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| **SHARED SERVICES CENTRE USE ONLY** | **APPOINTMENT OF A NON-TEACHING EMPLOYEE****(OTHER THAN RELIEF) – Part A** | **Derbyshire County Council logo in black.** |
| **SAP No.** |  | **Checked By** |  |
| **File Log** |  | **A&I Check** |  |
| **CRB Issued** |  | **Med Issued** |  |
| **CRB Clear/Port** |  | **Med Clear** |  |
| **NQT Notification** |  | **QTS** |  |
| **Contract** |  | **Section 1** |  |
| **For schools that have implemented Single Status** |
| **This section is to be completed by the School**  |
| ***The successful candidate must be informed that the offer of employment is subject to satisfactory pre-employment checks. Failure to complete all information may result in delay of payment.*** |

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| **School** |  | **School DfE no** |  |
| **Appointment Details** |
| **Title** | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  | **Dr** |  | **Other (specify)** |  |
| **Initial(s)** |  |  |  |  |  | **Forename(s)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Job Title** | **Please Tick one or Specify in appropriate box** |
| **JOB FAMILY** | **BPS** | School Business Assistant |  | School Business Officer |  | School Business Services Manager |  | School Resources Manager |  | Head of School Business & Resources |  |
| **STL** | Learning Support Assistant |  | Teaching & Learning Assistant |  | Specialist Teaching & Learning Assistant |  | Team Leader |  | Learning Mentor |  |
| **CAM** | Cleaner |  | Caretaker |  | Site Supervisor |  | Site Manager |  | Facilities manager |  |
| **CAT** | Catering Assistant |  | Cook |  | Catering Supervisor |  | Caterer |  |  |
| **SUS** | Midday supervisor |  | Senior Midday Supervisor |  |  |  |
| **Does this job purely relate to extended or ‘wraparound’ services** | **Yes / No** |
| **SCI** | Play Worker |  | School Nurse |  |

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| **Other (Specify)** | **Job Title** |  | **Job Family** |  |
| **Benchmark Reference** |  | **JE Points** |  |

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| **Name of previous post holder**  |  |

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| **Start date for this appointment** |  | **First date of appointment with this school** |  |
| **Date Med 1 issued by school** |  |  |
| Please note it is school’s responsibility to verify evidence of continuous service. Dates will be incorporated into the employee’s contract. |
| **Date first commenced continuous service with DCC (without a break in service)** |  | **Date first commenced continuous service in Local Government (without a break in service)** |  |
| **Currently employed by DCC** | **Yes / No** | **If Yes, please provide payroll number(s)** |  |
| **Has this employee obtained Qualified Teacher Status (QTS) in England & Wales?** | **Yes / No** |
| **Has this employee obtained Qualified Teacher Learning and Skills (QTLS) in England & Wales?** | **Yes / No** |
| **Has this employee obtained Early Years Teacher Status (EYTS) to teach in England & Wales?** | **Yes / No** |

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| **Established** |  | **Fixed Term\*** |  | **Fixed term end date\*** |  |
| \*If fixed term, enter the date or approximate date of termination & select one of the following reasons for temporary appointment |
| **Pending staffing review** |  | **Pending established appointment** |  | **Fluctuating pupil nos** |  |
| **Maternity/Sickness cover** |  | **name of employee covering** |  |
| **Additional funding** |  | **Detail funding** |  |
| **Other** |  | **Please state** |  |

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| --- | --- | --- | --- |
| **Hours per week** |  | **Weeks per year** |  |

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| --- | --- | --- | --- |
| **Grade** |  | **Pay Point** |  |

