

APPLICATION FORM - TEACHING

Worcestershire County Council is committed to safeguarding and promoting the welfare of children and young people and expects all its employees and volunteers to share this commitment.

Please ensure that you complete all sections of this form in black typeface to enable photocopying of the form. Please do not send your Curriculum Vitae (CV) or any Testimonials.

If any sections do not apply to you, enter not applicable (n/a)

Candidate's Name:	
School/Establishment:	
Post:	
Any preference for Phase i.e. Nursery/KS1/2/3/4:	
Other subject interests e.g. music, sport	

Please send your completed application form to: Name and Email address

By: Closing Date

We are sorry but we are unable to acknowledge receipt of this application form and please note that if you haven't received a response in 2 weeks time I am afraid you have been unsuccessful on this occasion.

Thank you for your interest in working in our school.



1. PERSONAL DETAILS

Surname/Family Name		Forename(s)	
Former Surname/Family Name			
Preferred Title			
Home Address		Contact Address (if different)	
DfES Reference No.		National Insurance No.	
Telephone No. (Home)		Telephone No. (Work)	
Email Address (Home)		Email Address (Work)	
Relationships: Are you related the Council?	l to or have a close personal r	elationship with an ele	ected Member or an employee of
Yes	No		
If yes, please co	onfirm their name and state th	he relationship:	





'Under the 'Disability Confident' Scheme the school undertakes to interview disabled people who meet the minimum essential criteria detailed on the person specification.

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:						
2. EDUCATION, TRAININ Please give brief details of all training and to this post.			hey are relevant			
Name of School/College/University attended	From - To (Month/Year)	(*) Qualifications including Grades	Date Obtained (Month/Year)			
Schools (after age 11)						
Further or Higher Education (Full or Part Time)						
Teaching Qualifications						
Age Range Trained						



Professional Development						
(Relevant courses and other events / activities including dates)						
Membership of Professional	Bodies (excluding Teacher	s' Professional associations)				
* Applicants in itselfer interni	annull language to mand	luan danum menerum menindan an	- f + h - i n - n - n i f - n + i - n -			
* Applicants invited for intervi	ew will be required to prod	uce accumentary evidence (oj their qualifications.			
Early Career Teacher (ECT's	;)					
If you qualified as a teacher at	fter 7 th May 1999, please c	omplete the following section	on:			
, ,	, , , ,					
Date when qualified		Date when completed				
bate when quamea		induction				
L						
Have you completed	Litanani	Numeracy	іст 🔲			
your skills tests in:	Literacy 🔲	Numeracy —				
Initial Teacher Training (ITT)					
Are you an ITT Student?		\square				
,	Yes 🔲	No L				
Retirement						
Netire inent	_	_	_			
Are you in receipt of a Teache	r Pension? Yes	」 No └				
If was state offertive data fra-	m and the type of pension	vou are receiving in Ass.	based promature or ill			
If yes , state effective date from and the type of pension you are receiving i.e. Age, phased, premature or ill health retirement						
nearth retirement						



3. EMPLOYMENT/WORK EXPERIENCE

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

Please include any previous work experience, either paid, unpaid or voluntary starting with the most recent. Please complete the following, in full chronological order, starting with your current employment and include all employment including non-teaching. For safeguarding purposes, it is important that all gaps in your employment history are fully accounted for. Please also include any breaks in employment history together with the reason for the break.

Position Held			Fu Tir	ll or Part ne	:	
Present salary and point on pay spine						
Date Started	cease	e employme d if applicab son for leavi	ole			
Employing Authority						
Age Range	Boys/Girls/ Mixed	/	Appi on R	ox. No.		
Duties and Responsibilities						
Date Passed Threshold (if applica	ble)					
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)	From	То	Reasons for Leaving



4. SUPPORTING STATEMENT

(Please ensure your statement is a maximum of 2 * A4 pages, font size 11) Please use this space to give information in support of your application for this post, demonstrating how you meet the Person Specification and requirements of the Job Description. You may wish to include details of any interests, experience, responsibilities or education philosophy which you consider relevant.					



5. 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. If this employment has been within a school, this would normally be your head teacher, unless in exceptional circumstances. If you are not currently working with children, but have previously done so, one referee must be the most recent employer who employed you to work with children.

Written references will not be accepted from relatives or friends

To comply with 'Keeping Children Safe in Education' the school will seek and scrutinise references prior to interview. Referees will be contacted to provide further clarification if needed. All references will be compared for consistency against the information disclosed in your application form and you will be asked about any discrepancies at interview

Please advise if you do not want us to contact your referees prior to interview and provide reasons and do contact your referees to let them know they may be required to provide a reference.

