



Teaching Application Form

All Bournemouth Septenary 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



Bournemouth Septenary Trust schools are positive about disability and encourage applications from disabled people. The $\checkmark \checkmark$ 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. \Box If you require assistance at any stage of the process, please contact the School.

POSITION APPLIED FOR										
Job Title:		School: Winton Primary School								
1										
PERSONAL DETAILS										
Surname:		Forenames:								
Address:		Preferred title:								
		Telep	hone n	o:						
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 British National or the holder of	an EU or EEA	passpo	rt, plea	se indi	cate in	what c	apacity	you ar	e in the	· UK
REFERENCES										
Referees named on this form must be your present (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives. e.g. the name of your course tutor(s)/Head Teacher or a suitable professional. It is our policy to contact referees prior to interview. If you wish to be contacted prior to your references being taken up, please tick the box.										
PRESENT (MOST RECENT) EMPLOYER		PREVI	OUS EN	MPLOYI	ĒR					
Name:		Name:								
Capacity known to you:		Capacity known to you:								
Organisation:		Organisation:								
Telephone No:		Telep	hone N	o:						
Fmail·		Fmail:								



Please continue on a separate sheet if required.



EMPLOYMENT HISTORY								
CURRENT/MOST RECENT EMPLOYMENT:								
Job Title:		Date app	ointe	d:				
Current salary:		Scale/Po	int:					
Age range taught:		Full-time	/Part-	time:				
Additional responsibilities:								
Reason for leaving:								
May we contact you at work if ne	cessary?	Yes		No)	Contac	ct No:	
PREVIOUS EMPLOYMENT								
Please indicate with a ✓ in the last c	olumn, your consent for additio	nal referen	ces to l	be take	n up at t	he discre	etion 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	
•				

FURTHER/HIGHER EDUCATION			
Dates	Name of university/college	Qualifications obtained	Specialism/age range

OTHER TRAINING						
Dates	Organisation	Details of training				





SUPPORTING STATEMENT	
Please use the space below to write your supporting statement. guidance for your statement.	The job description and person specification will give you some





Continue your supporting statement here.	





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 canyassing will automatically disqualify candidates from	annointment e.g. vou must me	nt ask	a Member Governor/Direc	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 yo	our completed application to:
By email:	jobs@wintonprimary.uk
By post:	Winton Primary School
	Oswald Road
	Bournemouth
	BH9 2TJ
Thank you for yo	our application.





Continuation sheet	





Continuation sheet	