

APPLICATION FOR TEACHING APPOINTMENT (School Funded Posts)

PEOPLE FIRST

Confidential

This Council is an equal opportunity employer.

Thank you for your interest in our vacancy. Please complete this form after you have considered the **job description** and **person specification** for the post. In this way we hope to receive all relevant information in support of your application. Please tick the appropriate answer boxes. All information supplied on this form is subject to the provisions of the data Protection Act 1998 and will be treated in confidence

Note: A Curriculum Vitae will **NOT** be accepted.

Please use BLACK INK - To ease photocopying

When completed please return to: _____

Post applied for: _____ Personal Reference No: _____

School/Service: _____ Closing date: _____

Where did you see this post advertised? _____

Are you applying for your first teaching post as a Newly Qualified Teacher ? YES NO

If you are appointed when can you take up your duties (date)?

Personal Details

Please use BLOCK CAPITALS in this section

How would you like to be addressed in correspondence?

Surname/Family Name: _____ First Name(s): _____

Address: _____ Previous Name: _____

_____ Tel. No. (Home): _____

_____ (Work): _____

Post Code: _____ (Mobile): _____

Your email address: _____ Date of Birth

Alternative Address for correspondence:

From: To:

Do you need a work permit? Yes No

Address: _____

National Insurance No:

Post code: _____

Note: Proof will be required

Tel No: _____

Equal Opportunities Monitoring Information

We ask for your co-operation in providing the following information. The Council monitors its Recruitment and Selection process to assess the effectiveness of our Equal Opportunities Policy. The information given will be in strict confidence and will be used only in the monitoring exercise, which will help to achieve equality of opportunity in the Council's employment.

I consider my ethnic origin to be: (Tick appropriate box)

Asian or Asian British

Bangladeshi	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>

Black or Black British

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>

Chinese or Other Ethnic Group

Chinese	<input type="checkbox"/>
Any Other Ethnic Group	<input type="checkbox"/>

Mixed

White Black African	<input type="checkbox"/>
White Black Asian	<input type="checkbox"/>
White Black Caribbean	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>

White

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
White Other	<input type="checkbox"/>

Gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

Disability

The Disability Discrimination Act defines a "disabled person" as a person with: " **A physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day-to-day activities.**" *The following questions on disability are to help us assess what action we might take to offer positive opportunities for employment for people with disabilities. They in no way attempt to preclude applications from people with disabilities.*

Do you have a disability? Yes No

If yes, please describe how the disability affects you. Also please state if there are any particular arrangements you would like us to make to assist you in the selection process.

Teachers' Pension

If you are appointed to a post full details will be sent to you.

Note: As a full time teacher you will automatically pay into the TP Scheme unless you have completed a form to opt out.

Do you contribute to the Teacher's Pension Scheme? Yes No

Have you opted out of T.P.? Yes No If yes, date Month Year
Proof will be required

Have you contributed to any other schemes? Yes No

If yes, please give details: _____

Note: A part-time teacher will not pay in unless a special form (261) has been completed, making a part-time election.

Have you made a part-time election to T.P. Yes No If yes, date Month Year
Proof of this will be required.

Canvassing

Any candidate who directly or indirectly canvasses a Councillor, employee of this Council, or a Governor will be disqualified.

Are you related to a Councillor/employee of this Council? Yes No

Are you related to a member of the governing body of a school in Harrow? Yes No

If Yes, to whom? _____

Educational Achievements and Training

Surname/Family Name: _____

Initials: _____

Post: _____

1. Teacher Status

Age range you are trained to teach _____ DfEE NO: /

Subject(s) you are trained to teach _____

Are you available to teach FULL TIME? YES NO or PART TIME ? YES NO

Are you recognised by the Department for Education and Employment (DfEE) as a qualified teacher in this country? YES NO If yes, please give date of recognition: Mth. Yr.

