

Teacher Application Form

If you need a copy of this information in large print,

Braille, another language or on cassette, please ask us.

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| Application for  the Post of: |  |
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**1. Personal Information**

Previous Name(s):(if applicable)

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| --- | --- | --- | --- |
| Last Name |  |  |  |
|  |  | | |
| First Name(s): |  | | |
|  |  | | |
| Home Address:  Please specify alternative correspondence address on a separate sheet**.** |  | | |
| Postcode: | | |
|  |  | | |
| E-mail address: |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance Number (If you have one): |  |  |  |  |  |  |  |  |  |

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|  | | | | | | | |
| Do you have a full current  driving licence? | Yes | |  | No | | |  | Home Telephone  Number: |  | | | | |
|  | |  |  | | |  |  | | | | | |
| Do you have daily use of  a vehicle? | Yes | |  | No | | |  | Work Telephone  Number: |  | | | | |
|  | |  |  | | |  |  | | | | | |
| Do you have any penalty points on your licence?  If so, how many? | Yes | |  | No | | |  | Mobile Telephone  Number: |  | | | | |
|  | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Do you consider yourself to have a disability? | | | | | | | | | | Yes |  | No |  |
|  |
| (NB: The Disability Discrimination Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”) | | | | | | | | | | | | | |
| The Academy operates an “interview Guarantee Scheme” for people with a disability and who meet the essential criteria of the post. | | | | | | | | | | | | | |
| If you have a disability, are there any arrangements which we can make for you if you are called for interview? | | | | | | | | | | Yes |  | No |  |
|  |  |  |  |
| If Yes, please outline your requirements: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| How did you find out about this job? | | | | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Are you applying on a job share basis? | Yes |  | No |  |  |

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| If so, please state the proportion of full-time you are willing to work: |  |

**2. Qualified Teacher Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a) Date of gaining Qualified Teacher Status: | |  | | | | | | | | |
|  | | | | | | | | | | |
| b) DfES reference number: | |  | | | | | | | | |
|  | | | | | | | | | | |
| c) If you qualified after 7th May 1999,  have you completed your induction year? | Yes | | No | | If yes, give date | | |  | | |
|  | | | | | | | | | | |
| d) Have you passed your skills tests?  (Trainees only) | | Numeracy | |  | | Literacy |  | ICT |  |  |
|  | | | | | | | | | | |
| If not, when do you expect to complete them? | |  | | | | | | | | |

Successful applicants will be required to provide evidence of their registration with the GTC

3. Previous Teaching Experience – Please list most recent first

Please include all teaching history. (Include information such as: % of time teaching, ability levels, subjects taught etc.) If newly qualified please give information of teaching practices in “Details of the Post:”

A. Current Position

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School name: |  | | | |
| Address &  Telephone Number: |  | | | |
| Local Authority: |  | | | |
| Post Title: |  | | | |
| Grade/Scale:  (Please specify salary point) |  | | Allowances:  (Please specify) |  |
| Upper pay spine:(If applicable) | What date did you pass the threshold? |  | What date did you progress to - | UPS 2: Date |
| UPS 3: Date |
| Approximate number on roll: |  | | Age range taught: |  |
| Dates:  From - To: |  | | Subject/  Specialisms: |  |
| Details of Post: |  | | | |

**3. Previous Teaching Experience Continued**

B.

|  |  |  |  |
| --- | --- | --- | --- |
| School name: |  | | |
| Local Authority: |  | Post title: |  |
| Approximate number on roll: |  | Age range taught: |  |
| Dates:  From - To: |  | Subject/  Specialisms: |  |
| Details of Post:  (Please include any management allowances held) |  | | |

C.

|  |  |  |  |
| --- | --- | --- | --- |
| School name: |  | | |
| Local Authority: |  | Post title: |  |
| Approximate number on roll: |  | Age range taught: |  |
| Dates:  From - To: |  | Subject/  Specialisms: |  |
| Details of Post:  (Please include any management allowances held) |  | | |

D.

|  |  |  |  |
| --- | --- | --- | --- |
| School name: |  | | |
| Local Authority: |  | Post title: |  |
| Approximate number on roll: |  | Age range taught: |  |
| Dates:  From - To: |  | Subject/  Specialisms: |  |
| Details of Post:  (Please include any management allowances held) |  | | |

