

Lake Lane, Liskeard, Cornwall PL14 3DE Tel: 01579 344042

**APPLICATION FOR TEACHING APPOINTMENT**

**Applicant’s Name:**

**Post Applied for: Teacher -**

**This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process.**

**Please refer carefully to the information you have been provided for this post.**

**Please ensure you complete all sections of the application form in black print/ink. Your application will be treated in the strictest confidence.**

**1. PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **Title (e.g. Mr, Mrs, Dr)** | | |
| **Full Name** | | |
| **Previous Surname (s)** | | |
| **Home Address** | **Alternative Address** | |
|  |  | |
|  |  | |
|  |  | |
| **Postcode** | **Postcode** | |
| **Home Telephone No.** | **Work Telephone No.** | |
| **Mobile Telephone No.** | **Email address** | |
| **Date of Birth** | | |
| **National Insurance Number** | | **DfE Number** |

**2. CURRENT TEACHING APPOINTMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name and Address of School/Academy** | **Date**  **Appointed** | **Position** | **Full/Part-Time or Supply** | **Subject (s) Taught** | **Age Range** |  |
|  | (m/yyyy) |  |  |  |  | **Current Salary** |
| **Point on Scale** |
| **Allowance (s)** |
| **Key Responsibilities** | | | | | | |

**3. SECONDARY EDUCATION**

**Please include all public examinations passed. Original documentation of qualifications will be required prior to appointment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Institution** | **Full/Part-Time** | **Dates from** | | **To** | | **Qualification** | **Subjects** | **Grades** | **Date of Award** |
| **Month** | **Year** | **Month** | **Year** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**4. HIGHER EDUCATION .**

**Please clearly state the month and year you commenced and ended your studies at each institution**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Institution** | **Full/Part-Time** | **Dates from** | | **To** | | **Qualification** | **Subjects** | **Grades** | **Date of Award** |
| **Month** | **Year** | **Month** | **Year** |
|  |  |  |  |  |  |  |  |  |  |

**5. TRAINING AS A TEACHER**

**Please clearly state the month and year you commenced and ended your studies at each institution**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Teacher Training Provider** | **Dates from** | | **To** | | **Qualification** | **Subjects:**  **Main and Subsidiary** | **Age Range/**  **Key Stage** | **QTS Tests**  **you have passed** |
| **Month** | **Year** | **Month** | **Year** |  |  |  |  |
|  |  |  |  |  |  |  |  | **Literacy** |
| **Numeracy** |
| **ICT** |

**6. CONTINUING PROFESSIONAL DEVELOPMENT**

**Please give details of your Continuing Professional Development over the past two years.**

|  |  |  |
| --- | --- | --- |
| **Title of Course/Training** | **Dates** | **Name of Provider** |
|  |  |  |

**7. EMPLOYMENT HISTORY**

**Please list in chronological order clearly stating the month and year you commenced and ended your employment with each organisation. Please note any gaps in employment should be documented within the chronology including the reason for the gap.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Dates of Employment *(month and year)*** | **Post** | **Full Time/**  **Part time**  **or Supply** | **Age**  **Range** | **Grade** | **Reason for Leaving** |
|  | **From**  **To**  **From**  **To**  **From**  **To**  **From**  **To**  **From**  **To**  **From**  **To** |  |  |  |  |  |

**8. OTHER SKILLS AND INTERESTS**

**Please provide details of any skills and interests.**

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| --- |
|  |

**9. QUALIFIED TEACHER STATUS**

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| --- | --- |
| 1. Are you recognised as a qualified Teacher?  If not, are you eligible for recognition? | **Yes**   **No**  **Yes** **No** |
| 2. Have you successfully completed a period of probation? | **Yes**  **No** |

**10. DISABILITY**

**The St Barnabas MAT aims to be a fair employer and is committed to equal opportunity for people with disabilities. Applications from people with disabilities are welcome. If you are offered an interview, we have a policy of providing appropriate access and equipment to ensure that people with disabilities are considered on an equal basis.**

**If you would like any further assistance or advice about this application we will try to help.**

|  |  |
| --- | --- |
| 1. Do you consider yourself to be disabled?  If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act? | **Yes**   **No**  **Yes** **No** |
| **The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long-term adverse affect on an individual’s ability to carry out normal day-to-day activities.”** | |
| 2. Is there anything you would particularly like to tell us about your disability? | |

**11. SUPERANNUATION SCHEME**

|  |  |
| --- | --- |
| 1. Do you contribute to the Teacher’s Superannuation Scheme? | **Yes**   **No** |
| 2. If you contribute to another scheme, please provide details. | |
| 3. Have you elected to pay Superannuation contributions for part-time teaching? | **Yes**   **No** |

**12. RIGHT TO WORK**

|  |  |
| --- | --- |
| 1. Are there any restrictions to your residence in the UK, which might affect your right to take up employment in the UK?  If yes, please provide details. | **Yes**   **No** |
| 2. If you are successful in your application, would you require a work permit prior to taking up employment? | **Yes**   **No** |

**13. REFERENCES**

**Please indicate two people who can provide references – one of whom should be your current or most recent Headteacher. Students should include their University/College Tutor.**

**References will be taken up before an offer of employment is made and may be taken up prior to interview.**

|  |  |
| --- | --- |
| **Name** | **Name** |
| **Address** | **Address** |
| **Telephone number** | **Telephone number** |
| **Email** | **Email** |
| **Position** | **Position** |

**14. DATA PROTECTION STATEMENT**

**Privacy Notice**

The information you provide will be used for the purposes of recruitment and will be shared with St Barnabas CE MAT and will not be shared with any other organisations.

We will not use your information for any other purpose unless we have your consent, or the law allows us to do so. We are committed to protecting your information and will handle it in line with the General Data Protection Regulation 2016.

For more information about how we handle personal information and your rights, visit our website or email our Data Protection Officer at st-martins.gdpr@stbarnabasmat.com.

15. DECLARATION

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment; OR, if appointed, may result in my dismissal.

**Signature: Date:**

**Please add your personal statement on this sheet.**

**Personal Statement**