

Granby Road, Stretford, Manchester Tel: 0161 865 2293 Fax: 0161 866 9938

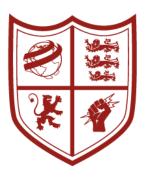
www.stretfordgrammar.com

Headteacher: Mr Michael Mullins

TEACHER APPLICATION FORM

Name:

Application for appointment to the Post of:



PLEASE COMPLETE IN BLACK INK

(and please maintain the format of the application form thank you)

	Surname:		Forename(s):		
	Previous Name (s) if applicable:	Dr. Prof. Mr. Mrs. Miss Ms. Other (please state):			
	Address:				
AL	E-mail:		Post Code:		
PERSONAL	Mobile Tel. No:	main no. 🗌	Home Tel. No):	main no. 🗌
<u>Т</u>	Work Tel. No:	main no. 🗌	Other Tel. No	:	main no. 🗌
	Date of birth:		National Insu	rance No:	
	DfES Ref. No:		Date of recognition as qualified teacher:		
	Will you need a work permit for t	his post?	yes 🗌 no 🗌		

	Name of Employer:	Full Time 🗌 Part Time 🗌			
_	Address:	Post Code:			
ידויובו	Date of Appointment:		Post Title:		
	Brief summary of main duties:				
	Current Salary:		UPS / TLR Point / Leadership Spine:		
	Age Range & Gender of Students:	Age Range taug	ht by you:	No. of studer	nts on roll:
	Date of Leaving (if applicable):		Period of Notice:		

Reason for Leaving (if applicable):
Do you have any employment which will continue if you are appointed? yes 🗌 no 🗌
Please provide details if yes:

Please give information about education received in this country or abroad, qualifications obtained including degrees, with class and division, and Teaching Certificates, in chronological order starting with the most recent. Please include post-graduate and professional qualifications. Please note that you will be required to produce evidence of qualifications attained.

	Full name and address of establishment attended	Full or Part Time	Qualifications, date award made and Awarding Body, including grades at public examinations	Dates attended - Month/Year	
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I AND					
EDUCATION AND QUALIFICATIONS					
:DUC/					

All previous teaching appointments should be in chronological order beginning with the first. Include any part-time work. All time since leaving full time education must be accounted for e.g. training, unemployment or time taken out of paid employment due to caring responsibilities. Please continue on a separate sheet if necessary.

School/College	FT / PT	Position Held	Name of LEA or Employer	No. on roll	Age Range taught	Ser	od of vice & year) To
Present or most re	ecent emp	loyer					
Previous Appointm	nents						

	Occupation/employment after age 16 not stated elsewhere on this form (enter in date order)							
Experience	Name and address of employer (if appropriate)	Nature of Occupation	FT / PT		Dates (month & year) From To			
eriend								
Expe								

Have you been granted early or ill health retirement or taken voluntary redundancy from any Local Government employer?

If yes, did you receive any enhancement?

	_		—
yes		no	

If Yes, please give the name of the employer

Please give details and a brief declaration about your current state of health. Please mention anything which may prevent you from carrying out the duties of this post.

If appointed you will be asked to declare your sickness levels for the past 5 years.

Information requested under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Normally, under the above act, some criminal convictions do not have to be disclosed after a period of time they become 'spent'. This does NOT apply to posts which are involved with vulnerable groups (e.g. children, elderly people, etc.).

Due to the nature of the work for which you are applying, this post is made exempt from these rules by the above Order. This means that you MUST answer the following questions about current and ALL previous criminal convictions. Any information will be treated with the strictest confidence and you will be considered only in relation to this application. Disclosure of a criminal record will not exclude you from the appointment unless the School considers that the conviction renders you unsuitable.

Failure to disclose this information could lead to your application being rejected, or if you were appointed, to dismissal if it is subsequently learnt that you have a criminal conviction.

Please delete as necessary:-

) Have you ever been cautior	ned, or convicted of any criminal offence?	yes 🗌 no [
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If Yes, please give details of the caution(s) or conviction(s) and date(s)

2) Have you ever been charged with any offence which has not yet been brought to trial? yes \Box no \Box

If Yes, please give details of the charge and the date of the hearing (if known)

If you are ultimately offered the position we will carry out an independent check through the Disclosure and Barring Service.

I confirm that the information given above is correct and I understand that a failure to disclose any convictions may lead to my dismissal.

Signed

Date

Please give the names and addresses of two persons (stating profession or status, etc.) willing to act as referees, if required. One of these must be your present or most recent employer. Referees should not be a relative or a member of the Governing Body.			
Reference 1			
Name:	Relationship to you:		
Job Title:	Company/Organisation:		
Address:			
Post Code:			
Telephone No.	E-mail:		
Can we take up a reference at this stage?	yes 🗌 no 🗌		
Reference 2			
Name:	Relationship to you:		
Job Title:	Company/Organisation:		
Address:			
Post Code:			
Telephone No:	E-mail:		
Can we take up a reference at this stage?	yes 🗌 no 🗌		

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≥ Z	If you are a disabled person, are there any arrangements which we can make for you if you are called
ME	If you are a disabled person, are there any arrangements which we can make for you if you are called for interview and / or work-based exercise? yes 🗌 no 🗌
GE GE	
₽Ž	If Yes, please specify (e.g. sign language interpreter, audio tape, etc.)
IN K	
AF	

I confirm to the best of my knowledge that the information given on this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment. (WARNING: any person appointed by the School having given false information will be liable to summary dismissal). *

Signature

DECLARATION

Date

If submitting electronically you will be asked to sign a copy of this form if you are invited to interview.

*Canvassing of Governors or employees of Stretford Grammar School, directly or indirectly, for any appointment will disqualify your application.

All information contained in this form will be treated as strictly confidential. By supplying information you will also be indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks which may be made. It will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of six months, then destroyed. If you are a successful candidate, your application form will be used as part of your personnel record.