

Dear Applicant,

Thank you for your interest in applying for this position. Please email your completed application form to:

Rebecca Harrison
Rebecca.harrison@surreycc.gov.uk

Once you have submitted your application it will be reviewed against the job profile and your suitability for the role will be considered. You will be contacted within two weeks of the closing date if we wish to progress your application further.

Surrey County Council is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. Please be aware that a Disclosure & Barring Service Enhanced check will be required for any position with access to these individuals or sensitive information.

Please ensure you provide an e-mail address on the application form that we can use to contact you if you have one.

Thank you for taking the time to complete your application. For more information about Surrey County Council, including other vacancies, visit our website at www.surreycc.gov.uk/jobs. If you need to contact the Surrey County Council Recruitment Team please call us on 0208 541 9000 quoting the job reference you are applying for (for type talk please prefix the number with 18001).

Yours faithfully,

The Recruitment Team
Surrey County Council
0208 541 9000

APPLICATION FORM



1. POSITION DETAILS <i>(SEE ADVERT FOR THESE DETAILS)</i>			
Job Title:	School Crossing Patrol		
Job Reference No.			
Closing Date			
2. PERSONAL DETAILS			
Title			
First Name			
Last Name			
Address			
			Post Code
E-mail Address	<i>(Please ensure you include an e-mail address that we may use to contact you)</i>		
Contact Number 1			
Contact Number 2			
Please provide your UK National Insurance No. i.e. format (LLNNNNNNL)			
Do you hold a full valid driving licence that currently allows you to drive in the UK?			
If you do hold a full valid driving licence that is not British please specify from which country it is from.			
Do you have the use of a vehicle?			
Are you currently employed by Surrey County Council?			
If 'Yes':	What is your Personnel Number?		
	Do you have Redeployment Status?		
	What type of Redeployment Status do you have?		
Have you worked for Surrey County Council in the past?			
If 'Yes'	Please give the dates you were employed		
For Education Posts only:			
DfEE No.		Date of recognition as qualified teacher	
For Social Care Posts only::			
Are you registered with the Health and Care Professions Council (HCPC)?			
Registration Date		Registration No.	

3. ASYLUM AND IMMIGRATION ACT 1996	
Are you eligible to work in the U.K.?	
Do you have any restrictions on taking up employment in the U.K.? If Yes, please supply details:	

4.
<p>In order to help us short-list for this position please provide details of how you meet the criteria outlined in the Job Profile.</p> <p>Please make reference to your career history, skills and experience in support.</p> <p>Please note a chronological career history will be requested in the next section.</p> <p><i>If you require further sheets kindly complete and title and add to the end of the form</i></p>

5. PRESENT OR MOST RECENT EMPLOYMENT

Please provide details of your current or most recent employer.

If this is going to be your first job after school or college, you may like to give details of any holiday, weekend, evening jobs or work placements you have undertaken.

Position Title			
Employer's Name and Address			
Start Date		Is this your Current Employer?	
End Date		Notice Period Required	
Reason for Leaving			

Please give a brief description of your current / most recent main job duties

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6.

PREVIOUS EMPLOYMENT

You must provide a full career history in this section and any gaps in employment must be explained. Please give details of all previous employment, full and part-time, including dates and any voluntary work undertaken.

Please provide in order, starting with the most recent first.

Please include names of employers, job titles, main duties and reason for leaving.

Start Date	End Date	Employers' Name and Address	Job Title	Main Duties

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7. JOB RELATED / PROFESSIONAL TRAINING

Please list all the job-related training you have undertaken.

Please include vocational courses as well as any other professional training or development you have undertaken.

8. MEMBERSHIP OF PROFESSIONAL BODIES

Please provide details of any professional bodies that you are a member of.

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9. EDUCATION AND QUALIFICATIONS

Please provide details of all your formal qualifications including level and year obtained (e.g. NVQ, GCSE, O-Level, A-Levels, AS Levels, Higher, Degree etc).

You should include all exams passed through secondary education and above particularly those identified as essential to this role.

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10. REFERENCES

Please provide the contact details of referees to cover the last **three** years. We require a minimum of **two** referees, one of whom must be your present or most recent employer. If you have not been in employment before please give details of a referee from your most recent educational establishment.

If your two referees do not cover the last three years, please include additional referee contact details on a separate sheet.

Official organisation addresses and e-mail addresses must be given for referees. Where this is not possible investigations will be made by Surrey County Council to validate your employment history and relationship with the specified organisation and individual.

Name of Referee		Name of Referee	
Job Title of Referee		Job Title of Referee	
Relationship		Relationship	
Name of Organisation		Name of Organisation	
E-mail Addresses		E-mail Addresses	
Address		Address	
Post Code		Post Code	
Telephone Number		Telephone Number	
May we contact the above referee without further reference to yourself?		May we contact the above referee without further reference to yourself?	

Please note that if you state No, even though you have provided the details, your referees will not be contacted without receiving prior permission from yourself.

11.	REHABILITATION OF OFFENDERS ACT 1974 (exception) Order 1975
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Surrey County Council is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. Please be aware that a Disclosure and Barring Service (DBS) check will be required for any position with access to these individuals or sensitive information.

Under the Rehabilitation of Offenders Act 1974, some criminal convictions do not have to be disclosed after a period of time when they become spent. This does not apply to posts with access to children, young people or vulnerable adults and/or information regarding those groups.

