

For Office Use Only



Application for Employment as a Headteacher / Deputy Headteacher / Assistant Headteacher / Teacher

Please read the "Guidance Notes for Applicants" leaflet before you fill in this application form

Post Ref. Number:

Your DfES Number:

Post Title:

Where did you see the job advertised?

Personal details

Last Name:

Former Names (if any):

First Name/s:

Email Address:

Address:

National Insurance Number:

or Proof of Right to Work in the UK:

Postcode:

Telephone (please tick preferred contact details)

Home:

Work:

Mobile:

Do you hold Qualified Teacher status? Yes No If 'Yes', please give date of the award:

Are you registered with the GTC? Yes No What is your GTC Teacher Reference Number?

Have you successfully completed a period of induction as a qualified teacher in this country where the DfES required this? Yes No If 'Yes', please give date of completion:

If you are already a Barnsley MBC employee, are you 'at risk'? Yes No Do you consider yourself to be disabled? Yes No If yes, please provide details of your at risk status

Do you want to be considered for Job Share? Yes No

Please tell us if there are any dates when you will not be available for interview:

Employment

Please tell us about your present employment or last job if you are currently unemployed.

Post Title:

Employing Authority/Employer:

Name, Address and Type of School:

Please describe in brief your duties and responsibilities (and key achievements where relevant):

Date Employment Started: Date Employment Ended:
(if applicable)

Reason for Leaving: (if applicable)

NOR:

Notice Required: (if applicable)

Wage/Salary/Grade:

TLR Payments:

Additional Payments: (inc salary safeguarding)

We welcome applications from everyone regardless of age, race, colour, sex, marital status, religion or belief, ethnic origin, nationality, disability, gender preference or sexual orientation.

It is the Council's policy to interview disabled candidates who meet all the essential criteria. Reasonable adjustments will be made to facilitate disabilities.

Please remember to include any specific projects or areas of responsibility that you have held or are holding.

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Applicant

SL

Not SL

Code

Candidate

Appointed

Not Appointed

Code

Previous Employers

Please tell us about all your previous employment (paid and unpaid).

Name of Employer:

Main Duties/Responsibilities:

Name, Address and Type of School/
Establishment:

Job Title:

NOR:

From:

To:

Reason for Leaving:

Name of Employer:

Main Duties/Responsibilities:

Name, Address and Type of School/
Establishment:

Job Title:

NOR:

From:

To:

Reason for Leaving:

Name of Employer:

Main Duties/Responsibilities:

Name, Address and Type of School/
Establishment:

Job Title:

NOR:

From:

To:

Reason for Leaving:

Name of Employer:

Main Duties/Responsibilities:

Name, Address and Type of School/
Establishment:

Job Title:

NOR:

From:

To:

Reason for Leaving:

Starting with the most recent, please list all previous employers in chronological order since leaving secondary school. Continue on a separate sheet if necessary.

If you do use extra pages for your previous employment, please:

1. Tick the box below and follow the same format as this application form.

2. Remember to put your name on the top of each page and number the pages.

Please do not send in a C.V.

If you use extra pages for your previous employment, please:

1. Tick the box below and follow the same format as this application form.

2. Remember to put your name on the top of each page and number the pages.

Name of Employer:

Name, Address and Type of School/ Establishment:

Job Title:

NOR:

From:

To:

Main Duties/Responsibilities:

Reason for Leaving:

Have you had any breaks in your employment? Yes No

If 'Yes', please give details:

Education and Qualifications

School(s)/Colleges/ Universities attended	Subjects taken, with grades where appropriate	Period of study (please indicate full/part time)	Degree or Qualifications obtained	Awarding Body & Date of Award

Please do not send in a C.V.

In-Service Training

Please give details of any courses relevant to this post attended in the last three years.

If you use extra pages, please:

1. Tick the box below and follow the same format as this application form.

2. Remember to put your name on the top of each page and number the pages.

Membership of Professional Bodies (if applicable)

Professional Body:	Registration Number:	Type of Registration (e.g. Full/Provisional):	Renewal Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that only applicants who can demonstrate that they meet all the essential criteria will be shortlisted for interview.

Information supporting your application for this post

By using clear, identifiable examples, please demonstrate how you meet the criteria indicated on the Employee Specification. Please read the "Guidance Notes for Applicants" leaflet supplied.

Experience:

I have read and understood the guidance notes.

Please do not
send in a C.V.

General and Special Knowledge:

If you use extra
pages, please:

1. Tick the box
below and follow
the same format
as this
application form.

2. Remember to
put your name on
the top of each
page and number
the pages.

Skills and Abilities:

Additional Factors:

If you have previously retired from employment on the grounds of ill health you will be medically examined by the Authority's Occupational Health Unit.

Pension/Early Retirement details (if applicable)

If you are in receipt of a pension under the Teachers' Pension Regulations, following early retirement, please indicate the grounds on which you retired (tick as appropriate).

