

APPLICATION FOR TEACHING APPOINTMENT



This application form must be completed, but additional information and continuation sheets may be attached. Please make sure you read the accompanying information before you complete this form.

Position Applied For:
(if secondary please show subject specialism)

School/Location:

Personal Details

Surname:

Title:

Forenames:

Address:

Postcode:

Mobile Tel:

Home Tel:

Work Tel:

Email:

Offers of Appointment are subject to satisfactory references, medical clearance and an enhanced Disclosure and Barring Service (DBS) check

The work for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as 'spent' under this Act, and any cautions or bind overs. If your application is successful, you will be sent a DBS Application link to complete online and here you must make any declarations.

Please declare any convictions on the Continuation Sheet.

Declaration

I declare that the information set out in this application form is true in all respects and I understand that false information may render me liable for dismissal if I am appointed. I am also aware that canvassing of Members of the Council directly or indirectly is strictly prohibited and will disqualify me from the post.

In signing this application I declare that I am not on the Children's Barred list, I have not been disqualified from work with children and I am not subject to sanctions imposed by a regulatory body.

Signed:

Date:

Education

Secondary and Further Education Details

Date	Name of school/college	Qualifications including subject & grade

Higher Education & Teaching Qualifications

If you gained QTS via an employment based route, please give details and the date QTS was awarded. If you are currently working towards QTS please give the likely date of completion and route being followed (e.g. PGCE, GTP)

Date	Name of college/university (address if outside UK)	Degrees/ Postgraduate Qualifications including subject and class

Do you have UK Qualified Teacher Status? YES/NO	Teacher No:
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Give details of any other vocational training you have undertaken with dates:

You may be asked to bring your certificates with you to interview

Employment

Current/Last Teaching Post

Name of Current/Last School:

Job Title:

Local Authority:

Dates of Employment:

Full Time/Part Time (FTE):

Age Range taught:

No. on roll:

Duties & Responsibilities:

Reason for leaving/considering leaving:

Current spinal point:

Unqualified/Main/Upper/ Leadership/AST/Excellent
(please identify pay scale)

Current allowances: £

TLR/SEN/Recruitment/ Retention/ Unqualified
(please identify all applicable)

Does this pay spine include London
Allowance YES/NO

Inner/Outer/Fringe (please identify which
allowance you receive)

Full Employment History Excluding Current/Last Teaching Post (show most recent first)

Please include all positions including those outside of teaching. Continue on a separate sheet if necessary. Please record any periods of unemployment giving a reason in the section below.

Dates From MM/YYYY to MM/YYYY	School/LA/Employer	Job Title, Main Responsibilities & Reason for Leaving	Salary/ Scale

From MM/YYYY to MM/YYYY	School/LA/Employer	Job Title, Main Responsibilities & Reason for Leaving	Salary/ Scale

Please provide a brief explanation for periods not in employment, education or training

About You And Why You Are Interested In This Position

Please state why you are interested in this position and give details of skills and experience relevant to this post, taking account of any information you have been sent relating to this job. Reference can be made to voluntary work and other interests.

References

Please give the names and addresses of TWO people who will provide a reference. At least one should be from your current/last employer, but references from schools/colleges are also acceptable. If you give a home address for a referee, please indicate which employer or college/university they represent. In the interests of safeguarding we would ask for all applicants to give permission for references to be acquired prior to interview. Also, in relation to work with children, we may seek information about any past disciplinary issues relating to children and/or child protection concerns. For posts in contact with children/young people or vulnerable adults employment references will not be accepted from relatives or people solely in the capacity of friend.

1.	2.
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Fax No:	Fax No:
Email:	Email:
Position Held:	Position Held:
May we contact prior to interview? YES/NO	May we contact prior to interview? YES/NO

If this application is for a Head Teacher post please provide a Local Authority Reference also:

Name:	Position:
Local Authority:	

Further Information

Are you currently registered with the General Teaching Council? YES/NO

We are serious about providing employment opportunities for disabled people and welcome applications. Do you consider you have a disability, as defined by the Equality Act 2010 (this has replaced the Disability Discrimination Act)? For these purposes this means if you have “a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.” If you have been diagnosed with cancer, HIV or MS this will also apply. We will guarantee an interview to all applicants with a disability who meet the essential criteria on the person specification. In order for us to assess your right to a guaranteed interview please indicate below whether you have a disability.
YES/NO

Are you related to any employee of Bracknell Forest Council, any elected member of the council or any school governor? YES/NO
If YES please give details.

BRACKNELL FOREST COUNCIL IS UNDER A DUTY TO PROTECT THE PUBLIC FUNDS IT ADMINISTERS, AND TO THIS END MAY USE THE INFORMATION YOU HAVE PROVIDED ON THIS FORM FOR THE PREVENTION AND DETECTION OF FRAUD. IT MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES RESPONSIBLE FOR AUDITING AND ADMINISTERING FUNDS FOR THESE PURPOSES. FOR FURTHER INFORMATION SEE WWW.BRACKNELL-FOREST.GOV.UK/NFI OR CONTACT INTERNAL AUDIT ON 01344 352322.

Equal Opportunities Monitoring

The remaining part of the form will not be seen by those involved in the shortlisting process.

Surname:

Title:

Forename(s):

Date of birth:

Position applied for:

School/Location:

To help us ensure that our equal opportunities policy is fully and fairly implemented please complete this section of the monitoring form. The information provided is kept separately from the remainder of your application and is not seen by anyone involved in short listing either during or after the recruitment process.

Please tick as appropriate:

Female: ☐

Male: ☐

Which of the following group do you belong to?

ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH		CHINESE OR OTHER ETHNIC GROUP		MIXED		WHITE	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	British	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Gypsy/Irish Traveller	<input type="checkbox"/>
Nepali	<input type="checkbox"/>					Other Mixed	<input type="checkbox"/>	Show people/ Circus	<input type="checkbox"/>
Other	<input type="checkbox"/>					Prefer not to say	<input type="checkbox"/>	Other	<input type="checkbox"/>

Which of the following best represents your religion/belief?

Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>		
Hindu	<input type="checkbox"/>	Other religion/belief	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>	No religion/belief	<input type="checkbox"/>		

Which of the following best represents your sexual orientation?

Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay man	<input type="checkbox"/>		
Heterosexual/Straight	<input type="checkbox"/>		
Lesbian/Gay woman	<input type="checkbox"/>		

Are you disabled (as defined by the Equality Act 2010)? YES/NO

If yes, please give details:

BFC is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.bracknell-forest.gov.uk/nfi or contact internal Audit on 01344 352322.