For posts that require a DBS check: You **must** answer the following questions about current and **all** previous criminal convictions. Failure to disclose this information will lead to your application being rejected, or if you are appointed, to dismissal if it is subsequently learnt you have a criminal conviction.


For posts that do not require a DBS check: You do not need to include convictions, which are considered to be spent under the Rehabilitation of Offenders Act 1974, nor motoring convictions unless your driving licence has a current endorsement. Any information will be taken into consideration but will not automatically prevent your application from proceeding. If you are appointed, failing to disclose any unspent criminal conviction may lead to your dismissal.

Have you ever been cautioned, convicted of any criminal offence or have any current endorsements on your driving licence? If Yes, please give details and dates:	
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Have you been charged with any offence, which has not yet been brought to trial? If Yes, please give details and dates:	
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12.	GUARANTEED INTERVIEW SCHEME FOR APPLICANTS WITH DISABILITIES
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Surrey County Council is committed to the employment and career development of disabled people. To demonstrate our commitment, we use the Disability Symbol, which is awarded by the Employment Service. As a symbol user, we guarantee an interview to any disabled candidate whose application meets the essential criteria for the post.

	<p>What do we mean by disability? The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities.</p>
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I consider myself to have a disability as defined above. I understand that any false declaration of disability to obtain an interview will subsequently invalidate any contract of employment.	
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13.**SELECTION ARRANGEMENTS**

Should you require any special arrangements for interview or any other selection procedure, please let us know, i.e. mobility access, use of signer/interpreter, access to disability parking, etc.

I confirm that the information I have provided above is true and correct and that the information may be used for registered purposes under the Data Protection Act 1998. I accept that if any of the enclosed information is found to be untrue after my appointment, I may be liable for dismissal without notice.

The information that you provide on this form and that was obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your pay slip. We may also use the information if there is a complaint or legal challenge relevant to the recruitment process.

We may check information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds or in other ways as permitted by law

By signing the application form we will be assuming that you agree to the processing of sensitive personal data (as described above) in accordance with our registration with the Information Commissioner.

*(If you choose to submit your application form by electronic mail,
then you can sign your form at interview)*

Signature

Date

MEDIA

Please help us with our recruitment marketing. How did you find out about this position?

	Directly on the Surrey County Council Website	
	Search Engine	
	Specific Jobs Website	
	National Newspaper	
	Local Newspaper	
	Journal or Professional Publication	
	Word of Mouth	
	Other	Please specify

CONFIDENTIAL – EQUALITIES MONITORING FORM

We want to recruit the best people in our organisation. Surrey County Council is committed to equal opportunities and we want to ensure that people from diverse communities have fair and equitable access to jobs or opportunities. To help us to do this we would like to collect information from all job applicants, so that we can monitor and eliminate any discrimination (against the Equality Act 2010) and recruit purely on merit, against the essential criteria. To help us to achieve this, please complete the questions on diversity. Any information you give us is held securely and will only be used for the purposes of anonymous equality monitoring of our recruitment process and workforce. Your personal diversity data will not be used nor seen by the employing manager during or after the selection process and is held confidentially on a secure database, in line with the Data Protection Act 1998.

Job Title and Post Reference:		
1. Gender: Please tell us your gender?		
2. Religion/Faith Group: Please tell us your religion or belief.		
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim	
<input type="checkbox"/> Christian – all denominations	<input type="checkbox"/> Sikh	
<input type="checkbox"/> Hindu	<input type="checkbox"/> No religious / faith group	
<input type="checkbox"/> Jewish	<input type="checkbox"/> Any other religion / faith	
. Ethnic Origin: What is your ethnic group?		Please tick one
Asian or Asian British	Bangladeshi	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Mixed	White and Asian	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Black Caribbean	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
White	English/Northern Irish/Scottish/Welsh	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy, Roma or Irish traveller	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Other Ethnic Group	Arab	<input type="checkbox"/>
	Any Other	<input type="checkbox"/>
4. Disability Indicator:		

The definition of disability under the Equality Act 2010 is: "A physical or mental impairment which has a 'substantial' and 'long term' negative effect on a person's ability to do normal daily activities"

Yes/No	If you selected "Yes", please tell us more about your disability (tick all that apply)
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- Physical impairment such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.
- Mental Health condition, such as depression or bi-polar
- Learning disability, such as Down's Syndrome or cognitive impairment such as autism
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Other

5. National Identity: What do you consider your national identity to be? (Tick all that apply)

- | | | | |
|-----------------------------------|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> English | <input type="checkbox"/> Irish | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Welsh | <input type="checkbox"/> Other | |

6. Transgender:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I would rather not answer |
|------------------------------|-----------------------------|--|

7. Sexual Orientation:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian Woman | <input type="checkbox"/> I would rather not answer |
| <input type="checkbox"/> Gay Man | <input type="checkbox"/> Bi-sexual | |

8. Marital Status: Please tell us your marital or civil partnership status

- | | |
|---|--|
| <input type="checkbox"/> Never married and never registered as a same sex civil partnership | <input type="checkbox"/> In a registered same sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated but still legally in a same sex civil partnership |
| <input type="checkbox"/> Separated but still legally married | <input type="checkbox"/> Formerly in a same sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same sex civil partnership |
| <input type="checkbox"/> Widowed | |

Thank you for taking the time to complete this questionnaire.