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**APPLICATION FORM FOR EMPLOYMENT AS A**

**HEADTEACHER / DEPUTY HEADTEACHER /**

**ASSISTANT HEADTEACHER / TEACHER**

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| **POST TITLE :** |  |

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| **PERSONAL DETAILS: *(Please write or type in black ink)*** | | | | | | | | | | | | | |  |
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| **Last Name:** | | | | | | | **Former Names (if any)** | | | | | | | |
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| **First Name(s):** | | | | | | | **Email Address** | | | | | | | |
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| **Address:** | | | | | | | **National Insurance Number:** | | | | | | | |
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|  | | | | | | | **or Proof of Right to Work in UK:** | | | | | | | |
| **Postcode:** |  | | | | | |  | | | | | | | |
| **Telephone *(please put a cross in preferred contact details)*** | | | | | | | | | | | | | | |
| **Home:** | | | | | **Work:** | | | | | | | **Mobile:** | | |
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| **What is your DfES / Teacher Number:** | |  | | | | **Do you hold Qualified Teacher Status?** | | **Y / N** | | | **If Yes, please give date of award:** | |  | |
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| **Are you registered with the GTC?** | | **Y / N** | **Have you successfully completed a period of induction as a qualified teacher in this country where the DfES require this:** | | | | | **Y / N** | | | **If Yes, please give the date of completion:** | |  | |
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| **Do you wish to be considered for Job Share?** | | **Y / N** | **Do you consider yourself disabled?**  **If yes, please complete details below.** | | | | | **Y / N** | | | **Please tell us if there are any dates when you will not be available for interview:** | |  | |
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| ***It is the school’s policy to interview disabled candidates who meet all the essential criteria. Reasonable adjustments will be made to facilitate disabilities. What adjustments do you consider may be necessary in the recruitment process to take account of your disability?*** | | | | | | | | | | | | | | |
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| **General Social Care Council (GSCC) Registration No *(if applicable)*:** | | | | | | | | |  | | | | | |
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| **EMPLOYMENT:**    ***Please tell us about your present employment or last job if you are currently employed.***  ***Remember to include any specific projects, or areas of responsibility that you have held / or are holding.*** | | | |  | |
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| **Post Title:** | |  | **Name of Employer / Employing Authority:** | | |
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| **Employer’s Address:** | | **Please describe in brief your duties and responsibilities ( and key achievements where relevant)** | | |
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| **Date Employment Started:** | **Date Employment Ended**  ***(if applicable)*** |
|  |  |
| **Reason for leaving: *(if applicable)*** | |
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| **Notice Required:** | **Wage / Salary / Grade:** |
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| **TLR Payments:** | **Additional Payments**  ***(Inc. salary safeguarding)*** |
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| **PREVIOUS EMPLOYMENT: *Please do not send in a C.V.***  ***Starting with the most recent, please list previous employment 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 tick the box at the end of this section and follow the same format as the application form. Remember to put your name at the top of each page and number the pages.*** | | | | | |
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| ***Please tell us about your previous employment (paid and unpaid)*** | | | | | |
| **Name of Employer:** | | |  | **Main Duties / responsibilities:** |  |
|  | | |  | |
| **Employer’s Address:** | |  |
|  | | |
| **Job Title:** | |  |
|  | | | **Reason for leaving: *(if applicable)*** | |
| **From:** | **To:** | |  | |
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| **Name of Employer:** | | |  | **Main Duties / responsibilities:** |  |
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| **Employer’s Address:** | |  |
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| **Job Title:** | |  |
|  | | | **Reason for leaving: *(if applicable)*** | |
| **From:** | **To:** | |  | |
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| **Name of Employer:** | | |  | **Main Duties / responsibilities:** |  |
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| **Employer’s Address:** | |  |
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| **Job Title:** | |  |
|  | | | **Reason for leaving: *(if applicable)*** | |
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| **Name of Employer:** | | |  | **Main Duties / responsibilities:** |  |
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| **Employer’s Address:** | |  |
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| **Job Title:** | |  |
|  | | | **Reason for leaving: *(if applicable)*** | |
| **From:** | **To:** | |  | |
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| --- | --- | --- | --- | --- | --- |
| **Name of Employer:** | | |  | **Main Duties / responsibilities:** |  |
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| **Employer’s Address:** | |  |
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| **Job Title:** | |  |
|  | | | **Reason for leaving: *(if applicable)*** | |
| **From:** | **To:** | |  | |
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|  |  | **Please tick here if you have used additional papers** |

