# Sutton College ColourApplication for

# Employment as

# a Model

The information on this form will form part of your contract of employment if you are successful and is collected under the lawful basis of public task and processing contracts and will be used for recruitment and other HR, line management or statutory procedures. For further information on data privacy at the College you can refer to our data protection policy at <https://www.suttoncollege.ac.uk/college/missions-policies/>.

We reserve the right to contact other relevant organisations to check factual information you have given in this application. **The information will be stored manually or electronically and will be disposed of after six months if your application is unsuccessful.**

***Please TYPE or complete by hand in BLACK ink & in BLOCK capitals and return to jobs@suttoncollege.ac.uk***

*To mark tick boxes, please “double-click” on them then select “Checked”*

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| --- |
| **1. POSITION APPLIED FOR** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Ref No** |  |

**Time(s) available:**

**Mon AM [ ]  Mon PM [ ]  Tue AM [ ]  Tue PM [ ]  Wed AM [ ]**

**Wed PM [ ]  Thu AM [ ]  Thu PM [ ]  Fri AM [ ]  Fri PM [ ]**

**Sat AM [ ]  Sat PM [ ]  Sun [ ]  OTHER: ...................................................**

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| **2. PERSONAL INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Last/Family Name** |  |
| **First Name(s)** |  |
| **Address** |  |
|  | **Post Code** |  |
| **E-Mail address** |  |
| **Daytime Number** |  | **Mobile Number** |  |
| **Have you ever been known by any other name(s)?** Please detail |  |

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| **3. PROFESSIONAL MEMBERSHIP** |

**ARE YOU A MEMBER OF THE RAM? YES [ ]**

**NO [ ]**

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| **4. STATEMENT OF SUITABILITY** *Please continue on a separate sheet if necessary* |

***IMPORTANT******PLEASE READ***

*Please ensure you describe how you meet each item on the person specification providing examples of your experience ensuring you detail outcomes and the impacts you made (if you provide examples in which you led or were part of a team you should make your personal contribution to the outcome as clear as possible).*

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| *PLEASE GIVE DETAILS OF ANY QUALIFICATIONS, BACKGROUND OR ANY OTHER INFORMATION YOU THINK IS RELEVANT TO YOUR APPLICATION* |
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*If Sutton College is able to match you to a suitable role, references and a criminal records check will be required and, depending on the nature of the role, you may be required to undergo a health check.*

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| **5. CURRENT / LAST EMPLOYMENT** *Please include voluntary, paid & unpaid work* |

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| --- | --- |
| **Employer Name**  |  |
| **Employer Address** |  |
| **Post Title** |  |
| **Brief Description of Duties** |  |
| **Date From** |  | **Date To** |  |
| **Reason for Leaving** |  |
| **Notice Period (if applicable)** |  |

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| **6. PREVIOUS EMPLOYMENT** *Starting with the most recent*  |

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| --- | --- | --- | --- | --- |
| **Employer Name & Address** | **Post Title** | **Date From** | **Date** **To** | **Reason for Leaving** |
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| **7. REFEREES** |

Sutton College has an obligation to ensure that candidates’ backgrounds are thoroughly checked before an appointment is made. **We require a reference from your current or last employer before we can confirm your appointment and reserve the right to request references to cover the past five years of your working history.** Please do not give family members or close friends as referees. PLEASE PROVIDE AN EMAIL ADDRESS FOR EACH REFEREE. **Where your current employer has known you for less than one year please provide a third referee on a separate sheet.**

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| --- | --- |
| **REFEREE 1** | **REFEREE 2** |
| **Name** **(including title)** |  | **Name** **(including title)** |  |
| **Job Title or Occupation** |  | **Job Title or Occupation** |  |
| **Relationship to you** |  | **Relationship to you** |  |
| **Dates covered** |  | **Dates covered** |  |
| **Email Address** |  | **Email Address** |  |

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| **8. DECLARATION** |

**Are you eligible to work in the UK?** YES [ ]  NO [ ]

**Do you require a work permit to work in the UK?** YES [ ]  NO [ ]

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| Any appointment is subject to completion of a DBS Enhanced Disclosure (Police check). The role for which you are applying involves substantial opportunity for access to children and/or vulnerable adults. **It is therefore exempt from the Rehabilitation of Offenders Act 1974**. You will be asked at interview if you have any criminal convictions/cautions/actions pending even if they would otherwise be regarded as “spent” and you will be given an opportunity to discuss the matter at this stage. **The disclosure of a criminal record, or other information, will not debar you from employment unless Sutton College considers that it makes you unsuitable for the appointment**. In making this decision Sutton College will consider various factors which may be relevant. The outcome of this decision will be discussed with you by senior management as appropriate. |

