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| C:\Users\Tara.Mackay\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\K34EZYWY\TAET logo.jpg**TEACHER’S APPLICATION FORM**Please complete in BLACK ink.**The Arbib Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.** |
| **POST APPLIED FOR:** |  |
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| **PERSONAL DETAILS** |
| Title: |  | Surname: |
| Forename(s): |  | DoB:(not compulsory) |  |
| Address:Post Code: |  | National Insurance No: |  |
| Mobile No: |  |
| If you have been at this address **for less than 5 years** please provide details of previous addresses covering this period **on a separate sheet**. |
| Tel No (day): | Tel No (eve): |
| Email: |
| Do you hold **Q**ualified **T**eacher **S**tatus? | **Yes No** | If **No,** are you an (pls circle): | **OTT NQT Unqualified** |
|  |  | **DfE** Number:  |   |
| If qualified in the UK have you passed your induction year? | **Yes No** |  |  |
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| **DBS** | Have you been subject to a Disclosure Barring Check? Yes No If **Yes** please state the date and the Number of your CRB: No:Which employer carried out this check: Date: |
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| Do you require a permit to work in the UK? \***Yes/No** If yes, do you have a current permit to work? \***Yes/No**If yes, **please provide the original along with originals** of any other evidence that you are eligible to work in the UK. |
| Please indicate whether you have any family or close relationships with existing employees/employment at The Langley Academy or children attending the academy. **Yes/No**  |
| **ACADEMIC & PROFESSIONAL QUALIFICATIONS** |
| Name & Addresses of Schools/Colleges | From (dd/mm/yy) | To (dd/mm/yy) | Qualifications Obtained – please include A Level grades and class of degree |
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| **MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS** Please state whether you are a member of any technical or professional associations, and if so, which: |
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| **PERSONAL DEVELOPMENT** Have you attended any training courses/seminars to develop your skills. If yes, please list: |
| Course Title | Date From(dd/mm/yy) | Date To(dd/mm/yy) | Details of Course |
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| **DETAILS OF PRESENT OR MOST RECENT EMPLOYER (Any gaps in employment should be explained in your supporting statement)** |
| **Name of Organisation:** |  |
| Start Date: (dd/mm/yy) | End Date: (dd/mm/yy) | Position/Job Title: |  |
| **Address:** |  | **Name** of Headteacher/Principal:  |
|  | **Post Title:****E-mail address:****Telephone Number:** |
| Main duties (use separate sheet if necessary and attach) |
| **Current Salary:**  | **Responsible to:** | **Reason for leaving:** |
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| **DETAILS OF PREVIOUS EMPLOYERS (in reverse order)** |
| From | (dd/mm/yy) | To | (dd/mm/yy) | Position/Job Title: |  |
| Name and Address |  | Main duties |  |
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| Responsible to | Reason for leaving |
| From | (dd/mm/yy) | To | (dd/mm/yy) | Position/Job Title |  |
| Name and Address |  | Main duties |  |
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| Responsible to | Reason for leaving |  |
| From | (dd/mm/yy) | To | (dd/mm/yy) | Position/Job Title |  |
| Name and Address |  | Main duties |  |
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| Responsible to | Reason for leaving |
| From | (dd/mm/yy) | To | (dd/mm/yy) | Posi­tion/Job Title |  |
| Name and Address | Main duties |
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| Responsible to | Reason for leaving |
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| **SUPPORTING STATEMENT (i.e. why you think you are the right person for this post; referring to your experience, qualifications, personal strengths and any other relevant information) including an explanation of any gaps in employment.** |
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| **LEISURE INTERESTS, HOBBIES, MEMBERSHIP OF ORGANISATIONS ETC** |
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| **HEALTH** |
| Please note that the successful applicant will be required to authorise his/her GP to answer questions from the academy’s medical consultant and, if necessary, undergo a medical examination.Do you have any medical condition that is likely to restrict your ability to undertake this job? \***Yes/No**If yes, please give details and state any adjustments that you might need in the job to overcome this restriction. |
| Please provide details of two individuals who we can contact to obtain a reference. One should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed to work with children**.** If the position is offered to the applicant, one of the referees will be contacted by telephone. A hard copy of this application form will be signed by the applicant at interview. **Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends. E-mail addresses and telephone numbers are essential please.**  |
| Referee 1 | Referee 2 |
| Name |  | Name |  |
| Organisation Name |  | Organisation Name |  |
| Job Title |  | Job Title |  |
| Address |  | Address |  |
|  |  |
| Post Code |  | Post Code |  |
| Telephone No: |  | Telephone No: |  |
| Fax No: |  | Fax No: |  |
| Email: |  | Email: |  |
| Do you agree to references being taken up if you are short-listed for the appointment?  | \*Yes/No |
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| **Where did you see this position advertised?**  |  |

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| **I have not been disqualified from working with children, am not named on DfE List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (e.g. the former General Teaching Council)****I understand that the successful applicant will be required to provide an enhanced disclosure from the DBS. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which are not “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.** **The Trust will use the DBS check to comply with the Childcare Disqualification Regulations.****To meet our obligations under Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided on this form may be used and processed by The Langley Academy Trust for recruitment and personnel administration and for equality monitoring. Such use will be subject to the provisions of the Data Protection Act 1998.****I confirm the information given in this form is correct and understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made.** |
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| Signature: |  | Date: |