**Origin Information**

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| **To be completed only for Teaching Assistant or equivalent posts within Job Family STL*****Please tick one box only*** confirming what the employee was doing prior to taking up this post.  |
| **Origin** | ***Please tick*** |  | ***Please tick*** |
| 1st Employment in Teaching – not immediately after training | 1STAFT |  | 1st Employment in Teaching – Employment based teacher training | 1STEBR |  |
| 1st Employment in Teaching – Immediately after training | 1STIMM |  | Non-Education Employment – Other Employment | EMPOTH |  |
| Non-Education Employment – Public Sector | EMPPUB |  | Non-Education Employment – Self-Employment | EMPSLF |  |
| Break for family reasons | FAMBRK |  | Not Applicable – Change of Contract | NOTAPP |  |
| Not Known | NOTKNW |  | Other Break | OTHBRK |  |
| Other Education post in England or Wales | OTHEDU |  | Other | OTHERR |  |
| Other Education post outside the UK | OTHFOR |  | Other Education post in Scotland or Northern Ireland | OTHSNI |  |
| Teaching post within a 6th Form College in England or Wales | TCH6TH |  | Teaching post with a University, FE/HE college in England or Wales | TCHFHE |  |
| Teaching post outside the UK | TCHFOR |  | Teaching post within an independent school in England or Wales | TCHIND |  |
| Teaching post within the LA sector (school or central staff) | TCHLEA |  | Teaching post in Scotland or Northern Ireland | TCHSNI |  |
| Unemployed and seeking work | UNEMPL |  |  |

**Asylum & Immigration**

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| With effect from 29 February 2008 Sections 15-25 of the Immigration Asylum and Nationality Act came into force. By authorising this form, you are confirming that you have verified original documentation and retained copies within school in accordance with ‘The Immigration Asylum and Nationality Act 2006 - Guidelines for Schools’. |

**Job and Person Details**

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| When submitting this form, please provide a copy of the relevant person profile and job specification. Alternatively, if this position has been advertised through Derbyshire County Council’s Traded Services, then the job number may be provided instead using the box below. |
| **Job Reference Number (Please use the following format; JOB/YY/NNNNN)** | **JOB/** |

**DBS Checks**

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| If you have adopted the DCC policy on portability of DBS checks and accepted a DBS clearance already undertaken by DCC for this employee, please provide |
| **Disclosure number**  |  | **Date of disclosure** |  |

**Certificate of Good Conduct**

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| If the employee has worked abroad for 6 months or more since the age of 18, they will also be required to provide a Certificate of Good Conduct from the countries in which they worked. |
| Does the employee require a CGC? | **YES/NO** | If yes has the employee provided a satisfactory CGC? | **YES/NO** |
| If the employee has been unable to obtain a CGC are you happy to proceed with employment? | **YES/NO** |

**Travel and Expenses**

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| Will the employee submit job related Travel claims? | **YES/NO** | If yes, please complete a Notification of Vehicle Details Form and submit with this form |

**Declaration**

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| I confirm that this appointment was conducted in accordance with the Instrument and Articles of Government of the school, the school’s Equal Opportunities Policy, Sections 15-25 of the Immigration and Nationality Act and any necessary risk assessments have been undertaken. |
|  |
| **Headteacher signature**  |  | **Date** |  |
|  |
| **Please upload onto Perspective Lite or Sharepoint, alternatively return to;****Traded Team****HR Services, County Hall, Derbyshire, Matlock, DE4 3AG** Any queries about completing this form, please email traded@derbyshire.gov.uk |

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|  | **APPOINTMENT OF A****NON-TEACHING EMPLOYEE****(OTHER THAN RELIEF) – Part B** | Derbyshire County Council logo in black. |
| **This section is to be completed by the successful candidate** |
| ***Failure to complete all information may result in delay of payment*** |

##

## Personal Details

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| --- | --- | --- | --- |
| **Job Title** |  | **School** |  |
|  |
| **Title** | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  | **Dr** |  | **Other (specify)** |  |
| **Initial(s)** |  |  |  |  |  | **Forename(s)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Gender** | **M** |  | **F** |  | **Date of Birth** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **National Insurance No.** |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Please provide your email address clearly as this will be used for DBS purposes.**  |
|  |
| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Home Telephone No.** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Mobile No.** |  |  |  |  |  |  |  |  |  |  |  |

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| **Do you have any other jobs with DCC** | **Yes / No** | **Will this appointment affect any of these jobs** | **Yes / No** |

