

**Privacy Notice**

**Who is collecting your data?**

The School is a data controller for the purposes of the General Data Protection Regulation and domestic legislation. The personal data that you provide will be used in connection with your application for vacancies at the School only.

If we make an offer of employment, the School will provide a fully informed privacy notice to employees.

**Why are we collecting your data?**

* So we can process your application to the next stage
* Check and verify your identity
* Ensure your suitability for the position advertised including contacting references from your noted referees, provided you have confirmed their consent to be contacted for this purpose
* For research, analysis and statistical purposes
* Meet our statutory obligations under the Equality Act 2010.

**What is being collected?**

The information you provide us with in this form is provided with your fully **informed consent.** This includes:

* Name and contacts details (phone number, email, address)
* Previous work history and experience
* Referee contact details (ensure you have asked for their consent to use this)

We also process special category data such as:

* Religion
* Ethnicity
* Disability Issues
* Criminal Conviction Information

This information will not be shared outside of the School until an application is successful.

**Do we share your data?**

Information on this application form and notes made during the interview process are not shared with a third party if an offer of employment is not made.

**Your rights.**

You can see your rights in relation to the application by visiting <https://ico.org.uk/your-data-matters/>.

You may withdraw your consent for us to process your data at any point in the process prior to an acceptance of employment and we have 28 days to comply with the request.

**Retention**

Unsuccessful candidate’s application forms will be destroyed after 6 months.

Successful applicants will be provided with a fully informed employee privacy notice alongside their contract. The information provided on this form will be stored with the successful applicant’s personnel file. This is kept in line with the School’s record retention schedule. This can be found on the School website.

**Signature –** I certify that to the best of my knowledge, the information given on this form is correct and true. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information.   
I also understand that the information I have provided may be subject to checking. I have not canvassed an Elected Member/employee of the City Council, either directly or indirectly in connection with this application and I will not do so.

**By signing this notice, I explicitly consent for my personal information to be processed by the School in line with the recruitment process in relation to this application only. I understand I can withdraw my consent to use my personal information in this application at any point prior to accepting an employment offer.**

Signature: Date:

Please note: If you return this form by e-mail, your signature confirming the above will be requested if you are invited to attend an interview. If you are printing this form out and returning it by post, please sign in black ink before returning it.