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| **Have you had any breaks in your employment?** | **YES / NO *If yes, please give details below:*** |  |
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| **EDUCATION AND QUALIFICATIONS:**    **If you use extra pages for your education and qualifications, please tick this box and follow the same format**  **As shown below. Remember to put your name of the top of each page and number pages.** | | | | |
| **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 and Date of Award** |
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| **IN-SERVICE TRAINING:**  **Please give details of any courses relevant to this post attended in the last three years.** | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES: *(if applicable)*** | | | |
| **Professional Body:** | **Registration Number:** | **Type of Registration**  **(e.g. Full/Provisional):** | **Renewal Date:** |
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| **INFORMATION SUPPORTING YOUR APPLICATION FOR THIS POST:**  **By using clear, identifiable examples, please demonstrate how you meet the criteria indicated on the Employee Specification.** | |
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| **Qualifications and Experience / Professional Experience:** |  |
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| **Leadership:** |  |
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| **Learning and Teaching:** |  |
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| **Skills and Abilities:** |  |
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| **Community:** |  |
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| **PENSION / EARLY RETIREMENT DETAILS: *(if applicable)***  **If you are in receipt of a pension under the Teacher’s Pension Regulations, following early retirement, please indicate the grounds on which you retired *(tick as appropriate).*** | | | | | | |
| **In the interest of efficiency** | |  | **Redundancy** |  | **Ill Health** |  |
| **Supported Early Retirement** | |  | **Actuarially Reduced** |  |  |  |
| **Date of Retirement** |  | | **Name of Authority** |  | | |

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| **REFERENCES:**  **One of your two references MUST be your present or last employer, if previously employed. NQTs: if no previous employment, you may nominate your Course Tutor and Headteacher of your last teaching school experience.**  **Please Note: We do not accept references from relatives or from people writing solely in the capacity of friends.** | | | | | | | |
| **Name :** | | | |  | **Name:** | |  |
|  | | | |  | | |
| **Job Title:** | |  | | **Job Title:** | | |
|  | | | |  | | |
| **Address (including postcode):** | |  | | **Address (including postcode):** | | |
|  | | | |  | | |
| **Telephone Number (including STD code):** | |  | | **Telephone Number (including STD code):** | | |
|  | |  | |  | | |
| **E-mail Address:** | |  | | **E-mail Address:** | | |
|  | |  | |  | | |
| **Can you contact your referee before your interview?** | | | |  | **Can you contact your referee before your interview?** | |  |
| **Referee 1** | **YES / NO** | |  | **Referee 2** | **YES / NO** | |

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| **DATA PROTECTION ACT 1988:** |
| **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.** |

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| **CANVASSING WILL DISQUALIFY:** | | | | | | | | |
| **Are you related to any Governor, Headteacher or any other employee of Heather Garth Primary School?** | | | | | | | **YES / NO** |  |
| *If ‘Yes’, please give details:* | | **NAME :** |  | | | | | |
| **REALATIONSHIP:** |  | | |  | **POSITION:** |  | | |

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| **DECLARATION:** | | | | |
| **I declare that the information contained in the application is complete and correct. I understand that if I have knowingly provided false information or directly or indirectly canvass a School Governor, Headteacher or any other employee of Heather Garth Primary School in support of my application, I may be disqualified from consideration from the post or face disciplinary action after appointment.** | | | | |
| **Signed:** |  |  | **Date:** |  |

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| **REHABILITATION OF OFFENDERS ACT 1974 (Exemptions) ORDER 1975:** |
| This post is covered by the **Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975** because it is a post which involves working directly with children or young people. You are therefore required to declare whether you have any criminal convictions (or cautions or bind-overs) including those which are **“spent”**. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website : <https://www.gov.uk/government/organisations/disclosure-and-barring-service> |

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| *Please complete the following questions, taking into account the DBS filtering guidance.* | | | | |  |
| Have you ever been convicted of any criminal offences, warned or reprimanded or been officially cautioned in relation to any such offence? | ***YES*** |  | ***NO*** |  | |
| *If Yes, please give details including dates, on a separate sheet, place the sheet in a sealed envelope marked for the attention of the Chair of the shortlisting panel and enclose it with this form.* | | | | | |
|  | | | | | |
| Are you included in any list of people barred from working with children by the Disclosure and Barring Service (DBS) or the NCTL (National College of Teaching and Leadership)? | **YES** |  | **NO** |  | |
|  |  |  |  | |
| *If Yes, please give details including dates, on a separate sheet, place the sheet in a sealed envelope marked for the attention of the Chair of the shortlisting panel and enclose it with this form.* | | | | | |

