|  |  |  |  |
| --- | --- | --- | --- |
| B&D LOGO sml | | **Teacher Application Form** | |
| Promoting equal opportunities and celebrating diversity | | | |
| Job applied for: |  | | |
| Closing date: |  | |  |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | |
| Your preferred title: |  | | |
| First name or names: |  | | |
| Last name: |  | | |
| Address: |  | | |
|  |  | | |
|  |  | | |
| Home phone number: |  | Work phone number: |  |
| Mobile phone number: |  | | |
| E-mail address: |  | | |
| National Insurance number: |  | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT OR MOST RECENT EMPLOYMENT** | | | | | | | | | | | | | | | |
| Employer’s name and full address: | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Job title: | |  | | | | | | | | Main |  | | Threshold |  |  |
| Number on Roll (NOR): | |  | | | | | | | |  | | | | | |
| Local Authority: | |  | | | | | | | | LDS |  | | UNQ |  |  |
| Spinal point | |  | |  | Current salary rate | | | | £ | | | | | | |
| Other allowances you are currently receiving including TLR/SEN | | | | | | | |  | | | | | | | |
| Subjects and ages taught (please continue on a separate sheet if necessary): | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Dates employed: | From | |  | | | To |  | | | | |  | | | |
| Reason for leaving: |  | | | | | | | | | | | | | | |
| Notice you need to give: |  | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | |
| **Please list the most recent first and continue on a separate sheet if necessary** | | | | | | | | | | | | | | | | | | | | | | |
| Date from | Date to | | Employer’s name and address including local authority | | | | | | | | | Job title | | | | | | Reason for leaving | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | | | | | |  | | | | |
| If you have had any breaks in employment since leaving school, please give details of these periods and your activities during these times (for example, unemployment, raising a family, voluntary work, training and so on) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Professional Status** | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold qualified teacher status? | | | | | Yes |  | No | | |  | If *Yes*, please give date of award | | | | | | | | | |  | |
| Teacher Reference Number (for example, 12/34567) | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Have you successfully completed a period of induction as a qualified teacher in this country where the DFE required this? | | | | | | | | | | | | | | Yes | | |  | No | |  | |  |
| If *Yes,* please give date of completion and which LA | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Was your teacher qualification gained from one of the countries that automatically qualify for QTS equivalence? | | | | | | | | | | | | | Yes | | |  | | No |  | | |  |
| If yes please confirm country | | | |  | | | | | | | | | | |  | | | | | | | |
| Do you hold NPQH | | | | | | | | | | | | | | Yes | |  | | No |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Are you subject to any conditions or prohibitions place on you by the Teaching Agency, Department for Education or similar departments? | | | | | | | | | | | | | Yes | | |  | | No |  | | |  |
| If *yes*, give details: | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELEVANT EDUCATION, TECHNICAL AND/OR PROFESSIONAL QUALIFICATIONS** | | | | | |
| Please include any qualification, training and current membership of professional associations that are relevant to the post. (Continue on a separate sheet if necessary.) | | | | | |
| **Date from** | **Date to** | **Name and location of School/College, professional body and so on** | **Subjects, status and qualifications achieved** | **Level and grade** | **Date achieved** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TRAINING, SEMINARS OR SHORT COURSES THAT ARE RELEVANT TO THE POST**  Details of relevant personal development/training courses. (Please continue on a separate sheet if necessary.) | | |
| **Brief description and course title** | **Date of attendance** | **How long it lasted** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **PERSONAL STATEMENT** |
| Please use this section to tell us how your knowledge, skills and experience match the requirements of the job. Please continue on a separate sheet if necessary. |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXTRA INFORMATION** | | | | | | |
|  | | | | | | |