** Please complete in black ink**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Application**  Job Reference Number:  Job Title: Lunchtime Supervisor  Closing Date: 21st August 2025  Please say if you wish to be considered for this position on a job share basis. All applications for job share will be considered on their merit and if operationally possible.  Yes  No | | | | | | | | **Return Address:**  [**sbm@longfordpark.coventry.sch.uk**](mailto:sbm@longfordpark.coventry.sch.uk) | | | | |
| **Personal Details – Please complete this section in capital letters**  Title:  Mr  Mrs  Miss  Ms  Last name:       First Name(s):  Address:    Post Code:  Daytime Telephone Number:       Evening Telephone Number:  Mobile Telephone Number:  E-mail Address:  Please indicate if you are happy to receive correspondence via your email address, e.g. invite to interview letter?  Yes  No  National Insurance Number:  Are you eligible to work in the UK? Yes  No Do you require a work permit?  Yes  No | | | | | | | | | | | | |
| Are you currently, or have you previously been, employed by Coventry City Council?  Yes  No  If yes, please provide dates from and to and reasons for leaving (if applicable):  Date from:       Date to:  Reason for leaving: | | | | | | | | | | | | |
| Please provide two referees, one of whom must be your current or most recent employer. Family members may not be used as referees. Any offer of appointment will be subject to references which are satisfactory for our purposes. | | | | | | | | | | | | |
| First Reference (Current or most recent employer)  Name:  Job title:  Organisation:  Address:    Postcode:  Telephone No:  E-mail Address:  Relationship to you: | | | | | | Second Reference  Name:  Job title:  Organisation:  Address:    Postcode:  Telephone No:  E-mail Address:  Relationship to you: | | | | | | |
| Do you wish to be consulted before this referee is approached?  Yes  No | | | | | | Do you wish to be consulted before this referee is approached?  Yes  No | | | | | | |
| Do you hold a current, valid, full diving licence?  Yes  No  If yes, please state type (e.g. PSV, HGV1): | | | | | | | | | | | | |
| Please state any dates you are unavailable for interview: | | | | | | | | | | | | |
| **Present or most recent employment**  Name:  Job Title:  Address:    Postcode:  Telephone number: | | | | | | Date from:  Date to (if applicable):  Salary and benefits:  Notice Required:  Reason for leaving (if applicable): | | | | | | |
| Please provide brief details of duties and responsibilities: | | | | | | | | | | | | |
| **Employment history**  **References may be sought from your previous employers. Please indicate if you wish to be consulted before they are approached:**  Yes  No | | | | | | | | | | | | |
| Date from: | Date to: | Name and address of employer: | | | Job Title: | | | | | Reason for Leaving: | | |
|  |  |  | | |  | | | | |  | | |
| **Relevant education and qualifications** | | | | | | | | | | | |
| **Relevant qualification:** | | | | **Result/grade:** | | | | | **Date obtained:** | | |
|  | | | |  | | | | |  | | |
| **Relevant training** | | | | | | | | | | | |
| **Date:** | | | | **Course title:** | | | | | **Organising body:** | | |
|  | | | |  | | | | |  | | |
| **Membership of relevant professional bodies:** | | | | | | | | | | | |
| **Name of professional body:** | | | **Type of membership:** | | | | **Date of membership:** | | | | **Membership number:** |
|  | | |  | | | |  | | | |  |
| **Relevant skills and experience**  Please demonstrate below how you meet the criteria on the person specification. You can include experience or knowledge you have gained through paid or unpaid work. Please ensure that your personal statement has been fully aligned to the requirements of the job, otherwise we will be unable to consider you for the post. This statement will be used to assess whether you will be invited to interview/assessment. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Working Time Directive** **-** Are you intending to hold additional jobs?  Yes  No  If yes, please state the number of hours you will be working in other jobs in this box  This information is required to ensure we comply with Working Time Regulations. | | | | | | | | | | | |
| Are you related to a Councillor, School Governor or employee of this organisation?  Yes  No  If yes, please provide details. Name:  Relationship to you:  If you fail to disclose such information, you may be disqualified from consideration or, if appointed, liable to dismissal without notice. Canvassing of Councillors, Governors or employees in relation to this application will disqualify any applicant. | | | | | | | | | | | |
| **Convictions/Disqualifications**  If you have a conviction, which is **not spent** under the terms of the Rehabilitation of Offenders Act 1974, you must indicate below. However, if you are applying for a post which requires a DBS check all convictions **remain unspent** and you must declare them.  I have convictions or disqualifications which are **unspent**:  Yes  No  If yes, please give details and dates of **any unspent\*** criminal convictions, disqualifications, cautions or driving offences:    **\*Please note unspent convictions will only be taken in to account if thought relevant to the job and would preclude you from being considered.**  **Disclosure and Barring Service checks (DBS)**  If you are applying for a post where a **DBS** check is requested you will be required to declare all convictions whether they are **spent** or **unspent**. **DBS checks are required where a post is in contact with children and vulnerable adults.** | | | | | | | | | | | |
| **Disability**  Do you consider yourself to have a disability within the terms of the Equality Act 2010?  Yes  No  This organisation has made a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements of the job as contained in the person specification.  Please specify any arrangements we can make to assist you if you are invited to attend for interview/assessment (e.g. wheelchair access, BSL interpreter or information in alternative format): | | | | | | | | | | | |
| **Declaration**  I confirm that the information contained in this application is, to the best of my knowledge, correct and understand that my application may be rejected or that I may be dismissed without notice for withholding, or giving false information. I also give my consent to the processing of data contained or referred to in this application in accordance with the Data Protection Act 2018 and subsequent legislation.  Signature:       Date:  Please note: If you return this form by e-mail, your signature confirming the above will be requested if you are invited to attend an interview. If you are printing this form out and returning it by post, please sign in black ink before returning it. | | | | | | | | | | | |

