

# Application Form

## for Teachers including Head Teachers

Please note that it is not possible to use bold or rich text when completing this application form.

Vacancy: Closing date: Ref number:	School/Establishment:
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Please complete all sections of this form carefully in typescript or black pen, following the instructions. The information you provide is the only material used in deciding if you should be interviewed.

You must complete the first and last pages of this form in full and in your personal statement show how you meet the job requirements specified in the documentation provided. This must be done, even if you submit extracts from your printed CV in response to the remaining sections of this form. The declaration of criminal offences form must be completed. 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. If you require any reasonable adjustments as part of the application or selection process please contact us.

<b>PLEASE USE BLOCK CAPITALS FOR THIS SECTION</b>	
Family/Surname:	Any former Surname (if applicable):
First names:	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
<i>Tick as appropriate</i>	
National Insurance Number:	
Home/Contact Address:	Term time address for 1 <sup>st</sup> appointments
Postcode:	Postcode:
E-mail:	Mobile:
Day Telephone No:	Evening Telephone No:
If you do not wish to be contacted at work, please tick here <input type="checkbox"/>	
DES/DfEE/DfES Registration Number:	

Where did you see this vacancy advertised?  
Name of publication: \_\_\_\_\_

Once completed, please return this form to:	<u>Please send your application to the email or postal address featured on the job for which you are applying.</u>
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TEACHING EXPERIENCE

PRESENT OR MOST RECENT TEACHING POST		From:	To:
School/Establishment and address:	Post held and responsibilities:		
Type of school (eg community, V/A etc):			
Salary Spinal Point:			
Age Range: <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Mixed	Current Salary (inc. London Weighting):		
	Allowances (please specify):		

PREVIOUS TEACHING EXPERIENCE please continue on a separate sheet as required			
Schools and addresses:	Post held and responsibilities:	From:	To:

RELEVANT NON-TEACHING EXPERIENCE			
Employer and addresses:	Post held and responsibilities:	From:	To:

PERSONAL STATEMENT

ABILITIES, SKILLS, KNOWLEDGE & EXPERIENCE
Use this section to show how you meet all of the shortlisting criteria for the job as set out in the enclosed person specification, drawing on all aspects of your education and experience, including paid employment and unpaid work. (please continue on a separate sheet as required).

**QUALIFICATIONS**

SECONDARY SCHOOL name and address:	From:	To:	“A” level results and beyond, giving dates:

UNIVERSITIES/COLLEGES names and addresses:	From:	To:	Courses undertaken including results (type and class of degree:

Details of teaching practice (1 <sup>st</sup> appointments only)

OTHER PLACES OF STUDY Attended in last 5 years:	From:	To:	Area of study and examinations passed, with dates and indicating full or part time:

Are you applying for job share? Yes ☐ No ☐

If you are a teacher, are you applying with a job share partner? Yes ☐ No ☐

Please specify your preferred hour/day arrangements:

Are you required to have a UK work visa/permit? Yes ☐ No ☐

If so, do you have a valid visa/permit? Yes ☐ No ☐

If yes, when does it expire?

Do you have a full current driving licence valid in the UK? Yes ☐ No ☐

Do you have access to some form of personal transport? Yes ☐ No ☐

## REFERENCES

Please give details of two referees of whom confidential enquiries may be made. One referee must be from your current employer (or most recent employer) or your current educational establishment. We may ask you for further references. *References are normally taken up prior to interview. We reserve the right to contact any of your previous employers.*

Name of referee:

Capacity in which known to you:

Position:

Organisation:

Address:

Telephone:

Name of referee:

Capacity in which known to you:

Position:

Organisation:

Address:

Telephone:

## DECLARATION

All applicants are required to declare personal relationships with existing members of school governing bodies, the council or its employees. Any financial interests that applicants may have in contracts with the council or pending council tenders must be declared. Canvassing members of the council, its committees or school governing bodies directly or indirectly will automatically disqualify the applicant.

Are you related to any member of school governing bodies, the council or senior officer employed by the Barnet Council? Yes ☐ No ☐

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

Name:

Relationship:

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

Are you or any of your relatives party to an existing council contract or involved in any competitive tendering process? Yes ☐ No ☐

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.

Signed:

Date:

**Please note that you will be asked to sign this application form if you are invited to an interview.**

# Declaration of criminal offences

**for jobs involving substantial access to children and vulnerable people which are subject to Disclosure and Barring Service (DBS).**

**Your application will not be considered without completion of this form.**

## DECLARATION OF CRIMINAL OFFENCES

Please list all your cautions and criminal offences. Do not forget to include any pending convictions and indicate that they are pending in the column 'Place & date of judgement(s)'. If you have no convictions please write none and sign the form.

Nature of offence	Details of offence(s)	Place and date of judgement(s)	Sentence(s)

All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this 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 instant dismissal without notice.

SIGNED:

**Please note that you will be asked to sign this application form if you are invited to an interview.**

NAME: (PLEASE PRINT)

DATE:

JOB APPLIED FOR:

REF NO:

# Equal Opportunities

## monitoring form

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 Reference No

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?

**Advertising:** Where did you see this job advertised?

**Date of Birth:**

### 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 select the definition/s from the list below that best describes your disability/disabilities:

<b>Hearing</b> (such as: deaf, partially deaf or hard of hearing) <input type="checkbox"/>	<b>Reduced physical capacity</b> (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) <input type="checkbox"/>
<b>Vision</b> (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) <input type="checkbox"/>	<b>Severe disfigurement</b> <input type="checkbox"/>
<b>Speech</b> (such as impairments that can cause communication problems) <input type="checkbox"/>	<b>Learning difficulties</b> (such as dyslexia) <input type="checkbox"/>
<b>Mobility</b> (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) <input type="checkbox"/>	<b>Mental illness</b> (substantial and lasting more than a year, such as severe depression or psychoses) <input type="checkbox"/>
<b>Physical co-ordination</b> (such as manual dexterity, muscular control, cerebral palsy) <input type="checkbox"/>	<b>Other disability</b> <i>Please specify</i> <input type="text"/>



Ethnicity:

<b>Asian or Asian British</b> Bangladesh <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/>	<b>Black or Black British</b> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/>	<b>Mixed</b> Asian and White <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Other <input type="checkbox"/>	<b>Other</b> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>	<b>White</b> British <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Irish <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Other <input type="checkbox"/>
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If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself

Faith: (Optional information):

Agnostic <input type="checkbox"/>	Atheist <input type="checkbox"/>	Baha’i <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>
Hindu <input type="checkbox"/>	Humanist <input type="checkbox"/>	Jain <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>			

Other Faith **Please specify**

**Gender:**    Female ☐    Male ☐

**Sexuality: (Optional Information)**

Bisexual: ☐    Gay ☐    Heterosexual ☐    Lesbian ☐

In addition, if you prefer to define your sexuality in terms of other than those used above, please let us know.

**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 General Data Protection Regulations (GDPR).

Signature

Date