

Application form

Teaching roles

Please call 01720 424850 if you have any questions on how to complete **this** form or if you require it in a different format.

Please fill in all sections of the form using black ink/type. The information you provide will help us make a fair decision in the selection process.

|  |  |
| --- | --- |
| About the role | |
| Role applied for: |  |
| Ref no: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| About you | | | |
| Title: |  | Surname: |  |
| First name(s): |  | Date of birth: |  |
| Home address: |  | Home phone: |  |
| Work phone: |  |
| Mobile: |  |
| Postcode: |  | Email: |  |
| NI Number: |  | (You can get this from the Department of Work & Pensions) | |

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifications achieved from secondary, higher and further education | | | |
| Age 11 -16: | | | |
| School/college attended (with dates) and location | Level and number of qualifications (e.g. 10 O Levels) | Grade awarded | Year achieved |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Post 16 education below degree level: | | | |
| School/college attended (with dates) and location | Qualifications achieved with subjects | Grade awarded | Year achieved |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Education at degree level and beyond: | | | |
| Type of qualification (BA, BSc, Bed, Hons, MA PH.D etc) | University/college & subject title of qualification | Class or Grade | Year achieved |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Teaching qualification (if not detailed above): | | | |
| Name of qualification, age range, subjects qualified to teach | Name of training provider | Grade | Year achieved |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Specific qualifications related to teaching and education: | | | |
| Name of qualification (NPQH, SEN, PG Dip) | Provider | Grade | Date achieved (dd/mm/yy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Teacher Training | | |
| Do you have Qualified Teacher Status? | |  |
| Date achieved: | | |
| DFES GTC/Teacher reference number: | | |
| Statutory induction period (if qualified after 7th May 1999):- | | |
| Started: | Completed: | |
| Are you subject to any conditions or prohibitions placed on you by the GTC  (or other) in the UK? | |  |
| If yes, please enclose details with dates in a sealed envelope and attach to this form | | |

|  |  |  |
| --- | --- | --- |
| Non award bearing professional development undertaken in last five years | | |
| Name of provider | Title of course/training (e.g. first aid at work, child protection, risk assessments, etc) | Qualification/level of training |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your current or most recent employment | | | | |
| Note: If you are applying for your first job, please provide any voluntary work/work experience in the “Previous employment or experience” section. | | | | |
| Employer name: |  | Job title: | |  |
| Employer address: |  | Salary: | |  |
| Start date: | |  |
| Leave date:  (if applicable) | |  |
| Reason for leaving: |  | | | |
| If this is/was a teaching post, please provide:-  Type of school (delete as appropriate): nursery, infant, junior, primary, middle, special, PRU, secondary, other (please state): | | | | |
| Status of school (delete as appropriate): community, foundation, trust, formal federation, independent, academy, VC, VA, other (please state): | | | | |
| Gender taught (delete as appropriate): boys, girls or mixed Number on roll: | | | | |
| Key stage(s) or year group(s) (if primary) taught: | | | | |
| Salary & salary point: | | | Additional allowances (TLR,SEN, R&R): | |
| Main duties and responsibilities (include any additional roles undertaken organising school trips, events, leading activities, etc): | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous employment or experience | | | | |
| Start with the most recent first and work backwards. You must explain any gaps in your work history since you left education (e.g. unemployment; career breaks; voluntary work; travel etc). | | | | |
| Dates  (dd/mm/yy) | | Name of school/employer and address  or  Reason for gap in employment | Job title, duties and responsibilities.  Please include: type/status of school; number on roll; key stage(s) or year group taught; and gender taught | Reason for leaving |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Safeguarding children, young people & vulnerable adults |
| We are committed to safeguarding children, young people and vulnerable adults. From your training and/or experience, please give examples that demonstrate your knowledge and commitment to safeguarding and how you would ensure these vulnerable groups remain in a safe environment. |
|  |

|  |
| --- |
| Your supporting statement |
| This important part of your application will be used to decide if you meet the criteria and should be shortlisted for interview. Refer to the role information supplied and tell us how your skills and experience match. Use examples where possible and provide the situation or task, your action(s) and the result.  If you are applying for your first job, provide examples of other relevant experience that will help us decide your suitability, e.g. gained through education, the community etc. |
|  |

|  |
| --- |
| Interview requirements |
| We will make reasonable adjustments to help a person with disabilities through the application and selection process. If you have specific requirements for attending an interview, please let us know: |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| References | | | | | |
| Please provide 2 references. Do not use friends or relatives. We will ask for references before your interview.  We will ask for references before your interview. If any of your previous roles (voluntary or paid) involved working with children, young people and/or vulnerable adults, we will ask for information about past disciplinary issues relating to these vulnerable groups (including any in which the time penalty is ‘time expired’) and whether you have been subject to any child/vulnerable adult protection concerns and the outcome of any enquiry or disciplinary procedure. If you have any concerns, please contact us the school you are applying to. | | | | | |
| Reference 1: This must be your current or most recent employer or, if you do not have any previous employment, your most recent tutor (school, college or university). | | | Reference 2: If you have worked with children, young people or vulnerable adults in the past, but are not currently, this must be the most recent employer by whom you were employed to work with these vulnerable groups. Otherwise, a reference of your choice. | | |
| Full name: |  | | Full name: |  | |
| Job title: |  | | Job title: |  | |
| Employer: |  | | Employer: |  | |
| Address: |  | | Address: |  | |
| Postcode: |  | | Postcode: |  | |
| Email: |  | | Email: |  | |
| Relationship to you: |  | | Relationship to you: |  | |
| Did this role involve working with children, young people and/or vulnerable adults? | |  | Did this role involve working with children, young people and/or vulnerable adults? | |  |

|  |  |
| --- | --- |
| Independent Safeguarding Authority (ISA) registration | |
| Are you currently ISA registered? |  |
| If yes, please provide your ISA 20 digit personal registration number (by providing this you are giving us consent to check your registration status with the ISA): | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |
| 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? | | | |  |
| If 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? | | | |  |
| If yes, please provide details: | | | | |
| Any subsequent offer of employment will be subject to a Disclosure Barring Search (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 and that Cornwall Council will request my authorisation for such a check to be made. | | | | |
| Signature: |  | Date: |  | |

|  |  |  |
| --- | --- | --- |
| Disclosure of interest | | |
| Have you ever received a redundancy payment or pension from a local authority? |  |  |
| 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)? |  |  |
| 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? |  |  |
| If needed, do you have a full current UK driving licence? |  |  |
| The Working Time Regulations (1998) require us to check the hours worked by employees. Would this role be your only employment? |  |  |
| 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 or employee of Cornwall Council 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 employee of Five Islands Academy, or School Governor? |  |  |
| 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? |  |  |
| 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? |  |  |
| If yes, please give details: | |  |

|  |
| --- |
| How we protect your personal information |
| We keep on file information from this application form, equal opportunities form and any documents you attach. This is required for recruitment and equal opportunities monitoring purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation and will not be sold to any third party. Unsuccessful application forms will be destroyed after 6 months; anonymised data will be kept for monitoring purposes |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | |
| Signature (applicant): | |  | | Date: | |  |
| Please sign and date if you are returning the form by post. If returning by email, you will be asked to sign a copy before any offer of employment is made. | | | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | | | |
| Name (printed): |  | | Contact number: | |  | |

Thank you for taking the time and effort to complete this application form. Please return it either by:

e-mail to: rebeccalittlejohn@fiveislands.org

Post to: Rebecca Littlejohn

Five Islands Academy

Carn Gwaval

Church Road

St Mary’s

Isles of Scilly

Please make sure you complete our equal opportunities monitoring form.