

**TEACHING POST APPLICATION FORM**

**CONFIDENTIAL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Position applied for:** | | |  | | | | |
|  | | | | | | | | |
| **Full-time** |  | **Term-time** | |  | **Part-time** |  |  | |

**Please complete this form in black or blue ink and return to the address above together with your letter of application. All sections must be completed in full. A CV may be submitted as supplementary information but should not be used as a substitute to any part of the form. Late applications may not be considered.**

**1. PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | **Mr** | | **Mrs** | | **Miss** | | | | | **Ms** | **Dr** | **Other** | |
|  | |  | |  | | | | |  |  |  | |
| Surname: |  | | | | | | | | | | | | | | | |
| First names: |  | | | | | | | | | | | | | | | |
| Previous Surname (if applicable) |  | | | | | | | | | | | | | | | |
| Address for Correspondence: |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | |
| Resident since: | Date: | | | | | | | | | | | | | | | |
| Email address: |  | | | | | | | | | | | | | | | |
| Home/mobile telephone numbers (inc code): | | Home: | | | | | Mobile: | | | | | | | | | |
| Date of birth (for list 99 purposes only): | | Date: | | | Month: | | | | | | | Year: | | | | |
| National Insurance No: | |  | | | | | | | | | | | | | | |
| Date recognised as a teacher by DfE  (formally DfES and DCSF): | | Date: | | | | | DfE Number: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Full driving licence: | | | **YES** | | | | | |  | | **NO** | | | | |  |
|  | | | | | | | | | | | | | | | | |
| Are there any restrictions to your residence in the UK  which might affect your right to take up employment? | | |  | | | | | |  | |  | | | | |  |
| **YES** | | | | | |  | **NO** | | | | | |  |
|  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | |  | | | | |  |
| Where did you hear about this vacancy? | | |  | | | | | | | | | | | | | |

**2. PRESENT OR MOST RECENT TEACHING POST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of gaining Qualified Teacher Status: |  | | | | | | | | | | | |
| DfES reference number: |  | | | | | | | | | | | |
| Name of employer: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If you qualified after 7th May 1999  have you completed your induction year? |
| **YES** | |  | **NO** | |  | | **DATE** | | |  | |
|  | | | | | | | | | | | | |
| Skills tests passed? (trainees only)  (Please tick) |
| **Numeracy** | |  | **Literacy** | | | | |  | | **ICT** |  |
|  | | | | | | | | | | | | |
| If not yet passed, when do you expect to complete them? |  | | | | | | | | | | | |
| Name and address of current School/College/ Company: |  | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| Telephone number (including code): |  | | | | | | | | | | | |
| Email address: |  | | | | | | | | | | | |
| Number on roll (or employees): |  | | | | | | | | | | | |
| Date of appointment: |  | | | | | | | | | | | |
| Post Title: |  | | | | | | | | | | | |
| Grade/Scale:  (please specify salary point) |  | | | | Allowances  (please specify) | | | | |  | | |
| Upper pay spine: (if applicable) | What date  did you pass  the threshold? |  | | | What date did  you progress to: | | | | | UPS 2: Date | | |
| UPS 3: Date | | |
|  | | | | | | | | | | | | |
| Currently employed: | **YES** | | | |  | | **NO** | | | | |  |
|  | | | | | | | | | | | | |
| If no, provide end date and reason for leaving: |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Description of post held including any secondary and other responsibilities: | | | | | | | | | | | | |

**3. FULL CHRONOLOGICAL HISTORY**

Please provide a full history in date order, most recent first, since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full-time employment. Give start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Title** | **Name and address of all previous** | **Dates** | | | | **Reason** |
| **or Position** | **employers, and details of the post** | **From** | | **To** | | **for**  **leaving** |
|  |  | **Month** | **Year** | **Month** | **Year** |  |
| **3.1** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.2** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.3** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.5** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.6** |  |  |  |  |  |  |

**Please enclose a continuation sheet if necessary**

**4. SECONDARY EDUCATION & QUALIFICATIONS (e.g. GCSE, A-Level)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/College** | **From** | **To** | **Qualifications Gained** |
|  |  |  |  |