Are you currently registered with the General Teaching Council? YES NO

Have you passed the threshold? YES NO if yes, date passed / /
(proof will be required)

Induction/Probation

Have you started a period of induction/probation, as was required by the DfEE until Sept. 1992, and from Sept 1999? YES NO

Please give details: **(Proof will be required)** _____

Have you successfully completed a period of Induction/probation as a qualified teacher in this country as required by the DfEE until Sept.1992, and from Sept 1999? YES NO

If yes, please give date of completion: Month Year **Proof will be required**

2. Qualifications gained from age 11 years.

EDUCATIONAL/TRAINING ESTABLISHMENT.	SUBJECT(S)	FULL OR PART-TIME	GRADE	DATES (Month/Year)
TEACHING QUALIFICATION(S)				
<p>Do you hold a Catholic Certificate in Religious Studies ? YES <input type="checkbox"/> NO <input type="checkbox"/></p>				
Others (eg. BTEC, C. & G., Non Teaching First Degrees, Post Graduate or Equivalent)				
<p>Note: Please be exact (1st, 2:1, 2:2, 3rd) as this will affect your teaching salary assessment. Proof will be required.</p>				
A Level or Equivalent				

EDUCATIONAL/TRAINING ESTABLISHMENT.	SUBJECT(S)	FULL OR PART-TIME ?	GRADE	DATE (MONTH / YEAR)
GCSE/O Level or Equivalent				

3. Are you currently undergoing a course of study? YES NO If yes, please give details:

			Dates (Month /Year)	
			From	To

4. Membership of Professional Bodies/Institutes/Associations:

	Dates (Month /Year)

5. Please list briefly any courses, seminars and in-service training with dates, from which you feel you have acquired skills or knowledge directly relevant to the post for which you are applying.

	Dates (Month /Year)

Please give a brief outline of significant responsibilities/duties in your present or most recent post directly relevant to the post for which you are applying: (Continue on a separate sheet if necessary.)

NOTE: Please make sure each of any additional sheets you wish to attach are clearly marked with your Surname/ Family name, initials and the post for which you are applying.

3. Other skills and experience: (not covered in previous experience /career history)

eg. other paid employment, voluntary work, part-time or full-time with dates (Month/Year). (This information may affect your salary assessment)

Periods Unaccounted For

Please give details of any periods that are not accounted for by full time employment, education training. This would include periods of unemployment, carer's responsibilities, ill health, etc.

Reasons/Description of Circumstances	Dates	
	From	To

Additional Information - appropriate to the post for which you are applying, relating to the job description and person specification.

Please continue on separate sheet if necessary

References

We do not take up references prior to shortlisting. However it is our policy to contact all referees prior to interview. Please supply the names and addresses of two referees (not related to you). One should be your current or most recent employer if you are an experienced teacher. **(Note if you are applying for your first teaching appointment one reference must be your Teacher Training Tutor and the second from a school where you have had teaching practice).**

Name: _____ Title:

Mrs.	Miss.	Ms.	Dr.	Mr.	Prof
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Position: _____ Tel No: _____
Address: _____ FaxNo: _____
_____ Post Code:

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_____ email address: _____

Name: _____ Title:

Mrs.	Miss.	Ms.	Dr.	Mr.	Prof
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Position: _____ Tel No: _____
Address: _____ Fax No: _____
_____ Post Code:

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_____ email address: _____

NOTE: A reference may be sought from your current or previous L.E.A./Employer.

Rehabilitation of Offenders Act (Exemptions) Order 1975.

Please give details of criminal convictions, cautions or bindovers. The post you are applying for is an exempted employment under the Rehabilitation of Offenders Act (Exemptions) Order 1975. You are required to declare to us, on the back of this form, any convictions, cautions or bindovers even if you consider them to be spent.

If you have no convictions please write 'none' _____

Candidates are assured that information regarding convictions will not necessarily disqualify them from consideration. If at any point after completing this declaration, you are given a criminal conviction you must advise the School immediately. If you are appointed and are given a criminal conviction, you must tell your Headteacher immediately.

Declaration

Providing false information or knowingly omitting or concealing any relevant fact about your eligibility for employment will result in your name being withdrawn from the list of candidates.

If such a discovery is made after you have been appointed then you will be liable to be dismissed without notice.

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold.

Signature..... Date

Note: Please make sure each of any additional sheets you wish to attach are clearly marked with your Surname/Family name and initials and the post for which you are applying.

FOR OFFICE USE ONLY:

Received (date):

Shortlisted. YES/NO

Reason:

Interviewed. YES/NO

Result:

References requested (date):

received (date):

Proof of having passed the threshold seen at school level:

(date)

Applicant monitoring form sent to Schools HR (date):