A.	Name		Name	
	Address:		Address	
	Telephone No.		Telephone No.	
	Email address:		Email address:	
	Relationship to you (e.g., Headteacher)		Relationship to you (e.g., Headteacher)	



Immigration, Asylum and Nationality Act (2006)

In accordance with the Immigration, Asylum and Nationality Act 2006, Worcestershire County Council requires new members of staff to provide documentary evidence that they are entitled to undertake the position applied for/have an ongoing entitlement to live and work in the United Kingdom. Therefore, all candidates shortlisted for interview are required to complete a declaration and to produce acceptable specified documentary evidence at interview.

I confirm that I am legally entitled to work in the UK $\ \square$
Safeguarding Vulnerable Groups Act (2006) Worcestershire County Council is obliged by law to operate a checking procedure for employees who have substantial access to children and young people.
I understand that it is an offence to apply for a role if barred from engaging in regulated activity relevant to children \Box
If you are the successful applicant, you will be required to have an Enhanced Disclosure & Barring Service disclosure & we will also check the DBS barred list (children). Failure to complete this form will result in your application not proceeding any further. The possession of a criminal record will not automatically debar you from consideration for the post for which you have applied. Any information given will be treated as confidential and will only be used in relation to the post for which you have applied.
The school will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions.
I agree that the appropriate enquiry may be made to the Disclosure & Barring Service $\ \Box$
Data Protection Act 2018 The information provided by you on this form as an applicant will be stored securely either on paper or electronically in accordance with our obligations under the Data Protection Act 2018 and General Data Protection Regulation. The information provided will be processed solely for the purpose of recruitment and any other activity relating to this recruitment.
I hereby give my consent for the information provided on this form to be held on computer or other relevant filing system and to be shared with other 3rd Party Processors for the purpose of this recruitment in accordance with Data Protection 2018.



Disclosure

A candidate for any appointment with Worcestershire County Council must state below any known relationship to any member of WCC or to an employee of the school when making an application. A candidate failing to disclose such a relationship or seeking to improperly influence the recruitment and selection process shall be disqualified from appointment, or if appointed, shall be liable to dismissal without notice.

A	Are you related to any member of the Governing Body or existing employees of the school?					
Υ	res \square	No \square				
ľ	f Yes, give detail	s:				
L						
ſ					BEST OF MY KNOWLEDG	
		•			INFORMATION BY A SUCC	CESSFUL
	CANDIDATE AR	E GROUNDS FOR DISC	PLINARY ACTION W	HICH MAY LEAD TO	DIMISSAL.	
	Signed:	Date:				
	BY SUBMITTING	THIS FORM ONLINE	I AGREE THAT THIS I	S FOUIVALENT TO N	ME SIGNING THE DECLARA	ATION.



Equal Opportunities Monitoring Form

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

We seek a workforce which reflects the community we serve. We welcome applications from those groups which are under-represented on our staff. Applicants for jobs are judged on their skills and suitability for the vacancy. To ensure this policy is carried out effectively, we ask all applicants to provide the information requested on this page. It will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant.

Ethnicity

Please Note: These categories have been recommended to the employers by the Commission for Racial Equality and are being collected to assist us to monitor the effects of its equal rights policy and to meet the requirements of the Race Relations (Amendment) Act 2000.

White	English	1		
	Scottish	2		
	Welsh	3		
	Irish	4		
	Any other white	5		
Mixed	White & Black Caribbean	6		
	White & Black African	7		
	White & Asian	8		
	Any other mixed	9		
Asian or Asian British	Indian	10		
	Pakistani	11		
	Bangladeshi	12		
	Kashmiri	13		
	Any other Asian	14		
Black or Black British	Caribbean	15		
	African	16		
	Any other black	17		
Other Ethnic Groups	Chinese	18		
	Any other ethnic group	19		
		/N 5:		
I am: Female 🔲 N	Male	/Non Binary L Other	☐ Prefer not to say ☐	
Do you have a disability?	Yes No			
For these nurnoses disabili	ty is defined as any physical	or mental impairment which	h has a substantial and long	
		carry out normal day to day	_	
(010. ==0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Diagram Walish a same based asset				
Please tick the age band cur	rently applicable to you:			
			_	
☐ up to 19 ☐ 20	0-29 30 - 39	40-49	50-65 Over 65	
This information will be trea	ated as completely confident	ial and will be used for moni	toring purposes	

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.