**4. Employment Outside Teaching**

(Please include all employment history since leaving secondary education, if not included in teaching experience)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer & Address: | Job Title & Main Duties: | Full or Part Time | Dates: | |
| From: | To: |
| A. |  |  |  |  |
| B. |  |  |  |  |
| C. |  |  |  |  |
| D. |  |  |  |  |

**5. Other Relevant Experience**

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#### 6. Education

Please give details of all nationally recognised qualifications awarded/results awaited; **from GCE Advanced Level to Further Degree Level** or their equivalents in chronological order.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attended | | Name of  School/College: | Qualification: | Subject: | F/T  or P/T: | Grade/  Level: | Date Gained: |
| From | To |
|  |  |  |  |  |  |  |  |
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**6. Education Continued**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attended | | Name of  School/College: | Qualification: | Subject: | F/T  or P/T: | Grade/  Level: | Date Gained: |
| From | To |
|  |  |  |  |  |  |  |  |
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Copies of essential qualifications will be required on appointment.

7. Other Continuing Professional Development

Please list in chronological order, most recent first, any relevant courses or training you have attended in the last five years indicating the date of attendance. (Please continue on a separate sheet if necessary.)

If applying for a headship, please include details regarding NPQH

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Course: | Organising Body: | Awards (if any): | Date of Attendance: |
|  |  |  |  |
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**8. Letter of Application**

Please attach a separate letter of application – of no more than 2 sides of A4 to support your application. Details of the specific topic to be addressed will be found in the recruitment literature.

**9. Equal Opportunities**

The Academy aims to promote equality of opportunity for all with the right mix of talent, skills, and potential. We welcome applications from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purpose only when relevant.

10. Asylum and Immigration Act 1996

The successful applicant will be required to provide original material evidence of a National Insurance Number or other approved documentation before being allowed to commence employment. Can you provide evidence?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |

11. Health Requirements

Appointment is subject to a satisfactory medical report from our Medical Adviser.

12. References

One should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. (If newly qualified your 1st reference should be from your College/University and your 2nd should be from your final teaching practice placement.)

Please ensure that at least one reference is from an employer by whom you were most recently employed in work with children.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1st Referee’s  Name and  Address: |  | | | | |
|  |  | | | | |
| Telephone No: |  | Position Held: |  | | |
|  |  |  | | | |
| Email Address: |  |  | | | |
|  |  |  | | | |
| Please indicate here if you are happy for this referee to be contacted at this stage | | | | Yes | No |
|  | | | | | |
| 2nd Referee’s  Name and  Address: |  | | | | |
|  |  |  | | | |
| Telephone No: |  | Position Held: |  | | |
|  |  |  | | | |
| Email Address: |  | | | | |
|  |  |  | | | |
| Please indicate here if you are happy for this referee to be contacted at this stage | | | | Yes | No |

Please note that, in any case, references will be taken up before a firm offer of appointment is made.

13. General Application Information

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| --- | --- | --- | --- | --- | --- |
| Tick which phases you are trained to teach: | | |  | | |
| Early Years |  |  | Key Stage 1 |  |  |
| Key Stage 2 |  |  | Key Stage 3 |  |  |
| Key Stage 4 |  |  | Post 16 |  |  |
| Special (Specify which key stage) |  |  |  |  |  |
|  | | |  | | |

|  |  |
| --- | --- |
| Main curriculum area:  (If applicable) |  |
|  |  |
| Subsidiary curriculum area:  (If applicable) |  |
|  |  |
| Other relevant areas of interest:  (If applicable) |  |

14. Online Check

During our shortlisting process we will carry out an online search as part of our due diligence on shortlisted candidates. This search will be conducted by a senior member of the academy/trust staff who will not be involved in the recruitment process. A consistent approach will be taken, and results will be recorded. The purpose of the online search is to help identify any incidents or issues relevant to suitability to work with children, that have happened and are publicly available online, which we may want to explore at interview.

15. Declarations

Canvassing will disqualify. Please state below if you are related to any member or staff or Governor of The Academy.

|  |  |  |  |
| --- | --- | --- | --- |
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Please state their name and position held:

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|  |

I declare that all the information I have provided is true, that I have not canvassed a member/officer of The Academy, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of The Academy or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:       Date:

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will be used only for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given in this application form. The information will be stored manually and electronically and disposed of after 12 months (maximum) if your application is unsuccessful.

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Description automatically generated**

**"WORKING TOWARDS EQUALITY FOR ALL"**