**5. FURTHER OR HIGHER EDUCATION**

**Any recognised qualifications or courses attended which are relevant to the job application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of FE College or University  or Awarding Body** | **Dates**  **From To** | **Full or  Part-time** | **Qualifications Obtained** |
|  |  |  |  |

**6. OTHER CONTINUING PROFESSIONAL DEVELOPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list in chronological order, most recent first, any relevant courses or training you have attended in the last five years indicating the date of attendance. (Please continue on a separate sheet if necessary).  If applying for a Headship, please include details regarding NPQH. | | | |
| **Title of Course:** | **Organising Body:** | **Awards (if any):** | **Date of Attendance:** |
|  |  |  |  |
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**7. HEALTH RECORD**

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| --- | --- | --- | --- | --- | --- |
| Are you registered disabled? (for the purpose of  considering reasonable adjustments) | |  |  |  |  |
| **YES** |  | **NO** |  |
| (N.B. The Disability Discrimination Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”). | | | | | |
| If you have a disability, are there any arrangements which  we can make for you if you are called for interview? | |
| **YES** |  | **NO** |  |
|  | | | | | |
| Details (if applicable): |  | | | | |

**8. Please attach a separate letter of application** – of no more than 2 sides of A4 to support your application. Details of the specific topic to be addressed will be found in the recruitment literature.

**9. REHABILITATION OF OFFENDERS ACT 1974**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (ii) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 and you are therefore not entitled to withhold any information about convictions. All criminal convictions, cautions and bind overs must be declared regardless of when they occurred. This information will be treated in confidence.

Do you have a prosecution pending or have you ever been convicted at a court or cautioned by the Police for any offence?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Are you on List 99, disqualified from working with children or subject to sanctions imposed by a regulatory body, e.g. General Teaching Council (GTC)?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

If you have answered yes to either of the above questions, please provide brief details and give date(s) of conviction/caution/sanction(s):

The Academy aims to promote equality of opportunity for all with the right mix of talent, skills, and potential. We welcome applications from diverse candidates, cautions and bind-overs will be taken into account for recruitment purposes only when relevant.

**11. CRIMINAL RECORDS BUREAU**

In the event of a successful application an Enhanced Disclosure will be sought from the Criminal Records Bureau.

**12. NAMES, ADDRESSES AND TELEPHONE/FAX NUMBERS OF 2 PROFESSIONAL REFEREES**

Please include your current or last employer or if not applicable at least one person able to provide a professional reference. A friend or relative is not suitable.

If you are shortlisted, the Academy will take up references before an offer of employment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | Name: |  | |
| Position: |  | | Position: |  | |
| Contact Address: |  | | Contact Address: |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| Email address: | |  | Email address: | |  |
| Tel No. (including code) | |  | Tel No. (including code) | |  |
| Relationship, e.g. Headteacher/Head of Department: | |  | Relationship, e.g. Headteacher/Head of Department: | |  |

**13. NOTES**

a) When completed, this form should be returned in accordance with the instruction in the advertisement for the job or in the applicant’s information pack.

b) Canvassing, direct or indirect of an employee or governor will disqualify the application.

c) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

**14. DECLARATION**

I declare that all the information I have provided is true, that I have not canvassed a member/officer of The Academy, directly or indirectly, in connection with this application, and further that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of The Academy or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

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

The information given in this form will form part of the Contract of Employment for successful candidates. Under the terms of the Data Protection Act 1998 the information you give us will be kept confidential and will be used only for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given in this application form. The information will be stored manually and electronically and disposed of after 12 months (maximum) if your application is unsuccessful.

**If you require any help in completing this form please contact the HR Department at the address provided below.**

**Biddulph High School is an Equal Opportunities employer and selects candidates only on their suitability for the post.**

**Biddulph High School is committed to the protection and safety of its learners.**

**Biddulph High School**

**Conway Road**

**Knypersley**

**Staffordshire Moorlands**

**ST8 7AR**

**Telephone:** 01782 523977 **Fax:** 01782 521820

**Email:** [**vacancies@biddulph.staffs.sch.uk**](mailto:vacancies@biddulph.staffs.sch.uk)