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| **PLEASE NOTE:** |  |
| * If your application is successful, prior to taking up your post, you will be required to undergo a **Formal Disclosure** process through the **Disclosure and Barring Service** (previously CRB). This will require you to complete a separate DBS application form and to provide a range of more than one piece of documentary evidence of your identity. |  |
| * Although a criminal record **involving offences against children** is likely to debar you from appointment of this type of post, the existence of other criminal convictions will not necessarily be a bar to employment. |  |
| * Any criminal record information arising out of the disclosure process will be discussed with you before any final decision is made about your employment. |  |
| * **It is a criminal offence to apply for or accept a position (paid or unpaid) working with children if you are excluded from such work by virtue of a court order or exclusion by the DBS.** |  |
| * Copies of the Academy‘s policy on the employment of ex-offenders, the DBS Code of Practice and the school’s policy on criminal records checks are available on request. |  |
| * With effect from 17th June 2013 criminal records certificates will only be issued directly to the applicant. Your employer will request that you show them your certificate and will record the Disclosure number and issue date and retain this on your personnel record and on its computerised personnel record system in accordance with the Data Protection Act 1998. The Academy abides by the DBS Code of Practice which does not allow for the photocopying and retention of the full DBS Disclosure certificate. |  |

Please email your completed application form, as a word document, to:

[g.slater@heathergarth.org](mailto:g.slater@heathergarth.org) the email subject as ‘Job Application’.

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

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| **EQUAL OPPORTUNITIES 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. | | | | | | | | | | | | | | | |
| POST TITLE: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Surname : | |  | | | | | | | | Date of Birth | | | | | |
| Forename: | |  | | | | | | | |  |  | | |  | |
| *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.* | | | | | | | | | | | | | | |  |
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| Ethnicity | | |  | *Prefer not to say* | |  | |  | | | | | | | |
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|  | A: White | |  | | B: Mixed | | | | C: Asian or Asian British | | | | | | |
|  |  | |  | |  | | | |  | | | | | | |
| British | |  |  | | White & Black Caribbean |  |  | | Indian | | |  |  | | |
|  | |  |  | |  |  |  | |  | | |  |  | | |
| English | |  |  | | White and Black African |  |  | | Pakistani | | |  |  | | |
|  | |  |  | |  |  |  | |  | | |  |  | | |
| Scottish | |  |  | | White and Asian |  |  | | Bangladeshi | | |  |  | | |
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| Welsh | |  |  | | Other Mixed \* |  |  | | Other Asian \* | | |  |  | | |
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| Other White \* | |  |  | |  |  |  | |  | | |  |  | | |

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|  | D: Black or Black British | | | | E: Chinese, Chinese British or Other Ethnic Group | | | | | |
|  |  | |  | |  | | |  | | |
| Caribbean | |  |  | | Chinese |  |  |  |  |  |
|  | |  |  | |  |  |  |  |  |  |
| African | |  |  | | Any Other Background |  |  |  |  |  |
|  | |  |  | |  |  |  |  |  |  |
| Other Black \* | |  |  | |  |  |  |  |  |  |
|  | |  |  | |  |  |  |  |  |  |
| \* If ‘Other’, please specify | | | |  | | | | | |  |  |  |  |

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| **Religion** | | |  | |  | | ***Prefer not to say*** | | | |  |  |  |  |  |
|  | | |  | |  | |  | | | |  |  |  |  |  |
| Christian (including all Christian denominations) | | | | | | | |  | | Buddhist |  |  | Hindu |  |  |
|  | | |  | |  | |  | | | |  |  |  |  |  |
| Muslim |  | Sikh | |  | | Jewish | | |  | None |  |  | Other\* |  |  |
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| **\*If ‘Other’ please specify** | | |  | | | | | | | | | | |
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| **Gender** | | |  | |  | | ***Prefer not to say*** | | | |  |  |  |  |  |
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| Male | | |  | |  | | Female | | | | * × |  |  |  |  |

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| **Disabled** | | | |  |  | ***Prefer not to say*** | | | | | |  | |  | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to be disabled | | | | | | | | | | Yes | |  | | No | | | | |  |  | | |
|  | | | |  |  |  | | | | | |  |  | |  | | | |  |  | | |
| **Age Group** | | | |  |  |  | | | | | |  |  | |  | | | |  |  | | |
| 16-17 |  | 18-19 |  | | 20-24 | |  | 25-29 |  | | 30-34 | | | | |  | | 35-39 |  |  | |
|  |  |  |  | |  | |  |  |  | |  | | | | |  | |  |  |  | |
| 40-44 |  | 45-49 |  | | 50-54 | |  | 55-59 |  | | 60-64 | | | | |  | | 65+ |  |  | |

**Thank you for your help**

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| **For Office Use Only** *(tick as appropriate)*  Candidate Shortlisted: Yes No    Candidate Appointed: Yes No |