####

#### APPLICATION FOR TEACHING APPOINTMENT

**Applicant’s Name:**

**Title of post applied for:**

Job Reference No. Closing Date:

## Committed to Equal Opportunities

**GUIDANCE FOR THE COMPLETION OF THE APPLICATION**

**FOR EMPLOYMENT FORM**

This information has been compiled to assist you in the completion of the application form.

Please remember the application form is an essential part of our selection process, and the information you give will assist in selecting a shortlist of candidates for interview, it is therefore important that you complete the application in full.

**Please complete the form using black ink, or type.**

###### Completing your Application Form

* Read through the information you have been sent, and particularly study the advertisement, job description and person specification, (where applicable).
* Complete as fully as possible all of the sections. If any information requested is not applicable to you then please state this in the relevant section. If you have to write more than the space provides on the application form, use additional sheets of paper ensuring that you mark clearly your name and the job title and reference number on each sheet.
* Add a letter of application of no more than two sides of A4 paper.
* Curriculum Vitae (CV) – please do not enclose a CV. You are asked to complete the application form in full. If a CV is required this will be specifically requested. It is acceptable, however, to provide additional information in support of your application, but this should be relevant to the job you are applying for.
* The form can be completed and emailed to the school or printed and posted.

###### People with Disabilities

In order to meet the requirements of the Disability Discrimination Act 1995, and our Equal Opportunities Policy to offer a guaranteed interview to people with disabilities who meet the basic job requirements, this form seeks information on whether you consider yourself to have a disability. As the Disability Discrimination Act contains definitions of what is meant by “disability” or a “disabled person” and “substantial adverse effect”, the following notes should help you to complete the answer relating to disability.

**Defining a disabled person:**

A person has a disability if s/he has a physical and mental impairment, which has a substantial and long-term adverse effect on her/his ability to carry out normal day to day activities.

**Impairment:**

This covers physical and mental impairment including learning disabilities and hearing and sight impairments.

**Substantial adverse effect:**

This is something that is more than minor or trivial effect, and is beyond the normal differences in ability, which exist.

**Long-term effect:**

This is one which has lasted or is likely to last for at least 12 months, or for the rest of a person’s life. The loss of mobility due to a broken leg, which a person is likely to recover from in less than 12 months, or a long-term illness from which a person is likely to recover within 12 months are not included.

Normal day-to-day activities

These are activities carried out by people on a regular basis. It does not include activities which are normal for only a particular person, or a group of people.

An impairment has a substantial adverse effect if it affects:

• Mobility • Manual dexterity • Physical co-ordination • Continence

• Ability to lift, or • Speech, hearing or • Memory, or the ability

 move everyday eyesight (excludes the to concentrate, learn or

 objects wearing of spectacles) understand.

**Access Requirements:**

If as a result of a disability you have requirements relating to the physical accessibility of the workplace, access to information in different formats or if you require support in the way of aids/adaptations to equipment, it is important that you specify these on the application form.

**1. PERSONAL DETAILS**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Title \_\_\_\_\_\_\_\_\_

 (e.g. Mr. Mrs. Ms.)

Previous surname/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DfES No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GTC Registered? YES [] NO []

Date of Birth, if under 21 or over 65 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. EDUCATION POST 16 (including ‘A’ levels, degree, professional/teacher training)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University, Polytechnic, College etc. |  Dates | Qualification |  Main Subjects |  Grade/Class |
|  From |  To |
|  |  |  |  |  |  |

**3. CURRENT EMPLOYMENT** References may be sought from the Headteacher prior to interview. If you are a Headteacher, a reference may be sought from the appropriate LEA.

|  |  |  |  |
| --- | --- | --- | --- |
|  Name and address of school (& LEA if applicable)Name of HeadteacherTel no:Fax no:  | Type of schoolNo. & gender of students:Year groups of students: | Title of post (and scale)Dates From toFull time, part time or supply | Subjects taught: |
| *Level of current post:* Spinal point on pay spine: Management Points:Headteacher or Deputy/Assistant Headteacher: Group size: Spinal point: |

