



NORTHSIDE Primary School



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| Vacancy title: | Grade D Teaching Assistant | <h2>Application Form</h2> <p><i>The Flourishing Schools Federation is committed to protecting and safeguarding children and vulnerable adults. We apply stringent safer recruitment practices.</i></p> |
| Closing date: | Friday 10th April 2026 at 12.00 midday | |
| School: | Northside Primary School Albert Street London, N12 8JP 020 8445 4730 office@northsidesch.org | |

Personal data is processed in line with data protection legislation and does not compromise your data rights. Unsuccessful application forms are stored for 6 months.

Please complete all sections of this form carefully in typescript or black pen, following the instructions. Your personal statement must be completed in your own words, not using Artificial Intelligence or similar generative technology and show how you meet the job requirements specified in the documentation provided.

The information you provide is the only material used in deciding if you should be interviewed.

- I understand that it is an offence to apply for a position if I am barred from engaging in regulated activity relevant to children. *Anyone who is on the Disclosure and Barring Service (DBS) barred lists cannot work in these roles).* **Yes /No**
- I have read the child protection and safeguarding policy that is provided on our school website and understand our policy and practices on the employment of ex-offenders. **Yes /No**

The declaration of criminal offences form will be completed if you are shortlisted for interview along with an online internet search.

The equal opportunities monitoring form does not form part of the selection process, but completion allows us to monitor the effectiveness of our equal opportunities policies.

1. About you

| | | | |
|---|-----|---------------------------|--|
| Title: | | | |
| First names: | | | |
| Previous names: | | | |
| Surname: | | | |
| Previous surnames: | | | |
| DES/DfEE/DfES Registration Number: | | | |
| National Insurance Number: | | | |
| Address: | | | |
| Postcode: | | | |
| Email: | | Daytime telephone number: | |
| Mobile: | | Evening telephone number: | |
| May we contact you at work? | Yes | No | |
| Where did you see this vacancy advertised? (publication/website) | | | |

2. Employment history

Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used if required.

| Employers' names, addresses and type of business | Job title, Key responsibilities, final salary and any allowances | Dates of employment | | Reason for leaving |
|--|--|---------------------|----|--------------------|
| | | From | To | |
| | | | | |
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3. Other relevant experience

Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependants/family. Your experience should be related to the skills, abilities and knowledge outlined in the person specification and job description/role profile.

| Type of experience | Dates |
|--------------------|-------|
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4. Education, qualifications and training – any gaps must be explained and a continuation sheet used if required.

| Name of school, college, university etc. | Name of course | Dates | | Qualification/grade achieved |
|--|----------------|-------|----|------------------------------|
| | | From | To | |
| | | | | |
| | | | | |
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5. Professional association membership :

6. Personal statement

Relevant abilities, skills, knowledge and experience.

Tell us how you meet all of the short listing criteria set out in the enclosed Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work.

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| Are you required to have a UK work visa/permit? | Yes/No |
| If yes, do you have a valid visa/permit? | Yes/ No |
| If yes, when does it expire? | |

7. References

Please give details of two referees from whom confidential enquiries may be made. Your referees should be from your current or most recent employer or your current educational establishment. We reserve the right to contact any of your previous employers

| | | | |
|---------------------------------|--|---------------------------------|--|
| Name of referee: | | Name of referee: | |
| Job title: | | Job title: | |
| Organisation: | | Organisation: | |
| Address: | | Address: | |
| Telephone: | | Telephone: | |
| Email: | | Email: | |
| Capacity in which known to you: | | Capacity in which known to you: | |

8. Declaration

All applicants are required to declare personal relationships with existing members of the school governing body, Council employees and Council members. Canvassing of elected councillors or officers involved in the selection process directly or indirectly will automatically disqualify the applicant.

Any financial interests that applicants may have in contracts with the Council or pending Council tenders must be declared.

Are you related to, or a close friend of, any elected councillor or member of staff employed by Barnet Council?

Yes/No

Are you or any of your relatives party to an existing Council contract or involved in any competitive tendering process?

Yes/No

If yes, please state their name and your relationship with them:

Name:

Relationship:

If yes, specify the contract details:

I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the Council's registration under the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up.

Signed – Applicant:

Date:

Please note that successful candidates will be required to sign their application form prior to appointment.

Diversity Monitoring Form - Optional

Barnet Council aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities.

We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the Council does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you.

| | |
|--|---------|
| Name | Job ref |
| Post applied for | |
| Are you applying on a job share basis? | Yes/No |
| Are you applying with a job share partner? | Yes/No |
| Do you currently work for Barnet? | Yes/No |
| If Yes, what is your Payroll number? | |
| Where did you see this job advertised? | |

Disability

The Disability Discrimination Act 1995 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

Do you consider that you have a disability under the Disability Discrimination Act definition?

Yes/No

If you have answered 'Yes', please tick the definition/s from the list below that best describes your disability/disabilities:

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| Hearing (such as: deaf, partially deaf or hard of hearing) | | Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) | |
| Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) | | Severe disfigurement | |
| Speech (such as impairments that can cause communication problems) | | Learning difficulties (such as dyslexia) | |
| Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) | | Mental illness (substantial and lasting more than a year, such as severe depression or psychoses) | |
| Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy) | | Other disability (please specify) | |

Declaration:

I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998.

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| Signed - Applicant: | Date: |
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