



Teaching Application Form

All Trust schools seek to ensure that all existing and potential employees are given equal opportunities. They are committed to the elimination on the grounds of gender, age, marital status, colour, race, nationality or other ethnic or national origin, disability, sexual orientation, transgender and religious background. The School will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

POSITIVE ABOUT DISABILITY



Trust schools are positive about disability and encourage applications from disabled people. The \checkmark symbol means that all disabled applicants who satisfy the minimum criteria will be offered an interview. If you consider that the provisions of the Disability Act 1995 apply to you, please put a tick here. If you require assistance at any stage of the process, please contact the School.

| POSITION APPLIED FOR | | | | | | | | | | |
|---|-------------------------------|-------------------------------|----------------------|-----------------------|--------------------|----------|---------|--------|---------|---|
| Job Title: | | School: Winton Primary School | | | ol | | | | | |
| PERSONAL DETAILS | | | | | | | | | | |
| Surname: | | Forenames: | | | | | | | | |
| Address: | | Prefe | red titl | e: | | | | | | |
| | | Telep | hone n | 0: | | | | | | |
| Postcode: | | Email | : | | | | | | | |
| NATIONAL INSURANCE NUMBER: | | | | | | | | | | |
| ELIGIBILITY TO WORK IN UK? | | | | | • | • | | | | • |
| Do you have permission to work in the UK | | Yes | | | No | | | | | |
| If you are not a United Kingdom National, please in | ndicate in v | what ca | pacity | you are | in the | UK | | | | |
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| REFERENCES | | | | | | | | | | |
| Referees named on this form must be your present (mo are returning to work after a substantial career break ar alternatives. e.g. the name of your course tutor(s)/Head interview. If you wish to be contacted prior to your reference. | nd are unable d Teacher or | e to prov a suitab | vide pre le profe | vious en essional. | nploym It is ou | ent refe | rences, | please | provide | |
| PRESENT (MOST RECENT) EMPLOYER | | PREVI | OUS EN | MPLOYE | ER | | | | | |
| Name: | | Name | : | | | | | | | |
| Capacity known to you: | | Capac | ity kno | wn to y | you: | | | | | |
| Organisation: | | Organ | isation | : | | | | | | |
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| Telephone No: | | Telep | hone N | o: | | | | | | |
| Email: | | Email | | | | | | | | |



Please continue on a separate sheet if required.



| EMPLOYMENT HISTORY | | | | | | | | |
|---|----------------------------------|-------------|----------|---------|-----------|-----------|---------------------|---|
| CURRENT/MOST RECENT EMPLOY | MENT: | | | | | | | |
| Job Title: | | Date app | ointed | d: | | | | |
| Current salary: | | Scale/Po | int: | | | | | |
| Age range taught: | | Full-time | /Part- | time: | | | | |
| Additional responsibilities: | , | | | | | | | |
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| Reason for leaving: | | | 1 | | | | | |
| May we contact you at work if ne | cessary? | Yes | | No | | Contac | ct No: | |
| | | | | | | | | |
| PREVIOUS EMPLOYMENT | | | | | | | | |
| Please indicate with a ✓ in the last co | olumn, your consent for addition | nal referen | ces to l | oe take | n up at t | he discre | tion of the School. | |
| Employer's /LEA Name and Address | Job title and responsibilities | Age ra | ange ta | ught | Date fr | om/to | Reason for leaving | ✓ |
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| SCHOOL EDUCATION | | | | |
|------------------|------------------------------|-------------------------|---------|--|
| Date | Name of School/Awarding Body | Qualifications obtained | Subject | |
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| FURTHER/HIG | -URTHER/HIGHER EDUCATION | | | |
|-------------|----------------------------|-------------------------|----------------------|--|
| Dates | Name of University/College | Qualifications obtained | Specialism/age range | |
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| OTHER TRAINING | | | | |
|----------------|--------------|---------------------|--|--|
| Dates | Organisation | Details of training | | |
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| SUPPORTING STATEMENT | | | |
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| Please use the space below to write your supporting statement. The job description and person specification will give you some guidance for your statement. | | | |
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| Continue your supporting statement here. | |
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| REGISTRATION | | | | |
|---|----------------------------|--------|-------------------------|-----|
| Do you hold Qualified Teacher Status? | Yes | | No | |
| If 'yes' please give the date of the award | | | | |
| QTS certificate number (if available) | | | | |
| Have you successfully completed a period of induction as a qualified teacher in this country? | Yes | | No | |
| Are you subject to any conditions of prohibitions placed on you by the NCTL? | Yes | | No | |
| If 'yes', please give full details. | | | | |
| Are you related to, or well known to a Member, Governor/Director or senior employee of the Academy Trust? | Yes | | No | |
| If 'yes', please provide name. | | | | |
| All forms of conversing will outomatically disqualify condidates from | annointment of you must me | ot ock | a Mambar Cayarnar/Diras | tor |

All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must mot ask a Member, Governor/Director or employee of the Academy Trust to use their influence to help you get a job.

DATA PROTECTION LEGISLATION

The information you have provided will be held in compliance with the Data Protection Act 1998. If you have previous teacher service or other service that counts as continuous service, the Academy Trust will seek confirmation from your previous employer for continuous service purposes, in the event of you being offered a post. The Academy Trust will also seek details of the number of days sickness absence in the last 12 months, for the purpose of administering the School Teachers' Sick Pay scheme. You are deemed to have given your consent by signing this application form.

CERTIFICATION OF INFORMATION

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure and Barring Service checks.

| Signature: | Date: |
|---|-------|
| Please type your name if completing electronically. | |

| Please return your completed application to: | | Where did you hear about this vacancy? | |
|--|--------------------------|--|--|
| By email: | jobs@wintonprimary.uk | Indeed | |
| By post: | Winton Primary School | Dorset for You | |
| | Oswald Road Bournemouth | Department of Education Teaching | |
| | BH9 2TG | Vacancies Tes | |
| Thank you for yo | our application. | School website | |





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