|  |  |  |  |
| --- | --- | --- | --- |
| M:\Admin Templates\11. School Info and Apps\New Logo Templates\Burnt Ash Primary School logo MED.jpg | | **Application Form** | Positive About Disabled People |
| **For Teaching Appointments** | | | |
| School/College: | Burnt Ash Primary School | | |
| Post: |  | | |

**Personal Details** (BLOCK CAPITALS)

**1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | | | | | | | | | | | Title (eg. Mr, Mrs, Miss, Ms): | | | | | |  | |
| First Name/s: |  | | | | | | | | | | | | | | | | | | | | | |
| Previous Surname if relevant: | | | | | |  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | |
| Town or City: |  | | | | | | | | | | | | | | | | Post Code: | |  | | | |
| Telephone No. (home): | | |  | | | | | | | | e-mail (home): | | | | | |  | | | | | |
| Telephone No. (work): | | |  | | | | | | | | e-mail (work): | | | | | |  | | | | | |
| Telephone No. (mobile): | | |  | | | | | | | |  | | | | | | Date of Birth | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance No. | |  | | |  | |  |  |  |  | |  |  |  | |  | |  | | | | |
| Do you require a work permit to work in the UK? | | | | | | | | | | | | | | | | | | YES | | NO | |  |
| If yes and applicable, when does your permit expire? (month. year): | | | | | | | | | | | | | | | | | |  | | | | |
| Are you recognised by the DCFS as a qualified teacher in the UK? | | | | | | | | | | | | | | | | | | YES | | NO | |  |
| If yes, please give date of recognition (month, year): | | | | | | | | | | | | | | | | | |  | | | | |
| If yes, what is your Qualified Teacher Status Number? | | | | | | | | | | | | | | | | | |  | | | | |
| Have you successfully completed a period of probation/statutory induction as a qualified teacher in this country s required by the DCFS? | | | | | | | | | | | | | | | | | | YES | | NO | |  |
| If yes, please give date of completion (month, year): | | | | | | | | | | | | | | | | | |  | | | | |
| Teaching experience (years): | | | |  | | | | | | | | | | | | | | | | | | |

**Teacher Training** – *please give details*

**2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Teacher Training Institution: | |  | | | |
| From (month, year): |  | | | To (month, year): |  |
| Age range you are trained to teach: | | |  | | |
| Qualification obtained: | | |  | | |
| Subject you are trained to teach: | | |  | | |
| Additional subjects which you are able to teach: | | |  | | |
| Any additional languages spoken: | | |  | | |

**Other education, qualifications and training (excluding initial teacher training)**

**3**

|  |  |  |  |
| --- | --- | --- | --- |
| Title and subjects | Certificate/Qualification Grade/Class  *(please specify)* | School, College or University *(give address)* | Reason for leaving  *(if applicable)* |
|  |  |  |  |

**Current or most recent post (including initial teacher training placement)**

**4**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) Full name and address of school/college, or employer: | | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| (b) Type of School: | |  | | | (c) Number of: |  |
| (d) Local Education Authority: | | |  | | | |
| (e) Position held: | |  | | | (f) Scale/grade/MPS |  |
| (g) Appointment held – full-time/part-time: | | | | Supply teacher | | |
| (h) Dates from/to: | |  | | | | |
| (i) Present salary (give details of special allowances): | | | | |  | |

**Previous teaching/employment experience**

**5**

**(Please start with most recent and continue on a separate sheet if necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employer | Type of School/  Nature of Business | From | To | Post held | Salary/Scale  on leaving |
|  |  |  |  |  |  |

**Your supporting statement**

**6**

As part of your application, you are requested to set out on a separate sheet(s) relevant information in support of your application. Please clearly mark your separate(s) to avoid confusion. Use this section to set out your reasons for applying for this post and show how your qualifications, experience, skill and qualities support your application.

|  |
| --- |
|  |

**References**

**7**

Please give the names of two people from whom confidential references may be obtained. The References must be from the Head Teacher at your current school and previous school (For ECTs a University Reference and Head Teacher at your most recent placement school). They should have knowledge of your professional capacity. Your referees will be contacted if you are called for interview.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referee |  | | | | |  | | Referee | | |  | | | | |
| Position |  | | | | |  | | Position | | |  | | | | |
| Employer/school name | | |  | | | |  | | Employer/school name | | | |  | | |
| Address |  | | | | |  | | Address | | |  | | | | |
|  | | | | | |  | | | |  | | | | | |
|  | | | | | |  | | | |  | | | | | |
|  | | Post Code | | |  |  | | | |  | | Post Code | | |  |
| Tel No |  | | | | |  | | Tel No | | |  | | | | |
| Email |  | | | | |  | | Email | | |  | | | | |
| Professional relationship | | | |  | |  | | Professional relationship | | | | | |  | |
| Period known (years) | | | |  | |  | | Period known (years) | | | | | |  | |

**Please note that if you are invited to an interview both references will normally be taken up BEFORE INTERVIEW.** Please advise if you do not wish the school to apply for written reference(s) at early stage. The school protocol is that all referencing (for shortlisted/successful candidates) is completed upon job offer and acceptance and that job offers cannot be confirmed until references have been received.

