

You make the difference...

Please complete in black ink

Job Application		Return Address:		
Job Reference Number:		Return to School		
Job Title: Closing Date: 3 rd October 2025		FAO: Mrs S Williams		
Please say if you wish to be considered for this position on a job sh for job share will be considered on their merit and if operationally p		School Business Manager Whoberley Hall Primary		
☐ Yes ☐ No		School		
		Overdale Road Coventry CV5 8AJ		
Personal Details – Please complete this section in capital letters				
Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms				
Last name: First	st Name(s):			
Address:				
Post Code:				
Daytime Telephone Number: Eve	ening 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				
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: Dat	e 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)	Second Reference			
Name:	Name:			
Job title:	Job title:			
Organisation:	Organisation:			
Address:	Address:			
Postcode:	Postcode:			
Telephone No:	Telephone No:			
E-mail Address:	E-mail Address:			
Relationship to you:	Relationship to you:			
Do you wish to be consulted before this referee is approached?	Do you wish to be consulted	before this referee is approached?		
☐ Yes ☐ No	☐ Yes ☐ N	lo		

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:			Date from:	Date from:		
Job Title:			Date to (if applicable):			
Address:			Salary and benefits:			
Address.			Notice Required:			
Postcode:			Reason for leaving (if app			
Telephone number:			Treaten is rearing (ii app			
		es and responsibilities:				
·		·				
Employment	history					
References may be sought from your previous employers. Please indicate if you wish to be consulted before they are approached:						
Data frame		Name and address of	Job Title:	December Legying		
Date from:	Date to:	Name and address of employer:	Job Title:	Reason for Leaving:		

Relevant education and qualifications					
Relevant qualification:		Result/grade:		Date	e obtained:
Relevant training					
Date:		Course title:		Org	anising body:
Membership of relevant professional bodies:					
Name of professional body:	Туј	pe of membership:	Date of membersh	ip:	Membership number:

Please demonstrate below how you meet the criteria on the person specification. You can include experience or knowledge you hav gained through paid or unpaid work. Please ensure that your personal statement has been fully aligned to the requirements of the journal of the work of the post. This statement will be used to assess whether you will be invited to interview/assessment.	ve ob,

Relevant skills and experience

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?
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 CRB check all convictions remain unspent and you must declare them.
I have convictions or disqualifications which are unspent :
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.
Criminal Records Bureau checks (CRB)
If you are applying for a post where a CRB check is requested you will be required to declare all convictions whether they are spent or unspent . CRB 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 Disability Discrimination Act 1995 (as amended)? 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 1998 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.
06/04/550b





You make the difference...

Please complete in black ink

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.

The information contained in the form is for monitoring purposes only and is not provided to the short listing panel. Large Print E-mail Braille **Tape** Job Ref: Job Title: Gender Male Date of Birth DD/MM/YYYY ☐ Female Ethnic Group (These groups are from the 2001 National Census) a) White b) Mixed 1) Choose one section from a) to f) ☐ British ☐ White and Black Caribbean 2) Then select the box that best describes your cultural or ethnic background. ☐ Irish ☐ White and Black African 3) If you select the last box within any Other ☐ White and Asian category, please detail your ethnicity in the space provided underneath. Please state Any other mixed background Please state c) Asian or Asian British d) Black or Black British e) Chinese or other ethnic group Indian ☐ Caribbean ☐ Chinese Pakistani ☐ African Other ☐ Bangladeshi ☐ Other Please state Any other Asian background Please state Please state f) Prefer not to state ethnicity ☐ Prefer not to state ethnicity Sexual orientation Religion/Belief ☐ Heterosexual ☐ Buddhist ☐ Gay Man ☐ Christian ☐ Hindu ☐ Gay Woman / Lesbian ☐ Bisexual ☐ Jewish ☐ Muslim ☐ Prefer not to state ☐ Sikh Is your gender identity the same as the gender you were ☐ None assigned at birth? ☐ Other ☐ Yes □No ☐ Prefer not to state ☐ Prefer not to state

Equal Opportunities Monitoring Form

Confidential

2) Disability Discrimination Act 1995

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 Disability Discrimination Act 1995 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).

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Disability Discrimination Act			
Do you think that you have a disability in accordance with the term	s of the Disability Discrimination Act 1995?		
☐ 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	☐ Information from existing employee		
☐ Job Centre	☐ Job Vacancy Circular		
☐ Casual Enquiry	☐ Website		
☐ Advertisement *	☐ Recruitment Event		
*Please specify where the advert was seen	☐ Open Day		
Data Protection Act 1998 - The personal data that you provide will be used in connection with your application for vacancies at the Council. Your information will not be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and it may also be used to meet our statutory obligations under the Disability Discrimination Act 1995. Unsuccessful candidate's application forms will be destroyed after 6 months. I agree to the processing of the information that I have provided.			
Signature:	Date:		
	06/04/550c		



...We're behind you all the way