

Application Form

TEACHING

Candidate's Name

School/Establishment

Post

Form Serial No.

Thank you for requesting an application form for the above vacancy. Please ensure that you complete all sections of this form in black ink or typeface to enable photocopying of the form. Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested.

Forms will only be acknowledged if a stamped addressed envelope is enclosed on return. If you do not receive a letter within six weeks from the closing date, you should assume that your application has been unsuccessful.

1. Personal Details

Surname / Family Name	<input type="text"/>	Forenames(s):	<input type="text"/>
Former Surname/ Family Name	<input type="text"/>		
Preferred Title:	<input type="text"/>	Date of Birth: (DD/MM/YY)	/ /
Home Address:	<input type="text"/>	Contact Address (if different)	<input type="text"/>
DfES Reference No:	<input type="text"/>	National Insurance No:	<input type="text"/>
Telephone No: (Home)	<input type="text"/>	Telephone No: (Work)	<input type="text"/>
Email Address: (Home)	<input type="text"/>	Email Address: (Work)	<input type="text"/>



Two Ticks

'Under the 'Two Ticks' Scheme the Governing Body undertakes to interview disabled people who meet the minimum essential criteria detailed on the person specification.

For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

Do you consider that you would qualify for an interview under the Scheme YES NO

If you need any particular arrangements to be made for interview e.g. access, sign interpreter, induction loop system, taping of documents etc., please specify them below:

Relationships

Are you related to an employee or governor of the school or an elected member or an employee of Worcestershire County Council? Yes No

If yes, please state relationship:

Note: *Canvassing will lead to disqualification for appointment.*

Pension

Are you in receipt of a Teacher's Pension? Yes No

If yes, please specify reason and date:

2. Education, Training and Qualifications

Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post.

Name of School/College/University attended	From - To (Month/Year)	(*) Qualifications including Grades	Date Obtained (Month/Year)
<p>Schools (after age 11)</p> <p>Further or Higher Education (Full or Part Time)</p> <p>Teaching Qualifications</p>			

Age Range Trained

Professional Development
(relevant courses and other including dates)

Membership of Professional Bodies (excluding Teachers' Professional associations)

** Applicants invited for interview will be required to produce documentary evidence of their qualifications*

3. Employment/Work Experience

Please include any previous work experience, either paid, unpaid or voluntary starting with the most recent.

Current/most recent School or other employer (with address)

Position Held: Full or Part Time:

Present salary and point on pay spine: Date employment ceased if applicable:

Date Started:

Employing Authority:

Age Range: Boys/Girls/Mixed: Approx No. on Roll:

Duties and Responsibilities:

Date Passed Threshold (if applicable):

Previous schools or other employers/employer and Employing Authority	Age Range + Boys/Girls/Mixed	Approx. No. on Roll	Position held and responsibilities (and full time or part time)	Dates		Reasons for Leaving
				From	To	

4. Supporting Statement

Please use this space to give information in support of your application for this post. You may wish to include details of any interests, experience, responsibilities or education philosophy which you consider relevant.



5. Convictions/Disqualifications

EXEMPT EMPLOYMENT

Please give details and dates of (a) Any convictions (including driving offences) and/or (b) Disqualifications from driving or performance of professional duties.

Because the work of this job will involve vulnerable people the County Council will check with the Criminal Records Bureau to see if you have any criminal convictions. You **must** tell us if you have any convictions, bind-overs or cautions even if they are spent under the Rehabilitation of Offenders Act 1974. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from the job offer in relation to this form.

You **must** tick one of the two boxes below:

I have a criminal conviction or a bind-over or a caution, even if this was a long time Ago and even if it would be regarded as spent under the terms of the Rehabilitation of Offenders Act and I attach an additional sheet providing details and dates.

or

I do not have any convictions, bind-overs or cautions.

Driving offences

I have the following number of penalty points on my driving licence.

6. References

Please give details of two people who are able and willing to comment on your suitability for this job. If you are or have been employed, one should be your present or most recent employer.

Please remember to include a church referee if requested in the post details.

A. Name:	B. Name:
Address:	Address:
Telephone number:	Telephone number:
Relationship to you e.g. Headteacher:	Relationship to you e.g. Headteacher:

Note: Unless you specify otherwise, we will not consult you prior to approaching these referees.

7. Declaration

I declare that the information given in this application form is correct and complete.

Signature: Date: / /

Note: False statements or failure to disclosure any information requested in this application form may disqualify a candidate. Discovery after appointment may lead to dismissal or disciplinary action by the Authority.

Data Protection Act 1998 – Consent and Certification of Details

As part of the process of appointing a new teacher, the Authority may disclose information to, and request information from, third parties for the purpose of undertaking pre employment checks. In accordance with the Data Protection Act 1998, your consent is required before approaching third parties for information in relation to pre-employment checks.

Signature: Date: / /



Equal Opportunities Monitoring Form

Worcestershire County Council is committed to the elimination of all forms of unjustifiable discrimination.

The County Council will actively pursue equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. Personal circumstances and characteristics will only be taken into account when they can be justified as being relevant to employment. To enable the County Council to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** to complete the questions detailed below

This information will be treated as completely confidential and will be used for monitoring purposes only. This information will be detached from the application form on receipt and will not be considered during the selection process.

Please tick as appropriate:

1. Which of the following do you consider to be your ethnic origin?

(tick only one box), see below for explanatory notes.

- | | | |
|--|---|--|
| <input type="checkbox"/> White British (AWB) | <input type="checkbox"/> White and Black Caribbean (BWBC) | <input type="checkbox"/> Indian (CIN) |
| <input type="checkbox"/> White Irish (AWI) | <input type="checkbox"/> White and Black African (BWBA) | <input type="checkbox"/> Pakistani (CP) |
| <input type="checkbox"/> White Other (AWO) | <input type="checkbox"/> White and Asian (BWA) | <input type="checkbox"/> Bangladeshi (CB) |
| | <input type="checkbox"/> Mixed Other (BMO) | <input type="checkbox"/> Asian Other (CAO) |
| <input type="checkbox"/> Caribbean (DBC) | | |
| <input type="checkbox"/> African (DBA) | <input type="checkbox"/> Chinese (ECH) | |
| <input type="checkbox"/> Black Other (DBO) | <input type="checkbox"/> Other Ethnic Group (EOE) (Please describe) | |

2. Are you

- Male Female

3. Do you have a disability?

- Yes No

For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

4. Please tick the age band currently applicable to you

- i. up to 19 ii. 20-29 iii. 30-39 iv. 40-49 v. 50-65 vi. Over 65

Where did you see this post advertised?

Monitoring Form Explanatory Notes

The ethnic groups set out above are those recommended by the Commission for Racial Equality and used in the 2001 Census.

Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than one ethnic group, please tick the group to which you consider you belong or tick the 'other ethnic group' box and give details in the space provided above.

Please ensure that you have completed all sections of this form. Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested.

