 **APPLICATION FORM**

**PLEASE PRINT CLEARLY IN BLACK INK**

|  |  |
| --- | --- |
| POSITION APPLIED FOR: |  |
| AS ADVERTISED IN: |  |

|  |  |
| --- | --- |
| 1. PERSONAL DETAILS | |
| Surname\*:  Previous Surname: | First Name\*: |
| Address for correspondence\*: | Home telephone number:  Mobile telephone number\*:  E-mail address\*: |
| DfE Number\*: | Membership of professional body: |
| NI Number\*: | If you are not a UK national, do you have a valid work permit? \* Yes/No |

\* must be completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. EDUCATIONAL QUALIFICATIONS  Please give details of your education, listing secondary schools, colleges and universities attended. Evidence of qualifications will be required (continue on a separate sheet if necessary) | | | | |
| General Education  From To | | School, College or University | Examinations taken or to be taken (with dates) | Qualifications obtained (include grade and/or class of degree) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. TEACHING QUALIFICATIONS | | | |
| Examining Body/Institution | Qualification Awarded | Grade/Level Awarded | Date Awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. CONTINUING PROFESSIONAL DEVELOPMENT  Please give details of relevant courses attended or professional training received in the last three years | | | | | | | | |
| Course | | | | | | Date | | |
| 5. EMPLOYMENT HISTORY  Current Employment | | | | | | | | |
| Name and address of current employer: | | | | | | | | |
| Position Held | | Start Date | Length of notice required | | Current Salary | | | Reason for Leaving |
|  | |  |  | |  | | |  |
| Please give brief description of your duties and responsibilities | | | | | | | | |
|  | | | | | | | | |
| Previous Employment (continue on a separate sheet if necessary) | | | | | | | | |
| Date From/To | Organisation | | | Position | | | Reason for Leaving | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |

|  |  |
| --- | --- |
| 6. REFERENCES  Please provide details of two referees who can be contacted to support your application. The first referee should be your current (or most recent) employer. If your most recent employment does not involve working with children or young people, you should also give your most recent employer, who can provide information on your work with children or young people. References will not be accepted from relatives or from people writing solely in the capacity of friends. | |
| **Referee 1**  Name:  Position:  Address:  Tel:  Email:  Please state whether we are able to take up this reference prior to interview:  Yes/No | **Referee 2**  Name:  Position:  Address:  Tel:  Email:  Please state whether we are able to take up this reference prior to interview:  Yes/No |

|  |
| --- |
| 7. SUPPORTING STATEMENT  Please outline how your education, skills and experiences will contribute to you successfully undertaking this post. Please include information about your personal drive, mission and ethos (continue on a separate sheet if necessary) |
|  |

|  |  |
| --- | --- |
| Please tick this box if you consider yourself to have a disability and wish to be considered under the Disability Confident Scheme. This scheme guarantees candidates with a disability, who meet all the essential role criteria, an interview. |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR TEACHING POSTS ONLY**

Please complete the table below with the results of your students for the last three years and bring it to interview

**NEWLY QUALIFIED TEACHERS should provide a copy of the report from their teaching placement in place of this information.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Level/ Syllabus | Group Size | A/Distinction | B/Merit | C/Pass | D | E | Comments on general ability of the group/value added information |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

I certify that the information contained in this form is a correct record and understand that falsification of any details would lead to my application/ appointment being revoked. I give my permission to any information contained herein, together with supplementary documentation provided by me as part of my application, being processed in accordance with the data protection regulations currently in force.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only – Online Recruitment Checks

|  |  |
| --- | --- |
| Date Check Completed | Name of Checker |
|  |  |

**DECLARATION**

**Upon receipt, this part of the form will be separated from your application before short listing takes place.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 8. POLICY ON THE EMPLOYMENT OF PEOPLE WITH A CRIMINAL RECORD | | | | | |
| **REHABILITATION OF OFFENDERS ACT 1974**  The nature of the post means that you are exempt from Section 4(2) of the rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Please tick appropriate boxes: | | | | | |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the [Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf)? | | Yes |  | No |  |
| Have you ever been convicted of any offence in a Court of Law or received any bind-overs or cautions from the police? | | Yes |  | No |  |
| Have you ever been included on the DfES List 99 or Teacher Services Restrictions List? | | Yes |  | No |  |
| Have you ever been disqualified from working with children? | | Yes |  | No |  |
| Have you ever been or are currently subject to sanctions imposed by a Regulatory body, e.g. The General Teaching Council? | | Yes |  | No |  |
| If you have answered Yes to any of the above questions, please give brief details and dates of any offences below (or if insufficient space continue on a separate sheet of paper) | | | | | |
| 9. EMPLOYMENT DECLARATION | | | | | |
| Have you left any previous job for the reason of early retirement/voluntary redundancy? Yes/No  If yes, please provide details | | | | | |
| Have you ever been dismissed from any previous employment on the grounds of  misconduct or incapability? Yes/No  If yes, please give details | | | | | |
| Have you ever worked for or applied to The County High School, Leftwich before? Yes/No  If yes, please provide details including positions applied for and dates | | | | | |
| Do you know any member of the School’s Governing Body or a member of staff? Yes/No  If yes, please state name(s)  Canvassing by or on behalf of applicants will lead to immediate disqualification | | | | | |
| 10. DECLARATION  I certify that to the best of my knowledge the information given in this application is factually correct and I understand that discovery of any false information may, in the event of my employment, result in dismissal or disciplinary action by the School. I understand that should my employment begin before my references and police clearance have been received and these prove to be unsatisfactory, my engagement may be ended without prior notice. | | | | | |
| Name: | | | | | |
| Signed: | Date: | | | | |

**EQUAL OPPORTUNITIES MONITORING**

**Please fill in the details required and/or tick the appropriate boxes**

|  |  |
| --- | --- |
| POSITION APPLIED FOR: |  |
| AS ADVERTISED IN: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender**  (If you are undergoing gender reassignment, use the gender identity you intend to acquire) | | | |
| Male |  | Female |  |
| Prefer not to say |  | Intersex/Other |  |

|  |  |
| --- | --- |
| **Age** | **Date of Birth** |
| Age: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability**  Do you consider that you have a disability as defined by the Equality Act? | | | |
| Yes |  | No |  |
| Prefer not to say |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity**  How would you describe your nationality and ethnicity? | | | | | |
| **White** | | **Black** | | **Chinese or Other Ethnic Group** | |
| White – British |  | Black African |  | Chinese |  |
| White – Irish |  | Black Caribbean |  | Other Ethnic Group |  |
| Other White |  | Other Black |  |  |  |
| **Mixed** | | **Asian or Asian British** | | **Prefer not to say** |  |
| White and Asian |  | Bangladeshi |  |  |  |
| White and Black African |  | Indian |  |  |  |
| White and Black Caribbean |  | Pakistani |  |  |  |
| Other Mixed |  | Other Asian |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion**  How would you describe your religion or other strongly held belief? | | | |
| I would describe my religion or belief as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| I have no particular religion or belief |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual Orientation**  How would you describe your sexual orientation? | | | | | |
| Heterosexual |  | Gay Man |  | Prefer not to say |  |
| Bisexual |  | Gay Woman/ Lesbian |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Marriage or Civil Partnership**  How would you describe your marital status? | | | |
| Single |  | Civil Partnership |  |
| Married |  | Prefer not to say |  |