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| **Do you hold Higher Level Teaching Assistant (HLTA) Status** | **Yes / No** |
| **Do you hold Qualified Teacher Status in England/Wales?** | **Yes / No** | **DfE No.** |  |

## Bank Details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort Code** **e.g. 00-09-67** |  |  |  |  |  |  |  |  | **Bank/Building Society Name** |  |
| **Account number****e.g. 12345678** |  |  |  |  |  |  |  |  | **Address** |  |
| **Account holder name or reference** |  |  |

**Equal Opportunities Monitoring**

|  |  |
| --- | --- |
|  | ***Please tick one*** |
| ***Yes*** | ***No*** |
| Do you consider yourself disabled? |  |  |
| Do you feel that you meet the Disability Discrimination Act (DDA) definition of disability? (If you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities) |  |  |
|  |
|  |
| **Ethnic origin** |
| Select **only** one option from A – E; then tick **one** category within the option that indicates your **cultural background** |
| A) White | B) Mixed | C) Asian or Asian British | D) Black orBlack British | E) Chinese or otherethnic group |
| British | wb |  | White & Black Caribbean | mc |  | Indian | ai |  | Caribbean | bc |  | Chinese | oc |  |
| Irish | wi |  | White & Black African | mb |  | Pakistani | ap |  | African | ba |  | Arab | ot |  |
| Gypsy or Irish Traveller | wo |  | White & Asian | ma |  | Bangladeshi | ab |  | Other Black background | bo |  | Any other | ot |  |
| Other WhiteBackground | wo |  | Other Mixed background | mo |  | Other Asian background | oa |  |  |

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| **Sexual Orientation** |
| Please tick **one box only** that identifies your **Sexual Orientation** \* see guidance |
| Heterosexual |  | Lesbian |  | Gay |  | Bisexual |  | Prefer not to say |  | Other |  |
| **Religion/Belief** |
| Please tick **one box only** that identifies your **Religion/Belief** \* see guidance |
| Buddhist |  | Christian (all denominations) |  | Hindu |  | Jewish |  | Muslim |  | Sikh |  | None |  | Other religion or belief |  | Prefer not to say |  |

**\*Sexual Orientation, Religion and Belief** - The Council is collecting monitoring information on **sexual** **orientation, religion and belief** to ensure it becomes an Employer of Choice, an inclusive Council which values diversity, is representative of the community it serves and meets the objectives of its Equality and Diversity Policy.

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| **Part C – Qualifications** |
| **This section is to be completed by the successful candidate for Teaching Assistants or equivalent only.****(The School should retain a copy of this section for SAP input)** |

## University Degree Course - If you do not hold any of the qualifications below ignore this section but please

##  sign the declaration

|  |  |
| --- | --- |
| Name of University  |  |
|  |
| **Qualification *- Please tick one box only*** |
|  | ***Please tick*** |  | ***Please tick*** |
| Bed or other first degree combined with teacher qualification | BEDO |  | Masters Degree | MAST |  |
| Certificate in Education or equivalent | CTED |  | Non-UK teaching qualification | NNUK |  |
| Doctorate | DOCT |  | Any other qualification at NVQ level 4 or equivalent | NVQ4 |  |
| Other First Degree or equivalent | FRST |  | Post-graduate Initial Teacher Training Qualification (e.g. PGCE) | PGCE |  |

|  |  |  |  |  |
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| **Country Studied**  | **UK**  |  | **Other (specify)** |  |
| **Subject (s) studied**  | **1** |  |
| **2** |  |
| **Dates studied (mm/yy)** | **From** |  | **To** |  | **Date of Award/ qualification** |  |

**Declaration Statement**

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| Please sign and date below and ensure that the details you have provided within this document are complete and accurate. If you have any previous continuous service, please provide copies of evidence to the school.  |
|  |
| **Signed** |  | **Date** |  |
|  |

**Please upload onto Perspective Lite or Sharepoint, alternatively return to;**

**Traded Team**

**HR Services, County Hall, Derbyshire, Matlock, DE4 3AG**

 Any queries about completing this form, please email traded@derbyshire.gov.uk