

EMPLOYMENT APPLICATION FORM TEACHING STAFF



Tunbridge Wells Girls' Grammar School

Southfield Road, Tunbridge Wells, Kent, TN4 9UJ.

Tel: (01892) 520902 or 520082

Headteacher - Mrs K Marchant BSc(Hons) MA

Email: admin@twggs.kent.sch.uk

POST APPLIED FOR (Job Title):	
Where did you see this advertised?	

We prefer applications to be emailed to us at admin@twggs.kent.sch.uk or, if you are unable to do so, sent by post to us at the address above. All sections must be completed in full, and in black ink. A CV may be submitted as supplementary information but should not be used as a substitute for any part of the form. Your application will be treated in the strictest confidence. Late applications may not be considered.

PERSONAL DETAILS

Title:	First Name(s):	Surname:
		Previous surname(s):
Address:	Work Tel No:	Home Tel No:
	Mobile No:	Personal Email:
	NI Number:	
Post Code:	Teacher Reference Number:	
	TRA full registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next-Of-Kin:		
Name:		
Address:		
Tel. Numbers:		
Home:		
Work:		
Mobile:		
Workplace:		
(Company Name and Address):		

DISCLOSURE OF RELATIONSHIP

Are you related to a member of the School
Governing Body?

If yes, please provide details:

Yes

No

EDUCATION, QUALIFICATIONS AND TRAINING

Original documentation of qualifications will be required prior to an appointment.

SECONDARY EDUCATION

Dates		School/College	Qualifications and Grades awarded (include details of GCSEs/O levels, A levels, IB or diplomas)
From	To		

HIGHER EDUCATION (including training as a teacher)

Dates		College/University	Qualification (<i>including Class and Division</i>)
From	To		

PROFESSIONAL DEVELOPMENT

Date and Length of Course	Training Provider	Course Title/Qualification

EMPLOYMENT HISTORY

Please give details of all jobs held after the age of 18, including part time and unpaid work, starting with your current or most recent employer. **Please explain any gaps (e.g. maternity, unemployment, etc.)** When giving details of school employment please include the age range, approximate school roll number and school type i.e. maintained, independent, foundation, academy.(Continue on a separate sheet if necessary giving page numbers and title heading)

CURRENT (or most recent) EMPLOYMENT

Name of Employer:

Address:

Post Code:

Telephone No:

Date Started:

Date Left (if applicable):

Job Title/Post:

Grade/Spine Point:

Current Salary:

Reason for leaving/wishing to leave:

Brief description of main duties/responsibilities:

PREVIOUS EMPLOYMENT

Name of Employer:

Address:

Telephone No:

Dates from and to:

Full or Part Time%:

Salary upon leaving (and TLR payments):

Reason for leaving:

Name of Employer:

Address:

Telephone No:

Dates from and to:

Full or Part Time%:

Salary upon leaving (and TLR payments):

Reason for leaving:

OTHER SKILLS AND INTERESTS

Please include languages (spoken and written), computers, etc. Please provide details of any community or voluntary work experience.

PERSONAL STATEMENT

Please use this section to support the information that you have already provided regarding your suitability for this post, and how you meet the requirements of the job. Please include anything that is relevant, but be as concise as possible. You may find it useful to refer to the criteria listed in the job description. Continue on a separate sheet if necessary.

REFERENCES

Please give details of two referees, the first of which must be your current or most recent employer. Please note that references of candidates selected for interview will be taken up **prior** to interview. Students should include their University/College tutor.

Name:	Name:
Position:	Position:
School / Company Name:	School / Company Name:
Address:	Address:
Telephone No:	Telephone No:
Email:	Email:
Relationship:	Relationship:

DISABILITY STATEMENT

TWGGGS aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you are offered an interview, we will endeavour to provide appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like any further assistance or advice about this application, we will try to help.

Please answer the following questions:

1. Do you consider yourself to be disabled? Yes No
If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?
 Yes No

The Disability Discrimination Act 1995 defines a disability as “a physical or mental impairment which has substantial and long-term adverse affect on an individual’s ability to undertake normal day-to-day activities.

2. Is there anything you would like particularly like to tell us about your disability?

3. Do you wish us to try to arrange for any of the following to be available, if you are called for interview?
Please tick.

<input type="checkbox"/> Induction loop or other hearing enhancement	<input type="checkbox"/> Sign language interpreter (please state type)
<input type="checkbox"/> Keyboard for written tests	<input type="checkbox"/> Assistance in and out of vehicle
<input type="checkbox"/> Accessible car parking	<input type="checkbox"/> Wheelchair access
<input type="checkbox"/> Someone with you at the interview (e.g. advocate or facilitator)	<input type="checkbox"/> Accessible toilet
<input type="checkbox"/> Other assistance (please specify)	

The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.

We reserve the right to verify the information supplied on this form.

PROTECTION OF CHILDREN

Disclosure of criminal background is required of those with substantial access to children.

You are required to give details as this post, for which you are applying, is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exception) (Amendment) order 1986. A subsequent offer of appointment will be dependent upon the completion of a satisfactory Disclosures and Barring Services check.

Have you ever been convicted or cautioned of a criminal offence, or received a Police Reprimand or warning?

Yes No

If the answer is Yes, please give full details and dates:

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?

Yes No

If the answer is Yes, please give full details:

If you are successful in your application, would you require a work permit prior to taking up employment?

Yes No

HEALTH RECORD

Are you registered disabled? (for the purposes of considering reasonable adjustments)

Yes No

Details (if applicable):

Have you ever taken retirement granted on ill-health grounds (taking a job could affect your pension)?

Yes No

HEALTH DECLARATION

Removed to comply with the 2010 Equality Act. Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation of appointment,

DATA PROTECTION STATEMENT

I hereby give my consent for TWGGS to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. This information may be shared with third party organisations including, but not exclusive to, payroll providers, the DBS, the police and other third parties as defined by the Data Protection Act 2018 and related legislation. All information will be dealt with in accordance with data protection legislation.

SUPERANNUATION SCHEME

Do you contribute to the Teacher's Superannuation Scheme? Yes No

If you contribute to another scheme please provide details:

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Have you elected to pay Superannuation contributions for part time teaching? Yes No

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 note that, if you are submitting this form electronically, you will be required to sign this form at interview.

EQUAL OPPORTUNITIES MONITORING INFORMATION

This section of the form is **CONFIDENTIAL** and will be detached from your application prior to interview.

TWGGGS recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

ETHNIC GROUP

These are approved by the commission for Racial Equality

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other White background*
Mixed	<input type="checkbox"/> White & Black Caribbean		<input type="checkbox"/> White & Black African
	<input type="checkbox"/> White & Asian		<input type="checkbox"/> Any other Mixed background*
Asian or Asian British	<input type="checkbox"/> Indian		<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi		<input type="checkbox"/> Any other Asian background*
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Any other Black background*
Chinese or Other Ethnic Group	<input type="checkbox"/> Chinese		<input type="checkbox"/> Any other Ethnic group*

*Please specify:

I do not wish to disclose my ethnic group

Gender:

Male Female Prefer not to say

Date of Birth:

If you wish, you may disclose information about yourself in this section about you:

Religion and Beliefs:

Sexual Orientation: