

## **Teacher Application Form**

If you need a copy of this information in large print, Braille, another language or on cassette, please ask us.

Application for the Post of:								
1. Personal Information								
Last Name	Previous Name(s): (if applicable)							
First Name(s):								
Home Address:								
Please specify alternative correspondence address a separate sheet.								
E-mail address:								
National Insurance	e Number (If you have one):							
Date of Birth:								
Do you have a full driving licence?	current Yes No No Nomber:							
Do you have daily a vehicle?	use of Yes No No Number:							
Do you have any pon your licence?	penalty points Yes No Mobile Telephone Number:							
If so, how many?								
Do you consider y	ourself to have a disability?							
(NB: 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")								
The Academy opersential criteria o	erates an " <u>interview Guarantee Scheme"</u> for people with a disability and who meet the f the post.							
If you have a disa you are called for i	bility, are there any arrangements which we can make for you if $Y_{es}$ $\square$ No $\square$ interview?							
If Yes, please outli	ine your requirements:							
How did you find o	out about this job?							
Are you applying on a job share basis? Yes \( \square\) No \( \square\)								
If so, please state	the proportion of full-time you are willing to work:							

2. Qualified Teach	ner Information							
a) Date of gainir	ng Qualified Teacher S	Status:						
b) DfES referen	ce number:							
	d after 7 <sup>th</sup> May 1999, eted your induction ye	ar?	Yes No	o 🗌 🛘 I	f yes, give d	ate		
d) Have you pas (Trainees only)	ssed your skills tests?		Numeracy		Literacy		ICT	
If not, when do y	you expect to complete	e them?						
Successful applicar	nts will be required to p	orovide eviden	ce of their reg	istration	with the GT	С		
Please include all	ning Experience – Pl teaching history. (Incl qualified please give i	ude information	on such as: %	% of tim				subjects
School name:								
Address & Telephone Number:								
Local Authority:								
Post Title:								
Grade/Scale: (Please specify salary point)			Allowances: (Please specif					
Upper pay spine:(If applicable)	What date did you pass the threshold?		What date of progress to		UPS 2: UPS 3:			
Approximate number on roll:			Age range t	aught:				
Dates: From - To:			Subject/ Specialisms	S:				
Details of Post:								

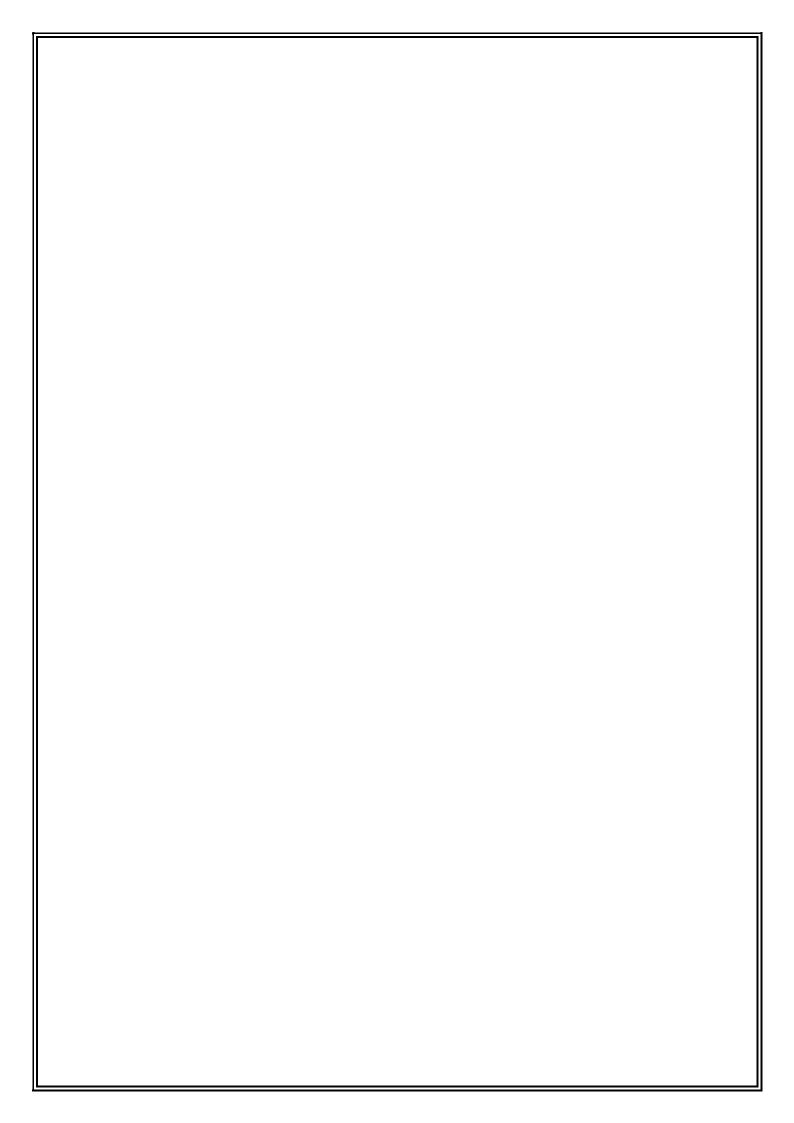
3. Previous Teaching Experience	Continued
B.	
School name:	
Local Authority:	Post title:
Approximate number on roll:	Age range taught:
Dates:	Subject/
From - To:	Specialisms:
Details of Post: (Please include any management allowances held)	
C. School name:	
Local Authority:	Post title:
Approximate	
number on roll:	Age range taught:
Dates: From - To:	Subject/ Specialisms:
Details of Post: (Please include any management allowances held)	
D. School name:	
Local Authority:	Post title:
Approximate number on roll:	Age range taught:
Dates: From - To:	Subject/ Specialisms:
Details of Post: (Please include any management allowances held)	, ,

