**Application Form for Teaching Appointment**

*The Governing Body is committed to safeguarding and promoting the welfare of children*

*and young people and expects all staff and volunteers to share this commitment.*

|  |  |
| --- | --- |
| **Application for the post of:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Legal surname or** **family name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone Number** |  | **Email address** |  |

**PART A**

**1. PRESENT POST (or last post if currently unemployed)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone No:** |  |
| **Type of school (if applicable)** e.g. Boys, Girls, Mixed, Community, Foundation etc. |   **Number on Roll** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Age Range** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Group Size** \_\_\_\_\_\_\_\_ |
| **Post Held**  |  |
| **Status** (perm / temp / acting) |  |
| **Date appointed to post** |  | **Date appointed to school** (if different) |  |
| **Current scale**  |  | **Point on pay scale** |  |
| **TLR Allowance and reason or ISR range** |  |
| **Date available to take up appointment** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DFES No.**  |  | **QTS Status** | YES / NO |

**2. FULL CHRONOLOGICAL EMPLOYMENT HISTORY**

**Please provide a full history in chronological order since leaving secondary education.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, address and type of school incl. age range and NOR or employer** | **Position held and salary level on leaving** | **F/T****or P/T** | **Dates** | **Reason** **for****leaving**  |
| **From** | **To** |
| **Mth** | **Yr** | **Mth** | **Yr** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |

 **Please enclose a continuation sheet if necessary**

**3. EDUCATION & QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & address of Secondary School** | **Date From**  | **Date To** | **Qualifications Gained with Date and Level attained** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of University , College OR Dept of Education attended**  | **Date From**  | **Date To** | **Full or Part-time** | **Qualifications or Subjects Passed with details of standard obtained** |
|  |  |  |  |  |

|  |
| --- |
| **Additional Qualifications e.g. swimming awards, D of E Leaders, Coaching etc.**  |

1. **PROFESSIONAL COURSES ATTENDED AS A TEACHER**

 **Please list relevant courses attended in the past 3 years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Organising Body** | **Date(s)** | **Duration** |
|  |  |  |  |

**5. OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS**

|  |
| --- |
|  |

1. **REFEREES**

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children.

**First referee Second referee**

|  |  |  |
| --- | --- | --- |
| **Title and Name** |  |  |
| **Address**  |  |  |
| **Postcode** |  |  |
| **Telephone number** |  |  |
| **Email address** |  |  |
| **Job Title** |  |  |
| **Relationship to applicant** |  |  |
| **May we contact prior to interview?** |  |  |
| **If No – please state clearly why this is not possible.** |  |  |

**7. DECLARATION**

 I certify that, to the best of my knowledge and belief, all particulars included in Parts A of my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 15 above, and in particular that checks may be carried out to verify the contents of my application form

 **Signature of Candidate Date**

 **Print Name**

**Part B Internal Ref . No.\_\_\_\_\_\_\_**

**This section will be separated from Part A on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.**

|  |  |
| --- | --- |
| 1. **Surname or family name**
 |  |
| 1. **All previous surnames**
 |  |
| 1. **All forenames**
 |  |
| 1. **Title**
 |  |
| 1. **Current Address**
 |  |
| 1. **Postcode**
 |  |
| 1. **Home telephone number**
 |  |
| 1. **Mobile telephone number**
 |  |
| 1. **Date of Birth**
 |  |
| 1. **National Insurance Number**
 |  |
| 1. **Are you registered with the General Teaching Council?**
 | **Yes No** |
| 1. **Have you ever been subject to an investigation by the General Teaching Council or DfES or placed on List 99?**
 | **Yes No****If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.** |
| 1. **Are you subject to any legal restrictions in respect of your employment in the UK?**
 | **Yes No****If YES please provide details separately** |
| 1. **Do you require a work permit?**
 | **Yes No****If YES please provide details separately** |
| 1. **Do you have a current full driving licence?**
 | **Yes No** |
| **16. Are you related to or have a close personal relationship with any pupil, employee, or governor of Innovate Multi Academy Trust or its four schools?** | **Yes No** **If YES, you can give brief details here or you can submit separately under confidential cover.** |
| **17. Did you qualify as a teacher after May  1999?**  | **Yes No** **If Yes, in which school was induction completed?** |
| **18. NQTs ONLY:** **Can you provide evidence of passing the Skills Tests?  *Please tick or cross*** | **Numeracy****Literacy****ICT** |
| **19. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?**  | **Yes No****If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc).** |

**20. ETHNIC GROUP**

You are asked to complete the grid below for the purpose of monitoring applicants for employment by reference to the racial groups to which they belong. However, you are not obliged to do so.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Please tick the relevant box | **✓** |  |  | **✓** |
| **WHITE** | British |  | **ASIAN or ASIAN BRITISH** | Bangladeshi |  |
|  | English |  |  | Indian  |  |
|  | Welsh  |  |  | Pakistani |  |
|  | Scottish |  |  | Other Asian background |  |
|  | Irish |  | **BLACK or BLACK BRITISH** | African |  |
|  | Other White background |  |  | Caribbean |  |
|  |  |  |  | Other Black background |  |
| **MIXED** | White and Black Caribbean |  | **CHINESE** | Chinese |  |
|  | White and Black African |  | **OTHER ETHNIC GROUP** |  |  |
|  | White and Asian |  | **NOT STATED** |  |  |
|  | Other Mixed background |  |  |  |  |

 **IMPORTANT INFORMATION**

 When completed, this form should be returned in accordance with the instruction in the advertisement for the job or on the

 Notes for applicant’s document in the applicant information pack.

 **Canvassing, directly or indirectly to the Headteacher, another employee or a governor is strictly forbidden and will**

 **immediately disqualify the application without negotiation.**

Candidates recommended for appointment will be required to:

1. complete a pre-employment medical questionnaire and if necessary, may be required to undergo a medical examination by our Occupational Health Providers.
2. need to complete a CRB disclosure
3. will be checked against the Record of individuals barred from working with children and vulnerable adults.
4. provide evidence of their qualifications

**DATA PROTECTION ACT**

The information collected on this form will be used in compliance with the Data Protection Act 1998. The information is collected for the purpose of administering the employment and training of employees. The information may be disclosed, as appropriate, to the governors, to Occupational Health, to the General Teaching Council, to the Teachers Pensions Agency, to the Department for Education and Skills, to pension, payroll and personnel providers and relevant statutory bodies. You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud.

**21. DECLARATION**

 I certify that, to the best of my knowledge and belief, all particulars included in Part B of my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 15 above, and in particular that checks may be carried out to verify the contents of my application form

 **Signature of Candidate Date**

 **Print Name**