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| **Signed** |  | **Date** |  |

**Please tick here if you are attaching any additional sheets to your application [ ]**

*(not including the Equal Opportunities Monitoring Form)*

**Please return this form AND the Equal Opportunities Monitoring Form to the DIS Department**

# Equal Opportunities Monitoring

Sutton Council and the College are also committed to ensuring equal access to employment and details from this form will allow us to identify any groups that are under-represented in our workforce. **The information you give us here will only be used for the purposes of HR Management & is separated from your application form upon receipt. By completing this form you will help us better understand how we, as an employer, ensure equality of opportunity for all.**

***Please TYPE or complete by hand in BLACK ink & in BLOCK capitals.***

*To mark tick boxes, please “double-click” on them then select “Checked”*

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| **ABOUT THE JOB YOU’RE APPLYING FOR** |
| **POSITION APPLIED FOR** |  | **REF NO.** |  |
| **WHERE DID YOU SEE THE ADVERTISEMENT?** |  |

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| **ABOUT YOU** *To mark tick boxes, please “double-click” on them then select “Checked”* |

**GENDER**

Male **[ ]**  Female **[ ]**  Transgender **[ ]**

Prefer not to say **[ ]**

**AGE (in years)**

16 - 24 **[ ]**  25 - 29 **[ ]** 30 - 34 **[ ]**

35 - 39 **[ ]** 40 - 44 **[ ]**  45 - 49 **[ ]**

50 - 54 **[ ]**  55 - 59 **[ ]**  60 - 64 **[ ]**

65 + **[ ]** Prefer not to say **[ ]**

**SEXUAL ORIENTATION**

Bisexual **[ ]**  Gay/Lesbian **[ ]**  Heterosexual **[ ]**

*Attracted to both sexes Attracted to the same sex Attracted to the opposite sex*

Other **[ ]**  Prefer not to say **[ ]**

**MARITAL STATUS**

Married / **[ ]**  Co-habiting **[ ]** Separated **[ ]**

In a Civil Partnership

Divorced / **[ ]** Widowed **[ ]**  Single **[ ]**

Dissolved Civil Partnership

Prefer not to say **[ ]**

**PREGNANCY AND MATERNITY** *Please check this box if this section is not applicable* **[ ]**

Are you currently pregnant? Yes **[ ]**  No **[ ]**  Prefer not to say **[ ]**

Are you currently on maternity leave? Yes **[ ]**  No **[ ]**  Prefer not to say **[ ]**

**RELIGIOUS BELIEFS**

Agnostic **[ ]** Atheist **[ ]** Buddhist **[ ]**

Christian **[ ]** Hindu **[ ]** Humanist **[ ]**

Jew **[ ]** Muslim **[ ]** No religion **[ ]**

Other **[ ]**  Sikh **[ ]** Prefer not to say **[ ]**

**ETHNIC GROUP**

***White Mixed or Multiple Ethnic Group***

British **[ ]** White and Black Caribbean **[ ]**

Irish **[ ]** White and Black African **[ ]**

Gypsy or Irish Traveller **[ ]** White and Asian **[ ]**

Any other White background **[ ]**  Any other mixed background **[ ]**

***Asian or Asian British Black or Black British***

Indian **[ ]** Caribbean **[ ]**

Pakistani **[ ]** African **[ ]**

Bangladeshi **[ ]** Any other Black background **[ ]**

Chinese **[ ]**

Any other Asian background **[ ]**

***Other Ethnic Groups***

Arab **[ ]** Other - **[ ]**

Prefer not to say **[ ]** Please specify: ………………………….

**DISABILITY**

*The Equality Act 2010, states that a person has a disability if* they have a physical or mental impairment and the impairment has a **substantial** and **long-term** adverse effect on their ability to perform normal day-to-day activities. Please refer to the Application Guidance Notes for the meanings of this definition.

**Do you consider yourself disabled?** Yes [ ]  No [ ]  Prefer not to say **[ ]**

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| If you have answered YES to the question above, please tell us of any arrangements, adjustments or adaptations which would help you to do this job? We will discuss any reasonable adjustments with you. |
|  |

**Thank you for completing this form.**

**Please return this AND the Application Form to the DIS Department**