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A.  B.  C.  D.  5. Other Relevant Experience  6. Education  Please give details of all nationally recognised qualifications awarded/results awaited; from GCE	elevant Experience  on e details of all nationally recognised qualifications awarded/results awaited; from GCE Advance arther Degree Level or their equivalents in chronological order.  Name of Qualification: Subject: F/T Grade/ Date Cained	. •	& Address:	Job Title &	Main Duties:		ll or	Dat –	
B.  C.  D.  5. Other Relevant Experience  6. Education  Please give details of all nationally recognised qualifications awarded/results awaited; from GCE Level to Further Degree Level or their equivalents in chronological order.	on  e details of all nationally recognised qualifications awarded/results awaited; from GCE Advance arther Degree Level or their equivalents in chronological order.    Aded	Α.				Pa	rt Time	From:	To:
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Attended Name of Qualification: Subject: F/T Grade/	Name of Qualification: Subject: F/T Grade/ Date					awarded/results	awaited;	from GCE	
From To School/College: Qualification: Subject: or Level:	To School/College: Qualification: Subject: or Grade/ Date	Please giv	e details of	all nationally recog	nised qualifications	aiool oudou			Advanc
Prom 10 School/College. P/T: Level.	To School/College. P/T: Level. Gained.	Level to F	urther Degr	all nationally recognee Level or their equ	nised qualifications uivalents in chronolo	gical order.			Advanc
		Level to F Atte	urther Degr	ree Level or their equence Name of	uivalents in chronolo	gical order.	F/T		Date
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		Level to F Atte	urther Degr	ree Level or their equence Name of	uivalents in chronolo	gical order.	F/T or		Date

6. Educat	ion Contin	ued					
Attended Name of Qualification Subject. The Grade Date							
From	То	School/College:	Qualification:	Subject:	or P/T:	Level:	Gained:
five years i	indicating th	gical order, most rec e date of attendance hip, please include d	e. (Please continue of	on a separate shee	ng you ha et if neces	ave attende ssary.)	ed in the last
Title	of Course:	Organ	ising Body:	Awards (if	any):		Date of tendance:

8. Letter of Application								
<u>-</u>	letter of application – of no more to be addressed will be found in the			r application.				
9. Rehabilitation of Offen	nders Act 1974							
	e Rehabilitation of Offenders Act ons and bind overs must be den confidence.							
Do you have a prosecution any offence?	pending or have you ever been o	convicted at a court	or cautioned	I by the Police for				
any onence:	Yes	☐ No						
	t (Formerly List 99), disqualified fr dy, e.g. The Teaching Agency?	om working with ch	nildren or su	bject to sanctions				
	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. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purpose only when relevant.								
10. Asylum and Immigra	ation Act 1996							
	ill be required to provide original ma	aterial evidence of a	National Ins	urance Number or				
	tion before being allowed to comme							
			Yes 🗌	No 🗌				
11. Health Requirements								
Appointment is subject to a	satisfactory medical report from ou	r Medical Adviser.						



12. References	
School/University	te, if applicable to your present job, or most recent employer, or a member of the Academic Staff. (If newly qualified your 1st reference should be from your College/University uld be from your final teaching practice placement.)
Please ensure that work with children	at at least one reference is from an employer by whom you were most recently employed in
1 <sup>st</sup> Referee's Name and Address:	
Telephone No:	Position Held:
Email Address:	
Please indicate he	ere if you are happy for this referee to be contacted at this stage  Yes  No  No
2 <sup>nd</sup> Referee's Name and Address:	
Telephone No:	Position Held:
Email Address:	
Please indicate he	ere if you are happy for this referee to be contacted at this stage  Yes  No
Please note that, i	in any case, references will be taken up before a firm offer of appointment is made.

13. General Application Information							
Tick which phases you are trained to teach:							
Early Years	Key Stage 1						
Key Stage 2	Key Stage 3						
Key Stage 4 □	Post 16						
Special (Specify which key stage)							
Main curriculum area: (If applicable)							
Subsidiary curriculum area: (If applicable)							
Other relevant areas of interest: (If applicable)							
Academy.  Please state their name and position held:  I declare that all the information I have provided is to Academy, directly or indirectly, in connection with this that such canvassing will disqualify me as a canding relationship with a member/officer of The Academy information relevant to the application, will also discovered after appointment I may be liable to dismission connection with this application for employment may management.	rue, that I have not canva application and further, that date. I further understar y or providing information qualify me and that if suc sal without notice. I agree to be stored and processed	assed a member/officer of The at I will not do so. I understand and that failure to disclose any n which is untrue or omitting ch failure/untrue information is that the information I give you in d for the purpose of personnel					
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.							
"WORKING TOWARDS EQUALITY FOR ALL"							