| * Can you provide evidence of your legal right to work in the UK? | | Yes |  | No |  |  |
|  | | | | | | |
| * Do you have a friend or relative (including partner) that is a councilor, school governor or works for the council or one of the borough’s schools? If *yes* please give details. | | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  | | | | | | |
| * Have you been subject to disciplinary proceedings (excluding sickness absence)? | | Yes |  | No |  |  |
|  | If yes please give details (continue on an additional sheet if necessary) | | | | | |
|  |  | | | | | |
| * Please answer the following questions only if the person specification for the post includes these requirements. | | | | | | |
| - Do you have a valid driving license? | | Yes |  | No |  |  |
|  | | | | | | |
| - Do you have access to a vehicle which you are able to use for work purposes? | | Yes |  | No |  |  |
|  | | | | | | |
| - If not, are you able to travel, for work purposes, by another form of transport? | | Yes |  | No |  |  |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REFERENCES** | | | | | | |
| Please give details of two employers who can provide us with a reference, one of whom must be your current or most recent employer. In the case of a first appointment, one referee should be from your school or college. You should only give personal references if employment references are not available.  If you are applying for headteacher position and are already a headteacher one referee should be from the Local Authority or Diocese and the other from your current chair of governors. | | | | | | |
| Name: |  | |  | Name: |  | |
| Address: |  | |  | Address: |  | |
| Post Code: | | |  | Post code: | | |
|  | | | | | | |
| Daytime phone no: |  | |  | Daytime phone no: |  | |
|  | | | | | | |
| E-mail address: |  | |  | E-mail address: |  | |
|  | | | | | | |
| Position or relationship: | |  |  | Position or relationship: | |  |
| We are looking for someone who will support the safeguarding and welfare of children in our school. Please note that, in line with DCSF Safeguarding Children and Safer Recruitment guidelines, reference will be taken on all shortlisted candidates prior to interview. | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPAIRMENT OR DISABILITY** | | | | | | | |
|  | |  |  |  | |  | |
| Do you consider yourself to have a physical, learning, sensory or mental health impairment or disability? | | Yes |  | No |  | |  |
| If yes, please specify |  | | | | | | |
|  | | | | | | |
|  |  | | | | | | |
| (Some examples of impairments that meet the definition of disability under the Disability Discrimination Act 1995 are hard of hearing, partially sighted, severe back problems, arthritis, phobias, depression, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions.)  All disabled applicants, including people with personal experience of mental health illnesses, who show on their application form that they meet the minimum criteria for the vacant job will be guaranteed an interview. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION** | | | |
| I confirm that the information I have given on this form is true and correct, and you can treat it as part of any future contract of employment. I understand that if I do not provide complete and correct information, you may withdraw an offer of employment or, if I am already employed, dismiss me immediately. I also give you permission to use my personal information for monitoring and management purposes.  I understand that you will deal with all the information in line with the data protection legislation. | | | |
| Your signature: |  | Date: |  |
|  |  |  |  |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We are committed to ensuring equal opportunities in employment, and by law must monitor the diversity of people applying to us for employment. By completing this form you will be helping us to monitor the effectiveness of our Equal Opportunity in Employment Policy.  The information requested below is for statistical purposes only and will not be available to people responsible for selection. This information is covered by the Data Protection legislation, so we can only use the information for the purpose given (that is, as statistical information for monitoring purposes). | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | |
| **Status:** (tick only one) | | | | | | | | | | | | | | | | | | | | | | | |
| Single |  | Divorced | | | | | |  | Legally separated | | | |  | Prefer not to say | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Married / Civil partnership | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | |  | | | | | | | | | | | | | | | | | | |
| **Post applied for:** | | | | |  | | | | | | | | | | | | | | | | | | |
| **Date applied:** | | | | |  | | | | | | | | | | | | | | | | | | |
| **Where did you see the post advertised?** *(if in a newspaper/journal or on a website, please state name)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Sex:** Are you (tick only one) | | | | | | | | | | | | Female? | | |  | | Male? | | |  | |  | |
| **Age:** (tick only one): | | | | | | | | | | | | | | | | | | | | | | | |
| 16 to 19 | | |  | 50 to 59 | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 20 to 29 | | |  | 60 to 65 | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 30 to 39 | | |  | 66 to 74 | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 40 to 49 | | |  | 75+ | | | | | |  |  | | | | | | | | | | | | |
| **Where do you live** | | | | | | | | | | | | | | | | | | | | | | | |
| Do you live in the Borough of Barking & Dagenham? (Tick only one) | | | | | | | | | | | | | | | | Yes | |  | No | |  | |  |
| **Employment** | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently employed by the London Borough of Barking & Dagenham | | | | | | | | | | | | | | | | Yes | |  | No | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Ethnic origin** | | |
| I would describe my ethnic origin as the following: (please highlight or tick one). | | |
| **White** | | |
|  |  | British (WB) |
|  | | |
|  |  | Irish (WI) |
|  | | |
|  |  | Any other white background |
| (please specify below) (WO) | | |
|  | | |
| **Black** | | |
|  |  | British (BB) |
|  | | |
|  |  | African (BA) |
|  | | |
|  |  | Caribbean (BC) |
|  | | |
|  |  | Any other black background |
| (please specify below) (BO) | | |
|  | | |
| **Asian** | | |
|  |  | British (ABR) |
|  | | |
|  |  | Bangladeshi (AB) |
|  | | |
|  |  | Indian (AI) |
|  | | |
|  |  | Pakistani (AP) |
|  | | |
|  |  | Any other black background |
| (please specify below) (AO) | | |
|  | | |
| **Mixed** | | |
|  |  | White and black Caribbean (MWBC) |
|  |  | |
|  |  | White and black African (MWBA) |
|  |  | |
|  |  | White and Asian (MWA) |
|  |  | |
|  |  | Black and Asian (MBA) |
|  | | |
|  |  | Any other black background |
| (please specify below) (MO) | | |
|  | | |
| **Chinese** | | |
|  |  | British (BC) |
|  |  | |
|  |  | Chinese (C) |
|  | | |
|  |  | Any other black background |
| (please specify below) (CO) | | |
|  | | |
| **Other ethnic group** | | |
|  | | |
|  |  | (Please specify below (O) |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Traveller** | | | | |
|  |  | Irish Traveler (IT) | | |
|  | | | | |
|  |  | Romany (R) | | |
|  | | | | |
|  |  | English Gypsy (EG) | | |
|  | | | | |
|  |  | Other | | |
| (Please specify) (TO) | | | | |
|  | | | | |
| **Sexual Orientation** | | | | |
| This information will help us to monitor workforce and the effectiveness of our Equalities Policy. Which one of these best describe your sexual orientation? | | | | |
|  |  | Bisexual | | |
|  | | | | |
|  |  | Lesbian | | |
|  | | | | |
|  |  | Gay Man | | |
|  | | | | |
|  |  | Heterosexual (“straight”) | | |
|  | | | | |
|  |  | I prefer not to say | | |
|  | | | | |
|  |  | Other | | |
| (please specify below) | | | | |
|  | | | | |
| **Faith / Religion** | | | | |
|  |  | Buddhist | | |
|  | | | | |
|  |  | Christian | | |
|  | | | | |
|  |  | Hindu | | |
|  | | | | |
|  |  | Sikh | | |
|  | | | | |
|  |  | Muslim | | |
|  | | | | |
|  |  | Jewish | | |
|  | | | | |
|  |  | I prefer not to say | | |
|  | | | | |
|  |  | I don’t know | | |
|  | | | | |
|  |  | I do not identify with any religious groups | | |
|  | | | | |
|  |  | Other | | |
| (please specify below) | | | | |
|  | | | | |
| **Caring Responsibilities** | | | | |
| Do you have any caring responsibilities? | | | | |
|  | | | | |
|  |  | Yes |  | No |
|  | | | | |
| **A carer is defined as some who:** | | | | |
| “…cares for, or expects to care for, husband, wife or partner, a relative such a relative such as a child, uncle, sister, parent-in-law, son-in-law or grandparent, or someone who falls into neither category but lives at the same address as the carer”. | | | | |