**4. PREVIOUS TEACHING EXPERIENCE** (most recent appointment first). If you are a student please include teaching practice. Please note that references may be sought from the Headteacher prior to interview. If you are a Headteacher, a reference may be sought from the appropriate LEA.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of school (& LEA if applicable)Name of HeadteacherTel. no:Fax no:  | Type of schoolNo. & gender of students:Year groups of students: | Title of post (and scale)Dates From toFull time, part time or supply | Subjects taught: |
| Name and address of school (& LEA if applicable)Name of HeadteacherTel. no:Fax no:  | Type of schoolNo. & gender of students:Year groups of students: | Title of post (and scale)Dates From toFull time, part time or supply | Subjects taught: |
| Name and address of school (& LEA if applicable)Name of HeadteacherTel. no:Fax no:  | Type of schoolNo. & gender of students:Year groups of students: | Title of post (and scale)Dates From toFull time, part time or supply | Subjects taught: |
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| Name and address of school (& LEA if applicable)Name of HeadteacherTel. no:Fax no:  | Type of schoolNo. & gender of students:Year groups of students: | Title of post (and scale)Dates From toFull time, part time or supply | Subjects taught: |

**5. ADDITIONAL EXPERIENCE OUTSIDE TEACHING** – full or part time. A reference may be sought from your previous employer prior to interview.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer - with address & contact name for referencepurposes |  Dates |  Salary  and grade | Job Title and Main Duties |  Reason for leaving |
|  From: |  To: |
|  |  |  |  |  |

**6. COURSES ATTENDED** in last four years

|  |  |  |
| --- | --- | --- |
|  Provider |  Dates |  Course title and Qualification |
| From: | To: |
|  |  |  |

**7. INTERESTS**

1. **REFEREES** – Please supply the names of two references, one of which should be the headteacher of your current employment, or your university tutor. It is important that you make this person aware of the possibility that they may be asked to supply a reference for you.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Position/Profession | Address including an email address | Tel. No. | Capacity in which you areknown to this person |
|  |  |  |  |

1. **PEOPLE WITH DISABILITIES**

|  |
| --- |
| Do you consider yourself disabled? YES [] NO [](please see the guidelines for completing the application for employment form)Please indicate if you need any particular aids or modifications to assist you in attending for interview orcarrying out the duties of this post: |

**10. CONVICTIONS**

Please give details of any conviction, including the date of conviction and the sentence imposed.

N.B. i) Road traffic offences should be included.

 ii) Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act. In the event of employment any failure to disclose such convictions or cautions or bind over orders could result in dismissal or disciplinary action by the Authority. All convictions or cautions or bind over orders must therefore be disclosed.

|  |  |  |
| --- | --- | --- |
|  Conviction |  Sentence |  Date |
|  |  |  |

**The post for which you are applying gives substantial access to children. If your application is successful, you will be required to obtain a “Disclosure” from the Disclosure & Barring Service Records. Employment with The Corsham School will be conditional upon the results of the “Disclosure” obtained, which will indicate your suitability to work with children, young adults or vulnerable adults.**

**11. ADDITIONAL INFORMATION**

a) Do you have regular access to the use of a car? YES [] NO []

b) Do you have a work permit? YES [] NO []

c) The Working Time Regulations place a maximum limit on weekly

 hours worked. Will you continue in any other employment, should

 you be offered this appointment? YES [] NO []

 If YES, how many hours per week?

d) Please state in which publication you saw the advertisement for this post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note:

* Deliberate omission or falsification of information could lead to the disqualification of your application or later dismissal, if appointed.
* The appointment is subject to satisfactory evidence of your medical fitness, and the results of a “Disclosure” from the Disclosure & Barring Service, where applicable.
* The information that you supply will be used The Corsham School for the purpose of administration in relation to prospective, current and past staff. If your application is successful, some of the information will be used to compile your personal file. It may be used and shared with other designated bodies administering public funds, for the prevention and detection of fraud.
* **Data Protection Statement – Data Protection Act 1998** The Corsham School has a duty to protect personal information; The Corsham School will process this information in accordance with the Data Protection Act 1998. This information will be stored on computer and manual files.
* Completion and submission of this form is taken as consent to process the information that you have provided.

**Please sign and date below to confirm that the information given is accurate.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETURN TO THE ADDRESS SHOWN ON THE ADVERTISEMENT