- In the Interests of Efficiency Redundancy Ill Health
 Supported Early Retirement Actuarially Reduced

Date of Retirement:

Name of Authority:

One of the two referees must be your present or last employer, if previously employed. NQTs If no previous employment they may nominate their Course Tutor and Head Teacher of their last teaching school experience.

References

Name:

Job Title:

Address:

Postcode:

Relationship:

Telephone Number (inc STD code):

Email Address:

Can we contact your referees before your interview?

Referee 1: Yes No

Name:

Job Title:

Address:

Postcode:

Relationship:

Telephone Number (inc STD code):

Email Address:

Referee 2: Yes No

Please note that we do not accept references from relatives or from people writing solely in the capacity of friends.

Data Protection Act 1998

The information you have provided on this application form will be processed by computer. This data will also be used to produce statistics for equality and diversity, and recruitment monitoring.

Canvassing will disqualify

Are you related to any Councillor or employee of the Council? If you are applying for a job in a school, are you related to a Governor, Head Teacher or Teacher at that school? Yes No

Please give details:

Name:

Relationship:

Position:

I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information or directly or indirectly canvassed a Councillor, an Officer of the Council, a School Governor, Headteacher or Teacher in support of my application, I may be disqualified from consideration from the post or face disciplinary action after appointment.

Signed: X

Date:

Date of Part Time Election for Superannuation purposes:

Disclosure of Criminal Background of those with Access to Vulnerable Groups

Last Name:

First Name:

Former Names (if any):

Post applied for:

Post Reference Number:

You have applied for a post that is an exempt position under the provisions of the Rehabilitation of Offenders Act 1974. Therefore the statement that "after a certain period of time, convictions need not be disclosed and those convictions be treated as if they never took place" **does not apply.**

You must therefore, declare any pending prosecutions, any convictions, cautions, reprimands or warnings which you have had at any time. The information will be treated as confidential and will only apply to this particular vacancy. **It is essential that you complete and sign this form.** If you do not have any convictions, cautions, reprimands, or warnings, then please write "None" across the boxes.

If the post you have applied for also has:

"regular contact with" or

"cares for",

"trains",

"supervises" or

"is in sole charge of children or vulnerable adults",

then you will be required to apply for a Disclosure of Criminal conviction and/or record to the Criminal Records Bureau should your application be successful and before an appointment is confirmed. Having a criminal record will not necessarily bar you from employment. Each case will be judged on its own merits.

Date:

Details of convictions, cautions, reprimands or warnings:

Penalty:

Are there any matters pending? Yes No

Are you barred from working with vulnerable adults? (ISA Vulnerable Adults Barred List) Yes No

Are you subject to sanctions from a regulatory body? (e.g. GTC) Yes No

Are you barred from working with children (ISA Children's Barred List?) Yes No

If you answered "Yes" to any of the above, please give details below:

Declaration

I declare that the particulars given are correct and that I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in my application being rejected, dismissal or disciplinary action, or possible referral to the police.

Signed:

Date:

Failure to disclose information concerning previous convictions may lead to dismissal or disciplinary action by the Authority.

If necessary, please use a separate sheet of paper to give full details and place them in a sealed envelope marked 'confidential'.

If you use extra pages for details of convictions, reprimands or warnings tick the box below and follow the same format as this application form.



As a minimum, would you fill in your name, date of birth and the post applied for; the remainder of this section is optional.

Any data provided on this form will be held securely under the terms of the Data Protection Act.

There is a definition of disability in the "Guidance Notes for Applicants" leaflet

For Office Use Only:

Equality Monitoring

We are committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. Please help us by completing this form. The shortlisting/ interviewing panel will not see this information.

Post Ref. Number:

Post Title:

Name:

Date of Birth:

Are you currently employed by Barnsley MBC?

Yes

No

For ethnicity, choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. If you tick an "Other" box, please specify as shown.

Ethnicity

Prefer not to say

A White

British

Irish

European

Gypsy/Traveller

Irish

Other White* - Please state:

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Other Mixed* - Please state:

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian* - Please state:

D Black or Black British

Caribbean

African

Other Black* - Please state:

E Chinese, Chinese British, or Other Ethnic Group

Chinese

Other Chinese* - Please state:

*If 'Other' please specify

Religion

Prefer not to say

Christian (including all Christian denominations)

Buddhist

Hindu

Rastafarian

Muslim

Sikh

Jewish

None

Other*

Prefer not to say

*If 'Other' please specify

Gender

Male

Female

Disabled

Do you consider yourself to be disabled?

Prefer not to say

Yes

No

Age Group

0 - 16

16 - 20

21 - 30

31 - 40

41 - 50

51 - 60

61 - 70

71 - 80

80+

Sexual Orientation

Bisexual

Gay man

Heterosexual/straight

Lesbian

Prefer not to say

Are you open about your sexual orientation at work?

Yes

No

Thank you for your help

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Candidate Shortlisted:

Yes

No

Candidate Appointed:

Yes

No

Please complete the two pages overleaf.

