



APPLICATION FORM

PLEASE PRINT CLEARLY IN BLACK INK

POSITION APPLIED FOR:	
AS ADVERTISED IN:	

1. PERSONAL DETAILS	
Surname*:	First Name*:
Previous Surname:	
Address for correspondence*:	Home telephone number:
	Mobile telephone number*:
	E-mail address*:
	Membership of professional body:
DfE Number*:	
	If you are not a UK national, do you have a valid
NI Number*:	work permit? * Yes/No

* must be completed

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2. EDUCATIONAL	QUALIFICA	TIONS		
Please give details of	your educatio	n, listing secondary sch	ools, colleges and universitie	es attended. Evidence of
qualifications will be	required (cont	inue on a separate shee	et if necessary)	
General Educ	ation	School, College or	Examinations taken or	Qualifications obtained (include
From To		University	to be taken (with dates)	grade and/or class of degree)

3. TEACHING QUALIFICATIONS			
Examining Body/Institution	Qualification Awarded	Grade/Level Awarded	Date Awarded

4. CONTINUING PROFESSIONAL DEVELOPMENT

Please give details of relevant courses attended or professional training received in the last three years

Course

Date



5. EMPLOYMENT HISTOR	RY			
Current Employment				
Name and address of current	employer:			
	Chart Date	Length of	Comment Calana	Dessen fan Les ún e
Position Held	Start Date	notice required	Current Salary	Reason for Leaving
Please give brief description o	f your duties and res	ponsibilities		
Previous Employment (cont	tinue on a separate	sheet if necessar	y)	
Date From/To	Organisation	Position		Reason for Leaving

6. REFERENCES	
Please provide details of two referees who can be contacted to such as	upport your application. The first referee should be your
current (or most recent) employer. If your most recent employm	
people, you should also give your most recent employer, who can	
young people. References will not be accepted from relatives or	from people writing solely in the capacity of friends.
Referee 1	Referee 2
Name:	Name:
Position:	Position:
Address:	Address:
T -1	T _1
Tel:	Tel:
Email:	Email:
Linan.	
Please state whether we are able to take up this reference	Please state whether we are able to take up this
prior to interview:	reference prior to interview:
Yes/No	Yes/No



7. SUPPORTING STATEMENT

Please outline how your education, skills and experiences will contribute to you successfully undertaking this post. Please include information about your personal drive, mission and ethos (continue on a separate sheet if necessary)

Please tick this box if you consider yourself to have a disability and wish to be considered under the Disability Confident Scheme. This scheme guarantees candidates with a disability, who meet all the essential role criteria, an interview.

Signed: _____ Date: _____





FOR TEACHING POSTS ONLY

Please complete the table below with the results of your students for the last three years and bring it to interview

NEWLY QUALIFIED TEACHERS should provide a copy of the report from their teaching placement in place of this information.

Year	Level/ Syllabus	Group Size	A/Distinction	B/Merit	C/Pass	D	Ш	Comments on general ability of the group/value added information

I certify that the information contained in this form is a correct record and understand that falsification of any details would lead to my application/ appointment being revoked. I give my permission to any information contained herein, together with supplementary documentation provided by me as part of my application, being processed in accordance with the data protection regulations currently in force.

Signature: _____

Date: _____

For office use only – Online Recruitment Checks	
Date Check Completed	Name of Checker





DECLARATION

Upon receipt, this part of the form will be separated from your application before short listing takes place.

8. POLICY ON THE EMPLOYMENT OF PEOPLE WITH	A CRIMINAL RECORD			
REHABILITATION OF OFFENDERS ACT 1974				
The nature of the post means that you are exempt from the second se	Section 4(2) of the rehabili	tation of Offe	nders Act 1	L974
(Exceptions) Order 1975. Please tick appropriate boxes:				
Do you have any convictions, cautions, reprimands or fin	al warnings that are not	Yes	No	
"protected" as defined by the Rehabilitation of Offenders	s Act 1974 (Exceptions)			
Order 1975 (as amended in 2013)?				
Have you ever been convicted of any offence in a Court c bind-overs or cautions from the police?	f Law or received any	Yes	No	
Have you ever been included on the DfES List 99 or Teach	or Convisos Postrictions	Vaa	Na	
List?	ier services restrictions	Yes	No	
Have you ever been disqualified from working with child	en?	Yes	No	
Have you ever been or are currently subject to sanctions	imposed by a	Yes	No	
Regulatory body, e.g. The General Teaching Council?				
If you have answered Yes to any of the above questions,	please give brief details ar	d dates of an	y offences	below
(or if insufficient space continue on a separate sheet of p				
9. EMPLOYMENT DECLARATION				
Have you left any previous job for the reason of early retireme	nt/voluntary redundancy?	Yes/No		
If yes, please provide details				
Have you ever been dismissed from any previous employment	on the grounds of			
misconduct or incapability?		Yes/No		
If yes, please give details				
Have you ever worked for or applied to The County High Schoo	I Leftwich before?	Yes/No		
If yes, please provide details including positions applied for and		163/110		
Do you know any member of the School's Governing Body or a	member of staff?	Yes/No		
If yes, please state name(s)		-		
Canvassing by or on behalf of applicants will lead to immediate	disqualification			
10. DECLARATION				
I certify that to the best of my knowledge the information				
understand that discovery of any false information may,				
disciplinary action by the School. I understand that shou	ld my employment begin k	pefore my ref	erences and	k
police clearance have been received and these prove to b	pe unsatisfactory, my enga	gement may	be ended	
without prior notice.				
Name:				
Signed:	Date:			



EQUAL OPPORTUNITIES MONITORING

Please fill in the details required and/or tick the appropriate boxes

POSITION APPLIED FOR:	
AS ADVERTISED IN:	

Gender				
(If you are undergoing gender reassignment, use the gender identity you intend to acquire)				
Male	Female			
Prefer not to say	Intersex/Other			

Age	Date of Birth

Disability			
Do you consider that you have a disability as defined by the Equality Act?			
Yes		No	
Prefer not to say			

Ethnicity						
would you describe your nationality and ethnicity?						
White		Chinese or Other Ethnic Gro	oup			
White – British	Black African	Chinese				
White – Irish	Black Caribbean	Other Ethnic Group				
Other White	Other Black					
Mixed	Asian or Asian British	Prefer not to say				
White and Asian	Bangladeshi					
White and Black African Indian						
White and Black Caribbean	Pakistani					
Other Mixed	Other Asian					

Religion			
How would you describe your religion or other strongly held belief?			
I would describe my religion or belief as			
I have no particular religion or belief		Prefer not to say	

Sexual Orientation					
would you describe your sexual orientation?					
Heterosexual	Gay Man Prefer not to say				
Bisexual	Gay Woman/ Lesbian	Other			

Marriage or Civil Partnership		
How would you describe your marital status?		
Single	Civil Partnership	
Married	Prefer not to say	

