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| **CONFIDENTIAL** |
| Application FormTEACHING |
| **Candidate's Name** (Mr / Mrs / Ms / Miss) |  |
| **School/Establishment**  | Christopher Whitehead Language College |
| **Post**  | Teacher of Spanish |
| 10.22 |  |
| Thank you for requesting an application form for the above vacancy. Please ensure that you complete all sections of this form in black ink or typeface to enable photocopying of the form. Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested.The school will only be contacting short-listed candidates. If you do not receive a letter within six weeks from the closing date, you should assume that your application has been unsuccessful.**Your completed application form should be sent by email to:****recruitment@cwlc.email** |

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| **1. Personal Details** |
| Surname /Family Name |       | Forenames(s): |       |
|  |  |  |  |
| Former Surname/Family Name |       |  |  |
|  |  |  |  |
| Preferred Title: |       |  | Date of Birth: (DD/MM/YY)   /  /   |
|  |  |  |  |
| Home Address:**Email**: |            | Contact Address (if different) |       |
|  |  |  |  |
| DfES Reference No: |       | NationalInsurance No: |       |
|  |  |  |  |
| Telephone No:(Home) |       | Telephone No:(Mobile) |       |
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| DisabilityThe Governing Body undertakes to interview disabled people who meet the minimum/essential criteria detailed on the person specification. For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.Please confirm therefore whether you have a disability [ ]  Yes [ ]  NoIf you need any particular arrangements to be made for interview e.g. access, sign interpreter, induction loop system,taping of documents etc., please specify: |
|       |
| RelationshipsAre you related to an employee or governor of the school or an elected memberor an employee of Worcestershire County Council? [ ]  Yes [ ]  No |
| If yes, please state relationship: |       |
| Note: *Canvassing will lead to disqualification for appointment.* |
| PensionAre you in receipt of a Teacher’s Pension? [ ]  Yes [ ]  NoIf yes, please specify reason and date:      |

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| **2. Education, Training and Qualifications** Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post. |
| Name of School/College/Universityattended | From - To(Month/Year) | (\*) Qualificationsincluding Grades | Date Obtained(Month/Year) |
| Schools (after age 11) |  |  |  |
|       |       |       |       |
| Further or Higher Education(Full or Part Time) |  |  |  |
|       |       |       |       |
| Teaching Qualifications |  |  |  |
|       |       |       |       |
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| Age Range Trained       |
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| Professional Development*(relevant courses and other including dates)*      |
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| Membership of Professional Bodies (excluding Teachers' Professional associations)      |
| \* *Applicants invited for interview will be required to produce documentary evidence of their qualifications* |

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| **3. Employment/Work Experience**Please include any previous work experience, either paid, unpaid or voluntary starting with the most recent. |
|  | Current/most recent School or other employer (with address) |
|  |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Position Held: |       | Full or Part Time: |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Present salary and point on pay spine: |       |  | Date employment ceased if applicable: |  |
|  |  |  |  |  |  |  |  |
|  | Date Started: |       |  |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Employing Authority: |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Age Range: |       | Boys/Girls/Mixed: |       |  | Approx No. on Roll: |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Duties and Responsibilities:      |
|  | Date Passed Threshold (if applicable):       |
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| Previous schools or other employers/employer and Employing Authority | Age Range + Boys/Girls/ Mixed | Approx. No. on Roll | Position held and responsibilities (and full time or part time) | Dates | Reasons forLeaving |
| From | To |
|       |       |       |       |       |       |       |

