Internal use only	_
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# **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:					
	Initials	Legal surname or				
		family name				
	Phone Number		Email address			
			uuuccc			
<b>PAR</b>	T A					
1. P	RESENT POST (or last	t post if currently unemployed	)			
	Name, address and telephone number of school / employer					
	Type of school (if applicable) e.g. Boys, Girls, Mixed, Community, Foundation etc.	Number on Roll	Age	e Range	(	Group Size
	Post Held					
	Status (perm / temp / acting)					
	Date appointed to post			Date appoint school (if different		
	Current scale			Point on pay s	scale	
	TLR Allowance and reason or ISR range					
	Date available to take up appointment					
-						
	Subject Taught			]	DFES No.	
	Second Subject				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	Position held	F/T	Dates			Reason	
of school incl. age range	and salary level		Fr	From To		for	
of school incl. age range and NOR or employer	on leaving	or P/T	Mth	Yr	Mth	Yr	leaving
1							
2							
3							
4							
5							
"							
6							
7							
<b> </b>							
8							
<u> </u>							
9							
10							

Please enclose a continuation sheet if necessary

Name & address of Secondary School	Date From	Date To	Qualification	ons 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 de standard obtained
Additional Qualifications e.	a. swimming a	wards. D of E	Leaders, Coa	achina etc.
	.g	, <u>-</u>	<b>L</b> oudo. 5, 5 - 1	20mmg c.c.

## PROFESSIONAL COURSES ATTENDED AS A TEACHER Please list relevant courses attended in the past 3 years. 4.

Subject	Organising Body	Date(s)	Duration

6	REFEREES		
Gi red	ve here details of two people to		ldren please provide a referee from your most
ſ	Title and Name	First referee	Second referee
Ī	Address and post code		
	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.		
		rledge and belief, all particulars included in Parts A of result in my application being rejected or withdrawal o	
	am in post, and possible referral to	the police. I understand and accept that the informati ar that checks may be carried out to verify the content	on I have provided may be used in accordance with
	Signature of Candida	ite	Date

5. OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS

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	
2.	All previous surnames	
3.	All forenames	
4.	Title	
5.	Current Address	
6.	Postcode	
7.	Home telephone number	
8.	Mobile telephone number	
9.	Date of Birth	
10.	National Insurance Number	
11.	Have you ever been subject to an investigation by the General Teaching Council or DfES or placed	Yes No If YES please state separately under confidential cover the circumstances
	on List 99?	and the outcome including any orders or conditions.
12.	Are you subject to any legal restrictions in respect of your	Yes No
	employment in the UK?	If YES please provide details separately
13.	Do you require a work permit?	Yes No
		If YES please provide details separately
14.	Do you have a current full driving licence?	Yes No
16.	Are you related to or have a close	Yes No
	personal relationship with any pupil, employee, or governor of Knowles Primary School or Tove Learning Trust?	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	Yes No
	1999?	If Yes, in which school was induction completed?
18.	NQTs ONLY:	Numeracy
	Can you provide evidence of passing	Literacy
	the Skills Tests? Please tick or cross	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).
	Nascu assessinent!	

### 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	
	Irish	
	Other White background	
MIXED	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Other Mixed background	
OTHER		
ETHNIC		
GROUP		

Please tick the relevant box			
ASIAN or ASIAN BRITISH Indian			
	Pakistani		
	Bangladeshi		
Other Asian background			
BLACK or BLACK BRITISH	Caribbean		
	African		
Other Black background			
CHINESE	Chinese		
NOT STATED			

#### 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:

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

#### 20. DATA PROTECTION ACT/GDPR

The information collected on this form will be used in compliance with the Data Protection Act 1998 and GDPR 2018. The information will be collected for the purposes of your contractual employment with the Trust, this information may be shared with the following:

Governors: for the purpose of employment and employment management

Occupational Health: for the purpose of supporting employees and employers with health related issues

TPS/LGPS: for the purpose of administering employee pensions

DfE: via census returns for statutory statistical recording

Payroll and Personnel Providers: for contractual and payroll purposes

Any other statutory body relating to your employment with us

Full details of how your data may be used is available in our privacy notice on the Tove Learning Trust website

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 that by signing this form I accept that the information I have provided may be used in accordance with paragraph 20 above, and in particular that checks may be carried out to verify the contents of my application form

**Print Name**