



Stretford
Grammar School
Aspirat primo fortuna labori

Granby Road, Stretford, Manchester

Tel: 0161 865 2293

Fax: 0161 866 9938

www.stretfordgrammar.com

Headteacher: Mr Michael Mullins

TEACHER APPLICATION FORM

Name:

Application for appointment to the Post of:

It is an offence to apply for the role if an applicant is barred from engaging in regulated activity relevant to children (where the role involves this type of regulated activity). Please click [HERE](#) to view the link to our Child protection Policy and Safeguarding policy:



PLEASE COMPLETE IN BLACK INK

(and please maintain the format of the application form thank you)

PERSONAL	Surname:		Forename(s):	
	Previous Name (s) if applicable:		Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (please state):	
	Address:			
	E-mail:		Post Code:	
	Mobile Tel. No:	main no. <input type="checkbox"/>	Home Tel. No:	main no. <input type="checkbox"/>
	Work Tel. No:	main no. <input type="checkbox"/>	Other Tel. No:	main no. <input type="checkbox"/>
	Date of birth:		National Insurance No:	
	DfES Ref. No:		Date of recognition as qualified teacher:	
	Will you need a work permit for this post? yes <input type="checkbox"/> no <input type="checkbox"/>			

CURRENT EMPLOYMENT	Name of Employer:		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	Address:		Post Code:
	Date of Appointment:	Post Title:	

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Brief summary of main duties:		
Current Salary:		UPS / TLR Point / Leadership Spine:
Age Range & Gender of Students:	Age Range taught by you:	No. of students on roll:
Date of Leaving (if applicable):		Period of Notice:
Reason for Leaving (if applicable):		
Do you have any employment which will continue if you are appointed? yes <input type="checkbox"/> no <input type="checkbox"/>		
Please provide details if yes:		

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Please give information about education received in this country or abroad, qualifications obtained including degrees, with class and division, and Teaching Certificates, in chronological order starting with the most recent. Please include post-graduate and professional qualifications. Please note that you will be required to produce evidence of qualifications attained.

EDUCATION AND QUALIFICATIONS	Full name and address of establishment attended	Full or Part Time	Qualifications, date award made and Awarding Body, including grades at public examinations	Dates attended – Month/Year	
				From	To

PREVIOUS TEACHING EMPLOYMENT	All previous teaching appointments should be in chronological order beginning with the first. Include any part-time work. All time since leaving full time education must be accounted for e.g. training, unemployment or time taken out of paid employment due to caring responsibilities. Please continue on a separate sheet if necessary.						
	School/College	FT / PT	Position Held	Name of LEA or Employer	No. on roll	Age Range taught	Period of Service (month & year) From To
	Present or most recent employer						
	Previous Appointments						

Other Employment/ Experience	Occupation/employment after age 16 not stated elsewhere on this form (enter in date order)				
	Name and address of employer (if appropriate)	Nature of Occupation	FT / PT	Dates (month & year)	
				From	To

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Please give the names and addresses of two persons (stating profession or status, etc.) willing to act as referees, if required. One of these must be your present or most recent employer. Referees should not be a relative or a member of the Governing Body.

REFERENCES

Reference 1

Name:	Relationship to you:
Job Title:	Company/Organisation:
Address:	
Post Code:	
Telephone No.	E-mail:
Can we take up a reference at this stage? yes <input type="checkbox"/> no <input type="checkbox"/>	

Reference 2

Name:	Relationship to you:
Job Title:	Company/Organisation:
Address:	
Post Code:	
Telephone No:	E-mail:
Can we take up a reference at this stage? yes <input type="checkbox"/> no <input type="checkbox"/>	

INTERVIEW ARRANGEMENTS

If you are a disabled person, are there any arrangements which we can make for you if you are called for interview and / or work-based exercise? yes ☐ no ☐

If Yes, please specify (e.g. sign language interpreter, audio tape, etc.)

DECLARATION

I confirm to the best of my knowledge that the information given on this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment. (WARNING: any person appointed by the School having given false information will be liable to summary dismissal). *

Signature

Date

If submitting electronically you will be asked to sign a copy of this form if you are invited to interview.

*Canvassing of Governors or employees of Stretford Grammar School, directly or indirectly, for any appointment will disqualify your application.

All information contained in this form will be treated as strictly confidential. By supplying information you will also be indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks which may be made. It will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of six months, then destroyed. If you are a successful candidate, your application form will be used as part of your personnel record.

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