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| **4. Supporting Statement****Please use this space to give information in support of your application for this post. You may wish to include details of any interests, experience, responsibilities or education philosophy which you consider relevant.** |
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| **5. Convictions/Disqualifications** **EXEMPT EMPLOYMENT**Please give details and dates of (a) Any convictions (including driving offences) and/or**(b) Disqualifications from driving or performance of professional duties.**Because the work of this job will involve vulnerable people the County Council will check with the Criminal Records Bureau to see if you have any criminal convictions. You **must** tell us if you have any convictions, bind-overs or cautions even if they are spent under the Rehabilitation of Offenders Act 1974. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from the job offer in relation to this form.You **must** tick one of the two boxes below: I have a criminal conviction or a bind-over or a caution, even if this was a long time [ ]  Ago and even if it would be regarded as spent under the terms of the Rehabilitation of Offenders Act and I attach an additional sheet providing details and dates. or I do not have any convictions, bind-overs or cautions. [ ] Driving offencesI have the following number of penalty points on my driving licence.       . |
| **6. References**Please give details of two people who are able and willing to comment on your suitability for this job. If you are or have been employed, one should be your present or most recent employer.*Please remember to include a church referee if requested in the post details.* |
| A. | **Title** & Name:       | B. | **Title** & Name:       |
| Address:       | Address:      |
| Telephone number:      **Email**:       | Telephone number:      **Email**:       |
| Relationship to you e.g. Headteacher:      | Relationship to you e.g. Headteacher:      |
| ***Note:*** Unless you specify otherwise, we will not consult you prior to approaching these referees. |
| **7. Declaration**  |
|  | I declare that the information given in this application form is correct and complete. |
|  | Signature: |       |  | Date:   /  /   |
|  | ***Note:*** False statements or failure to disclosure any information requested in this application form may disqualify a candidate.Discovery after appointment may lead to dismissal or disciplinary action by the Authority. |
|  | Data Protection Act 1998 – Consent and Certification of DetailsAs part of the process of appointing a new teacher, the Authority may disclose information to, and request information from, thirdparties for the purpose of undertaking pre employment checks. In accordance with the Data Protection Act 1998, your consent isrequired before approaching third parties for information in relation to pre-employment checks. |
|  | Signature: |       |  | Date:   /  /   |

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| **Form Serial Number ………………….**  |
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| Equal Opportunities Monitoring FormWorcestershire County Council is committed to the elimination of all forms of unjustifiable discrimination.The County Council will actively pursue equality of opportunity for all by seeking to ensure that allprospective and existing employees are treated fairly. Personal circumstances and characteristics will onlybe taken into account when they can be justified as being relevant to employment. To enable the CountyCouncil to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** tocomplete the questions detailed below**This information will be treated as completely confidential and will be used for monitoring purposes****only. This information will be detached from the application form on receipt and will not be****considered during the selection process.** |
|  | **Please tick as appropriate:****1. Which of the following do you consider to be your ethnic origin?** (tick only one box), see below for explanatory notes. |  |
|  |  | [ ]  White British (AWB) | [ ]  White and Black Caribbean (BWBC) | [ ]  Indian (CIN) |  |
|  | [ ]  White Irish (AWI) | [ ]  White and Black African (BWBA) | [ ]  Pakistani (CP) |
|  | [ ]  White Other (AWO) | [ ]  White and Asian (BWA) | [ ]  Bangladeshi (CB) |
|  |  | [ ]  Mixed Other (BMO) | [ ]  Asian Other (CAO) |
|  | [ ]  Caribbean (DBC) |  |  |
|  | [ ]  African (DBA) | [ ]  Chinese (ECH) |  |
|  | [ ]  Black Other (DBO) | [ ]  Other Ethnic Group (EOE) (Please describe) ........................ |
|  | **2. Are you** **[ ]** Male**[ ]** Female**3. Do you have a disability?** **[ ]** Yes**[ ]** No |  |
|  |  For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.**4. Please tick the age band currently applicable to you** |  |
|  | [ ]  i. up to 19 | [ ]  ii. 20-29 | [ ]  iii. 30-39 | [ ]  iv. 40-49 | [ ]  v. 50-65 | [ ]  vi. Over 65 |  |
| **Where did you see this post advertised?**       |
| **Monitoring Form Explanatory Notes**The ethnic groups set out above are those recommended by the Commission for Racial Equality and used inthe 2001 Census.Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broadethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than oneethnic group, please tick the group to which you consider you belong or tick the ‘other ethnic group’ box andgive details in the space provided above. |