General Data Protection Regulations (GDPR) which came in to effect on 25th May 2018 require that you (the job applicant) advise your reference contacts that you have provided the school with their personal data (all or part of Name, Job Title, Employer / School Name and Address, Telephone Number(s), E-mail address, Professional relationship to applicant, How long you have known the referee.)

**8**

**Additional Information**

**Superannuation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you contribute to the Teachers’ Pension Scheme: | | YES |  | NO |  |
| Or other Superannuation (give name): |  | | | | |
| If part-time, have you made a positive election to join the Teachers’ Pension Scheme: | | YES |  | NO |  |

**Disability**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability: | | | YES |  | NO |  |
| If yes: | (i) If you are aware of any equipment or adaptations that will assist you, please give details: | | | | | |
|  | |  | | | | |
|  | (ii) Will you require any assistance if called for interview? If yes, please give details: | | | | | |
|  | |  | | | | |
|  | |  | | | | |

**Disclosure of relationship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you related to or have you a close personal relationship with any Councillor or Senior Officer of the London Borough of Bromley? | YES |  | NO |  |

**Protection of Children**

**9**

Disclosure of any criminal background is required. Because of the nature of the work, teaching in the UK is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986, and therefore applicants are not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act. Offers of employment will also be dependent on completion of a satisfactory police check. Disclosure of a criminal background will not necessarily bar you from any appointment.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of a criminal offence? | | | | | | | | | YES |  | NO |  |
| If yes, please give details: | | | |  | | | | | | | | |
| Date: |  | | | | Offence: |  | | | | | | |
| Sentence | |  | | | | | | | | | | |
| Please give details of your police check with the Criminal Records. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Police check date: | | |  | | | | CRB number: |  | | | | |

**10**

**Data Protection**

We are required to provide a Job Applicant Privacy Notice under General Data Protection Regulations/GDPR which came in to effect on 25th May 2018. Please ensure that you sign to confirm that you have read this document.

**To be signed by all applicants**

**11**

I confirm that, to the best of my knowledge, the information on this form is true and correct.

I am in possession of the certificates which I claim to hold, and understand that wilful falsification may result in dismissal if I am appointed.

I understand that any offer of employment will be subject to satisfactory medical and police checks.

I confirm I have read Job Applicant Privacy Notice provided by Burnt Ash Primary School under General Data Protection Regulations (GDPR) which came in to effect on 25th May 2018.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Recruitment Monitoring**

**11**

The Council is committed to Equal Opportunities. The aim of its policy is to ensure that no job applicant or employee is treated unfairly on the grounds of age, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion, or sexual orientation.

Without accurate data on the composition of our workforce and on job applicants we are unable to monitor the effectiveness of our policies and procedures. Therefore, we ask for your cooperation in completing the monitoring section of this form. This information will be used for statistical purposes only and will not be reproduced in a way that enables individuals to be identified. All information supplied by job applicants is treated in the strictest confidence.

|  |  |
| --- | --- |
| **Job Title** |  |

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Job Reference | Surname |  |
|  |  | (*BLOCK CAPITALS)* |
|  | First Name/s |  |

**Gender**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Male |  | Female | |  | |
|  | | | | | | |
| **Age** – what age are you? | | | |  | |  |

**Ethnic Group** *– Please tick one box (or write in one box if appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** | | **Black or Black British** | |
|  | Bangladeshi |  | African |
|  | Indian |  | Caribbean |
|  | Pakistani |  |  |
|  | Asian other *(please write in)* |  | Black other *(please write in)* |
|  |  |  |  |
|  |  |  |  |
| **Mixed** | | **White** | |
|  | White and Asian |  | British |
|  | White and Black African |  | European |
|  | White and Black Caribbean |  | Irish |
|  |  |  | Romany/traveller |
|  | Mixed other *(please write in)* |  | White other *(please write in)* |
|  |  |  |  |
|  |  |  |  |
| **Chinese or other ethnic group** | | **I decline to self classify** | |
|  | Chinese |  | *(please tick)* |
|  | Other *(please write in)* |  |  |
|  |  |  |  |

**Disability**

To help you decide whether you have disability as defined under the Disability Discrimination Act 1995 please read the following information:

A disability is defined as ‘a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day‑to‑day activities’.

The effect an impairment may have on day-to-day activities is defined in the Act as falling within the following categories:

(1) mobility;

(2) manual dexterity;

(3) physical co‑ordination;

(4) continence;

(5) ability to lift, carry or otherwise move everyday objects;

(6) speech, hearing or eyesight;

(7) memory or ability to concentrate, learn or understand; or

(8) perception of the risk of physical danger.

The impairment has to be substantial, that is something more than trivial and it needs to be long-term, i.e. has lasted or is likely to last in total for at least twelve months or is likely to last for the rest of the life of the person affected. Having considered the above information, please tick one of the following:

**I do** consider myself to have a disability

**I do not** consider myself to have a disability

**I decline to** self classify as to whether I consider I have a disability

**Media Monitoring** – *Please indicate how you became aware of the post by ticking the appropriate box.*

**12**

|  |  |  |
| --- | --- | --- |
| Agency | | |
| Local Newspaper *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | |
| National Newspaper *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | |
| Professional journal *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*) | | |
| Bromley website | Other website *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Internal vacancy list | Friend/relative | Employment Services |
| Other *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | |