

POST DETAILS

Position Applied for [Click here to enter text.](#)

Post number [Click here to enter text.](#)

Establishment [Click here to enter text.](#)

Please tell us where you saw the position advertise [Click here to enter text.](#)

PERSONAL DETAILS

Preferred title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Prof ☐

Other (please specify): [Click here to enter text.](#)

Forenames [Click here to enter text.](#)

Surname [Click here to enter text.](#)

Known as [Click here to enter text.](#)

CONTACT DETAILS

Email address [Click here to enter text.](#)

Telephone Home [Click here to enter text.](#) Work [Click here to enter text.](#)

Mobile [Click here to enter text.](#)

Preferred contact method Email ☐ Telephone ☐ Home ☐ Work ☐ Mobile

ADDRESS [Click here to enter text.](#)

Postcode [Click here to enter text.](#)

OTHER INFORMATION

Do you have the right to work in the UK

Yes ☐

No ☐

If you are not a British national or the holder of an EU or EEA passport, please indicate in what capacity you are in the UK [Click here to enter text.](#)

National Insurance Number [Click here to enter text.](#)

POSITIVE ABOUT DISABILITY

Coastal Learning Partnership welcomes applications from disabled people and all sections of the community. If you consider that the provisions of the Equality Act 2010 apply to you, please tick the box ☐

REFERENCES

Referees named on this form must be your most recent and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. The name of your course Tutor / Head teacher or similar professional. It is our policy to contact referees prior to interview.

If you wish to be contacted prior to your references being taken up, please tick the box

Present / most recent employer ☐

Previous employer ☐

Name [Click here to enter text.](#)

Capacity known to you [Click here to enter text.](#)

Organisation [Click here to enter text.](#)

Address [Click here to enter text.](#)

Postcode [Click here to enter text.](#)

Telephone [Click here to enter text.](#)

Email address [Click here to enter text.](#)

Name [Click here to enter text.](#)

Capacity known to you [Click here to enter text.](#)

Organisation [Click here to enter text.](#)

Address [Click here to enter text.](#)

Postcode [Click here to enter text.](#)

Telephone [Click here to enter text.](#)

Email address [Click here to enter text.](#)

CURRENT / MOST RECENT EMPLOYMENT

Post title [Click here to enter text.](#)

Organisation [Click here to enter text.](#)

Address [Click here to enter text.](#)

Grade [Click here to enter text.](#)

Salary [Click here to enter text.](#)

Employment Start Date [Click here to enter text.](#)

Notice Period [Click here to enter text.](#)

Reason for leaving / wanting to leave [Click here to enter text.](#)

Main Duties [Click here to enter text.](#)

PREVIOUS EMPLOYMENT (you may use additional sheets if required)

Please indicate in the last column your consent for the Trust to discreetly obtain additional references should it be necessary.

Employers / LEA Name & Address (if a school please state type).	Job Title & brief description of duties (Inc. Key Stage)	Dates	Reason for leaving	Consent
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>

SUPPORTING STATEMENT

Please use the space below to tell us how you feel you meet the criteria outlined in the Person Specification.

Please set out your statement as follows:

- In the order that the criteria point appears on the Personal Specification, please give details of any relevant skills, experience or training you have.
- In a separate paragraph headed 'Additional Information' please include any other detail that you feel is relevant to your application.

Please complete each section as fully as possible, as the information you provide will be used in assessing your application and will form part of the selection process.

If additional space is required please continue on a separate sheet, making it clear which criteria point on the Person Specification it relates to.

Click below to enter text – 30 lines available, please continue on Additional Information Sheet if required

TEACHER APPLICATION FORM

EDUCATION, QUALIFICATION & PROFESSIONAL MEMBERSHIPS

Please use additional sheet if required, see page 6

REGISTRATION

Do you hold Qualified Teacher Status Yes ☐ No ☐

If yes please give details of award by DfES

QTS certificate Number (if available) [Click here to enter text.](#)

Have you successfully completed a period of induction as a qualified teacher in this country. Yes ☐ No ☐

If yes please give date of completion [Click here to enter text.](#)

Are you subject to any conditions or prohibitions placed on you by the GTC? Yes ☐ No ☐

If yes please give details [Click here to enter text.](#)

Date	School / College / University / Awarding Body	Qualification Achieved (if selected for interview you will be asked to provide proof of qualifications & memberships)
Click here to enter text.	Click here to enter text.	Click here to enter text.

Other Short Courses and Training

Date	Course Title & Duration
Click here to enter text.	Click here to enter text.

Are you related to a Trustee, member of the Board, School Governor or employee Coastal Learning Partnership?

Yes ☐ No ☐

If yes, please provide details: Name : [Click here to enter text.](#) Relationship : [Click here to enter text.](#)

All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a member or employee of the Trust to use their influence to help get you a job.

If selected for interview, you must at that stage make known any personal or business relationship which may conflict with the role applied for.

If selected for interview would you like to be contacted by phone ☐ e-mail ☐

Data Protection Legislation

The information you have provided will be held in compliance with the Data Protection Act 2018

I declare that the information I have provided on this application form is full and accurate & I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure Barring Service checks, where applicable. Applicants are advised that it is an offense to apply for the role if they are barred from engaging in regulated activity relevant to children.

Signed [Click here to enter text.](#)

Date [Click here to enter text.](#)

EQUAL OPPORTUNITIES INFORMATION

CONFIDENTIAL

Coastal Learning Partnership will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

In order to help the Trust monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This sheet will be detached from your application form upon receipt and the information will not be taken into account when making the appointment.

If you are successful at interview and take up employment with the Trust the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 2018.

DISABILITY

Do you consider yourself to have a disability under the Equality Act 2010?

A disability is defined as a 'physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities'.

Yes ☐ No ☐ Prefer not to say ☐

For more details please contact the Disability Rights Commission Helpline on 08457 622633.

ETHNIC ORIGIN

White

British ☐ Irish ☐ Any other background ☐

Mixed

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
Any other Mixed background ☐

Asian or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background ☐

Black or Black British

Caribbean ☐ African ☐ Any Other Black background ☐

Other Ethnic Group

Chinese ☐ Any other Ethnic group ☐

Prefer not to say ☐

Sexual Orientation

Heterosexual ☐ Bisexual ☐ Gay / Lesbian ☐ Prefer not to say ☐

Religion / Beliefs

Agnostic ☐ Atheist ☐ Baha'i Faith ☐ Buddhism ☐ Christianity ☐ Hinduism ☐
Islam ☐ Jainism ☐ Judaism ☐ Sikhism ☐ Zoroastrianism ☐ Other ☐
None ☐ Prefer not to say ☐

Internal Applicants ONLY

Is this a promotional opportunity for you?

Yes ☐No ☐

Additional Information



TEACHER APPLICATION FORM