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**Teacher Application**

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| Please complete this form in **black ink** or typescript. Please return to:  susie.dubber@bostonspa.leeds.sch.uk  or by post to  FAO Susie Dubber, Boston Spa Academy, Clifford Moor Road, Boston Spa, Wetherby, West Yorkshire, LS23 6RW | | | | | | | | | | | | | | | | **Closing Date:**  **Thursday 20 April, 9am 2023** | | | | | | | | |
| **Application for Appointment as: Temporary Teacher of PE**  **Grade: MPR/UPR**  **Academy/College: Boston Spa Academy** | | | | | | | | | | | | | | | | **CONFIDENTIAL:**  The information you provide on this form will be used for recruitment & selection and employment contract purposes. | | | | | | | | |
| **1. PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: First Name:  Home Address:  Postcode:  Mobile No:  Tel No (Home):  Email:  Correspondence relating to this application may be sent via email to the address supplied, please confirm you are happy to receive correspondence in this way YES / NO | | | | | | | | | | Surname:  Address for Correspondence (if different):  Postcode:  Work Tel No: | | | | | | | | | | | | | | |
| Should you be selected for interview, please indicate dates when it would be impossible for you to attend. | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold Qualified Teacher Status?  If **Yes** please provide date awarded: | | | | | & Certificate No: | | | | | | | | | | | | | | | YES/NO | | | | |
| If **No** have you applied for Qualified Teacher Status:  Have you completed your NQT induction period in the UK?    If **Yes,** please provide date of completion:  Are you already with the GTC:    If **Yes,** please provide your GTC Teacher reference No:  DfE Number National Insurance No: | | | | | | | | | | | | | | | | | | | | YES/NO  YES/NO  YES/NO | | | | |
| Are you in receipt of a public service pension?  If you are returning to teaching have you been granted Infirmity Retirement by the  Department of Education and Skills?  (If YES please give the date) | | | | | | | | | | | | | | | | | | | | YES/NO  YES/NO | | | | |
| Are you related to, or have a close relationship with any governor or staff at The GORSE Academies Trust?  (If YES please give details below) | | | | | | | | | | | | | | | | | | | | YES/NO | | | | |
| **References:** Please give the names and addresses of two referees.It is expected that Teachers and Leadership will name the **Headteacher or Principal** of their current/last school **and** their most recent previous school. Head Teachers should list their **Local Authority** or **Employing Body**. University leavers should name their course tutor. | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Title: Name:**  **Position:**  **Address:**  **Postcode:**  **Telephone No:**  **Email:**  **Capacity in which known:** | | | | | | | | | | | **2. Title: Name:**  **Position:**  **Address:**  **Postcode:**  **Telephone No:**  **Email:**  **Capacity in which known:** | | | | | | | | | | | | | |
| **Your referees will be automatically contacted if you are selected for Interview** | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. SECONDARY, FURTHER AND HIGHER EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Date  (month and year)  From To | School, College, University or Educational Establishment | | | | | | | | Examinations taken or being taken, or any other qualifications obtained | | | | | | | | | | Full or  Part Time | | | | Exam Result  & Grade  (with dates) | |
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| **3. CONTINUING PROFESSIONAL DEVELOPMENT/TRAINING** (appropriate to role) | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Title | | Provider | | | | | | Dates and Duration | | | | | | Course completed  (Yes/No) | | | | | | | Awards  (if any) | | | |
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| **4. EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Present Post (or most Recent): | | | | | | | Employing Authority: | | | | | | | | | | Date of Appointment: | | | | | | | |
| Post Held: | | | | | | | Grade/Allowances: | | | | | | | | | | Salary: | | | | | | | |
| Previous Teaching Appointments listed in sequence.  Please include your Teaching Practice (if this is your first appointment) | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School/ Unit/ College and employing authority | Age Range and NOR | | Full or Part Time | | | Title of Post and Grade | | | | | | Period of Service | | | | | | | | | | Reason for Leaving | | |
| From  (Month-Year) | | | To  (Month-Year) | | | | | | |
|  |  | |  | | |  | | | | | |  | | |  | | | | | | |  | | |
| **5. OTHER WORK EXPERIENCE** (please start with most recent)  Please give details in chronological order of any experiences/activities which you consider relevant to teaching e.g., commercial experience, raising a family, youth work, and voluntary work. | | | | | | | | | | | | | | | | | | | | | | | | |
| Details and nature of work/activity | | | | Name of Employer | | | | | | | | | Period of Service | | | | | | | | | | | Full or Part Time |
| From  (Month-Year) | | | | | To  (Month-Year) | | | | | |
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| **6. INFORMATION IN SUPPORT OF THIS APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| (You may use this space to provide any information you wish, including any interest or unpaid activity. Ensure that you provide a full description of all skills, knowledge, and experience that you feel are relevant to the post for which you are applying. Please restrict any additional information you wish to supply to two sides of A4 paper). | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rehabilitation of Offenders Act 1974**  All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions are ‘protected’. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website  Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, **prior to the date of the interview**. You may be asked for further information about your criminal history during the recruitment process. If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.  **Shortlisted candidates will be emailed a self-disclosure form together with a flow chart detailing what is ‘protected’ under the Act and should not be disclosed. Please complete and provide this form at interview in an envelope marked “Private & Confidential” - For the Chair of the Recruitment Panel.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please detail where you saw this post advertised:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Privacy Notice**  The information detailed in this application form will be used to process your application and in line with The GORSE Academies Trust Recruitment and Selection process. The lawful basis for processing this information is with a view to entering a contract with you.  Your information may be shared may be shared with Human Resources in their role as data processor under the terms of the service level agreement where they have a legitimate business need to access it and externally where required for the recruitment process, for example, to obtain references or where background checks are required. Your information will only be shared where necessary, and in accordance with data protection law.  If successful, this form will be retained on your personnel file and kept for a period of 6 years after the termination of your employment.  Application forms submitted by unsuccessful candidates will be destroyed after six months from the date the post was appointed to.  Information on how The Gorse Academies Trust processes your personal data, organisations we may share your data with, your rights as a data-subject and contact details for any enquiries can be found on our website at the following link: <https://www.tgat.org.uk/privacy-notice/>. If you would like a written copy of this information, please email: [info@tgat.org.uk](mailto:info@tgat.org.uk)  The GORSE Academies Trust reserves the right to conduct on-line searches on applicants as appropriate.  I confirm that the above information is complete and accurate, and I understand that any offer of employment is subject to:   1. References which are satisfactory to the Trust 2. A satisfactory DBS certificate and check of the Barred List 3. The entries on the form proving to be complete and accurate 4. A satisfactory medical report (where appropriate) 5. Evidence of the right to work in the UK   **I confirm that I have not been disqualified from working with children, cautioned, or sanctioned in this regard and that all information given in this application is accurate.**  **Signed: Date:**  **If you are selected for an interview, you will be asked to sign a hard copy of this form** | | | | | | | | | | | | | | | | | | | | | | | | |