

Job Title: Job Reference Number:
Family Name/Surname: Forename(s):

RECRUITMENT

Where did you hear about this post?

- Friend or relative Job Centre Plus Blackburn College website Lancashire Telegraph
 Online Website Specialist Publication (e.g. TES Please state)
 CXL CVS

MARITAL STATUS

- Married Single Civil Partnership Prefer not to say

GENDER

Is your gender identity the same as the gender you were originally assigned at birth?

- Yes No

What is your Gender? Male Female

AGE

Date of Birth

Age at last Birthday

- 16-25 26-35 36-45
 46-55 56-65 Over 65

SEXUAL ORIENTATION

- Heterosexual (Attracted to opposite sex) Bisexual (Attracted to both sexes)
 Gay (Attracted to same sex – male) Lesbian (Attracted to same sex – female)
 Prefer not to say

ETHNICITY

- | | | | |
|--|----|---|----|
| <input type="checkbox"/> Asian or Asian British: Bangladeshi | 11 | <input type="checkbox"/> Mixed: White and Black African | 20 |
| <input type="checkbox"/> Asian or Asian British: Indian | 12 | <input type="checkbox"/> Mixed: White and Black Caribbean | 21 |
| <input type="checkbox"/> Asian or Asian British: Pakistani | 13 | <input type="checkbox"/> Mixed: Other | 22 |
| <input type="checkbox"/> Asian or Asian British: Other | 14 | <input type="checkbox"/> White: British | 23 |
| <input type="checkbox"/> Black or Black British: African | 15 | <input type="checkbox"/> White: Irish | 24 |
| <input type="checkbox"/> Black or Black British: Caribbean | 16 | <input type="checkbox"/> White: Other | 25 |
| <input type="checkbox"/> Black or Black British: Other | 17 | <input type="checkbox"/> Other Ethnic Group | 98 |
| <input type="checkbox"/> Chinese | 18 | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Mixed: White and Asian | 19 | | |

RELIGION & BELIEF

- | | | |
|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Islam | <input type="checkbox"/> Other – Please state <input type="text"/> |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Judaism | <input type="checkbox"/> No Religious Affiliation |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Sikhism | <input type="checkbox"/> Prefer not to say |

DISABILITY

Do you consider yourself to have a disability?

If yes, please indicate the nature of your disability:

Yes No

- Blind / Visual impairment
- Deaf / Hearing difficulties
- Developmental disability (e.g. ADHD, Autism, Dyslexia)
- Mental health condition (e.g. Alzheimer's, Bipolar, Schizophrenia)
- Mobility impairment (e.g. Arthritis, Multiple Sclerosis, Parkinson's)
- Chronic Illness (e.g. Asthma, Cancer, Diabetes, HIV)
- Other
Please give details

THANK YOU FOR COMPLETING THIS APPLICATION FORM