

Teachers Application Form

chaseterracetechnologycollege

(Part of the Stephen Sutton Multi Academy Trust)

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

Application for
the Post of:

Job No:

School Name:

Chase Terrace Technology College

Candidate
Ref No.

If you are a current employee are you applying for this post as a redeployee?

Yes No

1. Personal Information

Last Name

Previous Name(s): (if applicable)

First Name(s):

Home Address:

Please specify alternative
correspondence address on
a separate sheet.

Postcode:

E-mail address:

National Insurance Number (If you have one):

Date of Birth:

Do you have a full current
driving licence?

Yes No

Home Telephone
Number:

Do you have daily use of
a vehicle?

Yes No

Work Telephone
Number:

Do you have any penalty points
on your licence?

Yes No

Mobile Telephone
Number:

If so, how many?

Do you consider yourself to have a disability?

Yes No

(NB: The Equality 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 school operates an interview guarantee scheme for people with a disability and who meet the essential criteria of the post.

If you have a disability, are there any arrangements which we can make for you if you are called for interview?

Yes No

If Yes, please outline your requirements:

How did you find out about this job?

Are you applying on a job share basis?

Yes No

If so, please state the proportion of full-time you are willing to work:

2. Qualified Teacher Information

a) Date of gaining Qualified Teacher Status:

b) Teacher Registration number:

c) If you qualified after 7th May 1999, have you completed your induction year?

Yes No If yes, give date

d) Have you passed your skills tests?
(Trainees only)

Numeracy Literacy ICT

If not, when do you expect to complete them?

Successful applicants will be required to provide evidence of their registration with the Teaching Agency

3. Present (or Most Recent) Employment

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

4. Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

| | | | |
|--|--|------------------------------|--|
| Job Title: | | | |
| Company/School Name, Address & Telephone Number: | | | |
| Start Date: | | End Date: (If applicable) | |
| Salary: | | Allowances: (Please specify) | |
| Brief Details of Post: | | | |

If this post is a Teaching Role please complete the following section:

| | | | |
|-----------------------------|--|----------------------------------|--|
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) | |
| Approximate number on roll: | | Age range taught: | |

Do you have any unspent and unfiltered spent criminal convictions, disqualifications, cautions or driving offences?

Yes No

Are you barred from working with children or subject to any sanctions imposed by a regulatory body (e.g. GTC/Teaching Agency)?

Yes No

If you have answered yes to either of the above questions, please provide dates and brief details here:

The Authority/School is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

10. Immigration, Asylum and Nationality Act 2006

All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. With reference to the accompanying Guidance Notes please confirm that you are able to provide the appropriate documents.

Yes No

11. Health Requirements

Appointment is subject to a satisfactory medical report from Occupational Health.

12. References

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references.

1st Referee

Name:

E-Mail Address: (Please provide wherever possible)

Address:

Telephone No:

Capacity:

2nd Referee

Name:

E-Mail Address: (Please provide wherever possible)

Address:

Telephone No:

Capacity:

Please note: The post you are applying for forms part of the Children's Workforce, your references will be contacted should you be shortlisted for interview - please see the Notes for Applicants provided with this form. For all other posts references will be sought should you be made a conditional offer of employment.

13. Declarations

To your knowledge are you related to a member of staff or governor of the Academy?

Yes No

If 'Yes', please state their name and position held:

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 only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

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:



Please remember to complete and return the recruitment monitoring form.