A blue background with white text

Description automatically generated**1) Equal Opportunities Monitoring Form Confidential**

Coventry City Council is committed to equal opportunities in employment and service delivery. To help us do this, **it is mandatory that all applicants complete this monitoring form. Failure to do so will result in your application being withdrawn from the recruitment process.**

**Data Protection Act 2018 -** The School is a data controller for the purposes of the General Data Protection Regulation and domestic legislation. The personal data that you provide will be used in connection with your application for vacancies at the School only.

The personal data that you provide will be used in connection with your application for vacancies at the School. Your information will be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and used to meet our statutory obligations under the Disability Discrimination Act 1995. Unsuccessful candidate’s application forms will be destroyed after 6 months. The Equal Opportunities Monitoring Form should be read in conjunction with the application form privacy notice.

**By signing this notice, I explicitly consent for my personal information to be processed by the School in line with the recruitment process in relation to this application only. I understand I can withdraw my consent to use my personal information in this application at any point prior to accepting an employment offer.**

Signature:       Date:

The information contained in the form is for **monitoring purposes only** and is **not** provided to the short listing panel.

**Tape Large Print E-mail Braille**

|  |  |  |
| --- | --- | --- |
| Job Ref: Job Title: Lunchtime Supervisor | | |
| **Gender**  Male Female Date of Birth      /     /      DD/MM/YYYY | | |
| **Ethnic Group (These groups are from the 2001 National Census)** | | |
| 1) Choose one section from a) to f)  2) Then select the box that best describes your cultural or ethnic background.  3) If you select the last box within any category, please detail your ethnicity in the space provided underneath. | **a) White**  British  Irish  Other  Please state | **b) Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background  Please state |
| **c) Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background  Please state | **d) Black or Black British**  Caribbean  African  Other  Please state | **e) Chinese or other ethnic group**  Chinese  Other  Please state |
| **f) Prefer not to state ethnicity**  Prefer not to state ethnicity | | |

|  |  |
| --- | --- |
| **Sexual orientation**  Heterosexual  Gay Man  Gay Woman / Lesbian  Bisexual  Prefer not to state  Is your gender identity the same as the gender you were assigned at birth?  Yes No Prefer not to state | **Religion/Belief**  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None  Other  Prefer not to state |
|  |  |

**Equal Opportunities Monitoring Form Confidential**

**2) Equality (Disability) Act 2010**

The Council is required by the government to record numbers of applicants protected by the Disability Discrimination Act 1995. This information is also important in monitoring the success of Council policies and initiatives that aim to attract more applications from people with disabilities.

* The Equality (Disability) Act 2010 protects people who:

- have an impairment

- are disabled

- have long-term health conditions

This is providing that this has a "substantial and long term\* adverse effect on a person's ability to carry out normal day-to-day activities".

Long term is defined as 12 months or longer (or, if the condition is a new one, the expectation that it will be 12 months or longer).

|  |  |
| --- | --- |
| **Disability Act 2010**  Do you think that you have a disability in accordance with the terms of the Equality Act 2010?  Yes No | |
| If yes, please indicate which category best describes your disability:  Hearing impairment  Visual impairment (not corrected by spectacles or contact lenses)  Physical impairment  Mental health  Learning difficulties  \*Other (please specify)  Prefer not to state | |
| **Media:** Where did you hear about this vacancy?  School / College / Careers Service  Job Centre  Casual Enquiry  Advertisement \*  \*Please specify where the advert was seen | Information from existing employee  Job Vacancy Circular  Website  Recruitment Event  Open Day |