



Application Form

Teaching



Post Applied for:

Available Start Date:

School

Closing Date:

It is important that you read the job description before completing this application form. Please complete this form fully using black ink or type. **CVs are not accepted.** Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Section 1 Personal details

Surname: First Name: Title:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters Numbers Letter

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Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Have you ever been barred or restricted from working with children or been subject to a child protection investigation? Yes No

If YES, give details separately under confidential cover

Do you require a work permit? Yes No

If YES, give details separately under confidential cover

Are you related to or have a close personal relationship with any pupil, employee or governor? Yes No

If YES, give details separately under confidential cover

Driving Licence – if relevant to post applied for.

Do you hold a full, clean driving licence valid in the UK? Yes No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2

Present Employment if Teaching

Present Employment (If now unemployed give details of last employer)

Name of School

Type of School

Boys

Girls

Mixed

Age Range

No. on Roll

Type of School

e.g. Community, Aided, Foundation, Academy, Independent etc.

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Subjects/age groups taught

Hours per Week

Other Benefits:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving:

Section 3

Previous Employment

Previous Employment (most recent employer first).

Name of School																	
Type of School	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Mixed <input type="checkbox"/>	Age Range	No. on Roll												
Type of School	<i>e.g. Community, Aided, Foundation, Academy, Independent etc.</i>																
Address:																	
Postcode:																	
Post Title:																	
Date of Appointment:						Salary:											
Subjects/age groups taught																	
Hours per Week						Other Benefits:											
Summary of duties:																	
Start Date:								Finish Date:									
Reason for leaving:																	

Name of School																	
Type of School	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Mixed <input type="checkbox"/>	Age Range	No. on Roll												
Type of School	<i>e.g. Community, Aided, Foundation, Academy, Independent etc.</i>																
Address:																	
Postcode:																	
Post Title:																	
Date of Appointment:						Salary:											
Subjects/age groups taught																	
Hours per Week						Other Benefits:											
Summary of duties:																	
Start Date:								Finish Date:									
Reason for leaving:																	

Section 3

Previous Employment continued

Name of School					
Type of School	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Mixed <input type="checkbox"/>	Age Range	No. on Roll
Type of School	<i>e.g. Community, Aided, Foundation, Academy, Independent etc.</i>				
Address:					
Postcode:					
Post Title:					
Date of Appointment:			Salary:		
Subjects/age groups taught					
Hours per Week			Other Benefits:		
Summary of duties:					
Start Date:			Finish Date:		
Reason for leaving:					

Name of School					
Type of School	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Mixed <input type="checkbox"/>	Age Range	No. on Roll
Type of School	<i>e.g. Community, Aided, Foundation, Academy, Independent etc.</i>				
Address:					
Postcode:					
Post Title:					
Date of Appointment:			Salary:		
Subjects/age groups taught					
Hours per Week			Other Benefits:		
Summary of duties:					
Start Date:			Finish Date:		
Reason for leaving:					

Continue on a separate sheet if necessary

Section 4 Secondary Education & Qualifications

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

Name of School/College	From	To	Qualifications Gained with Date

Continue on a separate sheet if necessary

Higher Education

Please give details:

Name and Addresses of University or College and/or University Education Department	Dates From To	Full or Part Time	Courses/subjects taken and passed	Date of Examination and Qualifications Obtained	Age Groups for which trained

Section 5 Professional Courses Attended as a Teacher

Please list relevant courses attended in the past 3 years

Subject	Organising Body	Date(s)	Duration

Continue on a separate sheet if necessary

Section 6

Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Jobs in schools are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. **You must** therefore declare, whether spent or not, any convictions, cautions or reprimands, warnings or bind-overs which you have ever had and give details of the offences. The fact that you have a criminal record will not necessarily debar you for consideration for this appointment.

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes No

If the answer is "yes", you must record full details in a separate, sealed envelope marked with your name and 'Confidential: Criminal Record Declaration' and enclose it with your application. In accordance with statutory requirements, an offer of employment will be subject to satisfactory DBS clearance. A copy of this notice will be sent to your referees.

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, 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.

Section 8 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?

Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes No

If yes, please give details:

Section 9 Health

Successful applicants may be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Section 10 References

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. Referees will be asked about disciplinary offences relating to children, which may include any in which the penalty is "time expired" and whether you have been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. References will not be accepted from relatives or from people writing solely in the capacity of friends.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Relationship to applicant:	<input type="text"/>	Relationship to applicant:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

DECLARATION

I certify that, to the best of my knowledge and belief, all particulars included in 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

Signature

Date

Section 11 Safeguarding

Portico Academy Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment. All relevant checks will be made and the successful candidate will be required to undertake enhanced DBS checks.

As part of our duty to safeguard pupils, we are required to ask whether you, or the persons you live with, have been disqualified from caring for children.

Section 11 Recruitment Monitoring Form (Optional)

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

This section will be separated from part 1 and part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

- White UK
- Irish
- Irish Traveller
- Gypsy
- Other White background

D. Black or Black British

- Black Caribbean
- Black African
- Any other Black background

B. Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed background

E. Chinese or other ethnic group

- Chinese
- Vietnamese
- Arab
- Other ethnic group, please write below:

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

F. I do not wish to provide this information

Religion

- No Religion
- Christian *
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Sexual Orientation

- Bi-sexual
- Gay
- Lesbian
- Heterosexual
- Other
- Prefer not to say

Any other religion – write in

Prefer not to say

*(including Church of England, Catholic, Protestant and all other Christian denominations)

Section 12 Recruitment Monitoring Form continued

Gender

Male
Female
Transgender
Prefer not to say

Personal Relationship

Single
Living together
Married
Civil Partnership
Prefer not to say

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? Yes No

Yes, please complete the grid below. My disability is:

Physical impairment	<input type="checkbox"/>	Long standing illness	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Learning disability / difficulty	<input type="checkbox"/>		

Age Group

16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>	56-65	<input type="checkbox"/>	66-70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>				

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:
