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| **SHARED SERVICES CENTRE USE ONLY** | | | | **APPOINTMENT OF A****RELIEF NON-TEACHING****EMPLOYEE – 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** |  | **Section 1** |  |
| **Contract** |  | | |
|  | | | | | |
| **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 |  |

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

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

**Asylum & Immigration**

|  |
| --- |
| 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**

|  |  |
| --- | --- |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| 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](mailto:traded@derbyshire.gov.uk) | | | |

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| --- | --- | --- |
|  | **APPOINTMENT OF A****RELIEF NON-TEACHING****EMPLOYEE – 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** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | |  | | |  | |  | | |  | | |  | |  | | |  |  | |  | | |  | | |  | | |  | |  | | | |  | |  | | | | |  | |  | | |  | | |  | | |  | |  | |  | |  |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |
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| **Please provide your email address clearly as this will be used for DBS purposes.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address** | | | | |  | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | | | |  | | |  | |  | |  | |  | |  | | | | |  | |  | | |  | |  | | | |  | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
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| **Home Telephone No.** | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | | |  | | |  | |  | |  | |  | |  | | | | |  | |  | | |  | | **Mobile No.** | | | | | | | | | | | | | | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **Do you have any other jobs with DCC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | | | | | | | | | | | | **Will this appointment affect any of these jobs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / 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) |  |  |

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| **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 or  Black British | | | | | | | | E) Chinese or other  ethnic 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 White  Background | | | wo | |  | | Other Mixed background | | | | mo | | |  | | Other Asian background | | | | | oa | |  | | |  | | | | | | | | | | | | | | | | | | | |
| **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.

**Local Government Pension Scheme (LGPS)**

Relief non-teaching employees are not automatically entered into the LGPS, but you may elect to contribute to the scheme if you wish.

Full details and a Pension Option Form to be completed if you wish to join the LGPS in respect of this post are available from [www.derbyshire.gov.uk/pensions](http://www.derbyshire.gov.uk/pensions) (see the section called “Want to join?”).

Please attach your completed Pension Option Form with this form or submit it separately to the address below.

**Declaration Statement**

|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto:traded@derbyshire.gov.uk) | | | |