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| **WADEBRIDGE SCHOOL** | **CONFIDENTIAL**This form should be typed or clearly written in black ink and returned as requested in the advertisement/job description. |
| **APPLICATION FOR A TEACHING APPOINTMENT** |
| Title of post being applied for |  |
| Surname  |  |
| Forename(s) |  |
| Previous Surname(s) |  |
| Postal address |   Post Code |
| Email Address |  |
| Telephone Number | Day |  | Evening |  |
| Mobile Tel. Number |  |
| DfE Reference Number |  | Date of recognition by DfE as a qualified teacher |  |
| National Insurance Number |  |  |  |  |  |  |  |  |  |  |
| Title of present or last teaching post held |  |
| Name, address and telephone number of school/college in which present or last employed |  |
| Name, address and telephone number of present or last employing LAORIf employer independent or GMS establishment |  |
| Commencement Date | **On which date would you be****able to start duty if appointed?** |

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| **EDUCATION AND PROFESSIONAL TRAINING** |
| A LEVELS (or equivalent), DEGREES AND OTHER PROFESSIONAL QUALIFICATIONS |
| Name of University, College and inclusive dates of attendance | Title of course followed and qualification obtained – if Honours degree – state class | Date awarded |
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| **AGE GROUPS/SUBJECTS THAT YOU ARE QUALIFIED TO TEACH** |
| Age groups |  |
| Principal subjects |  |
| Other subjects |  |
| **RECENT PROFESSIONAL DEVELOPMENT (Courses etc, within the last three years)** |
| Course / Organising Body | Period of Course and Year |

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| **PARTICULARS OF TEACHING EXPERIENCE – INCLUDING CURRENT OR LAST POST (most recent post first)** |  |
| Establishment name, status, sex of pupils/students, age range and name of LA if applicable | Number on roll | Age range taught | Post held, grade/scale etc | FT/PT if PT give hours | FROM | TO | Reason for Leaving |
| PLEASE GIVE PRECISE DATES |
| D | M | Y | D | M | Y |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SALARY** |  |
| If current or last post on standard scale | Salary - £pa | Incremental Point | Details of any additional payments in excess of standard scale |  |
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| If current or last post was a Headteacher or Deputy Headteacher | Salary - £pa | Spinal Point | School Group Size |  |
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| **ALL EMPLOYMENT OTHER THAN TEACHING** |  |
| Name and address of employer/ organisation (if appropriate) | Post held and grade (if appropriate) or nature of activities undertaken | FT/PT If PT give hours | From | To |  |
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| **REFEREES** |  |

Please give two referees who can write from experience about your professional competence. If you are a qualified teacher, unless you are seeking your first appointment, you should quote your present or most recent Headteacher from whom a reference may be sought unless you indicate that you do not wish this to be done.

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|  | Referee One | Referee Two |
| Name |  |  |
| Occupation or position held |  |  |
| Address inc postcode |  |  |
| Daytime telephone number |  |  |
| Email address |  |  |

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| **GDPR** |  |

In accordance with the General Data Protection Regulations (May 2018) all information given on this application form will only be used to determine the applicant’s suitability for the job and will be kept only for those purposes and equal opportunities monitoring.

However, we have a duty to protect the public funds we handle so we may use the information you have provided on this form to prevent and detect fraud, especially Benefits, Council Tax, NNDR, Housing/Rents, salaries, employment pensions and Members allowances. We may also share this information, for the same purposes, with other organisations which handle public funds. It will not be exchanged or sold to any third party.

Application forms for unsuccessful candidates will be retained for a period of six months before being destroyed.

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| **DISCLOSURE OF INTEREST**  |
| Have you ever received a redundancy payment or pension from a local authority? Yes/No |  |
| If yes, please give details including month and year:  |
| Are there any restrictions to you living and working in the UK which might affect your right to work for us (e.g. needing a work permit/visa)? Yes/No |  |
| If yes, please provide details:  |
| The role information supplied will say if this post requires travel and, if so, if you need access to transport and/or a full current UK driving licence. |
| If needed, do you have access to transport? Yes/No |  |
| If needed, do you have a full current UK driving licence? Yes/No |  |
| The Working Time Regulations (1998) require us to check the hours worked by employees. Would this role be your only employment? Yes/No |  |
| If no, please provide details of your other role(s) and the days and hours you work:  |
| Canvassing of our Councillors and employees (asking them to help you get this role), directly or indirectly, for any appointment will disqualify your application. Also, if you fail to declare any relationship with a Councillor your application may be disqualified and, if appointed, you may be dismissed without notice. |
| Are you related to, or have you formed any relationship (personal, financial or professional) with any current Councillor or School Governor? Yes/No |  |
| If yes, please give details:  |
| Do you, your partner or family have any interests (personal, financial or professional) that may conflict with you doing this role? Yes/No |  |
| If yes, please give details:  |
| Have you ever been the subject of a formal disciplinary procedure?  Have you ever been dismissed from any previous employment? Yes/No |  |
| If yes, please give details:  |

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| **SAFEGUARDING CHILDREN, YOUNG PEOPLE & VULNERABLE ADULTS** |  |

We are all responsible for the safety of children, young people and adults who may be at risk. We must ensure that we are doing all we can to protect the most vulnerable members in our society. This responsibility applies to all Wadebridge School employees; it also applies to contractors, partners and volunteers who carry out work with or for children, young people and adults at risk on behalf of Wadebridge School.

From your training and/or experience, please give examples which demonstrate your knowledge and commitment to safeguarding and how you would help protect children, young people and adults at risk from harm, abuse or neglect.

Where did you see this vacancy advertised?

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| **LETTER IN SUPPORT OF YOUR APPLICATION** |
| Please enclose a letter in support of your application of no more than two sides of A4, Font 11. |

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| **DECLARATION OF CRIMINAL CONVICTIONS** |
| This post is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to disclose all criminal convictions, including any which may be ‘spent’. You should also include details of any cautions, reprimands or final warnings. **Please only include details of old and minor cautions, convictions, reprimands and warnings in accordance with the DBS filtering rules relating to such offences. Details of the filtering rules can be found at** [**www.gov.uk/dbs**](http://www.gov.uk/dbs)Have you ever been convicted of any criminal offence, whether ‘spent’ or ‘unspent’, as defined in the Rehabilitation of Offenders Act 1974 or do you have any charges pending? Yes/NoIf Yes, please provide details:Have you ever been cautioned, reprimanded or received a final warning which although not considered to be criminal convictions and become ‘spent’ immediately, must be considered in relation to this exempt post? Yes/NoIf Yes, please provide details:Have you ever been barred or restricted from working with children or vulnerable Adults? Yes/NoIf Yes, please provide details:Any subsequent offer of employment will be subject to a criminal record check (enhanced disclosure) from the Disclosure and Barring Service (DBS). This check will include details of cautions, reprimands or final warnings as well as convictions. Appointment will be subject to the information received from the DBS.I accept that if any of the information is found to be false or misleading I will be disqualified from appointment. I understand that any subsequent offer of employment will be subject to the outcome of a criminal record check from the DBS that Wadebridge School will request my authorisation for such a check to be made.Signature: ………………………………………………………………………………… Date: ……………………………………………... |

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| **YOUR DECLARATION**  |

I understand that any employment, if offered, will be subject to the information on this form being correct and I confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate.

Signed: ……………………………………………………………………………………… Date: ………………………………………………..