# TEACHER

# APPLICATION FORM

APPLICATION DETAILS

Position Applied For: *Click here to enter text.*

Application Date: *DD/MM/YYYY*

PERSONAL DETAILS

Full Name: *Click here to enter text.*

Previous Name: *Click here to enter text.*

EMPLOYMENT DETAILS

National Insurance Number: *AA 00 00 00 A*

Qualified to Work in the UK: *Yes / No*

Applying as a Job Sharer: *Yes / No*

CONTACT DETAILS

Mobile No. *Click here to enter text.*

Home No. *Click here to enter text.*

Address: *Address Line 1*

*Address Line 2*

*Address Line 3*

*Address Line 4*

*Postcode*

Email Address: *Click here to enter text.*

PROFESSIONAL DETAILS

DfE Number: *Click here to enter text.*

Teachers’ Pension Scheme: *Yes / No*

QTS: *Yes / No*

NPQH: *Yes / No*

Subjects Taught: *Click here to enter text.*

Age Ranges Taught:  11-14  14-16 16+

Professional Bodies: *Click here to enter text.*

Teacher Training: *Click here to enter text.*

Professional Development: *Click here to enter text.*

CURRENT EMPLOYMENT

Job Title(s): *Click here to enter text.*

School/Establishment: *Click here to enter text.*

Start Date: *Click here to enter a date.*

Name of Local Authority: *Click here to enter text.*

Responsibilities:

Click here to enter text.

Type of School: *Click here to enter text.*

School Gender: *Click here to enter text.*

Age Range: *Click here to enter text.*

Total Number of Students: *Click here to enter text.*

Contract: *Click here to enter text.*

Notice Required *Click here to enter text.*

Reason for Leaving: *Click here to enter text.*

Salary: *Click here to enter text.*

Grade / Scale: *Click here to enter text.*

PREVIOUS EMPLOYMENT

1. Job Title(s): *Click here to enter text.*

School/Establishment: *Click here to enter text.*

Start Date: *Click here to enter a date.*

Name of Local Authority: *Click here to enter text.*

No. of Students on Roll: *Click here to enter text.*

Age Range of Students: *Click here to enter text.*

Responsibilities:

*Click here to enter text.*

1. Job Title(s): *Click here to enter text.*

School/Establishment: *Click here to enter text.*

Start Date: *Click here to enter a date.*

Name of Local Authority: *Click here to enter text.*

No. of Students on Roll: *Click here to enter text.*

Age Range of Students: *Click here to enter text.*

Responsibilities:

*Click here to enter text.*

1. Job Title(s): *Click here to enter text.*

School/Establishment: *Click here to enter text.*

Start Date: *Click here to enter a date.*

Name of Local Authority: *Click here to enter text.*

No. of Students on Roll: *Click here to enter text.*

Age Range of Students: *Click here to enter text.*

Responsibilities:

*Click here to enter text.*

1. Job Title(s): *Click here to enter text.*

School/Establishment: *Click here to enter text.*

Start Date: *Click here to enter a date.*

Name of Local Authority: *Click here to enter text.*

No. of Students on Roll: *Click here to enter text.*

Age Range of Students: *Click here to enter text.*

Responsibilities:

*Click here to enter text.*

1. Job Title(s): *Click here to enter text.*

School/Establishment: *Click here to enter text.*

Start Date: *Click here to enter a date.*

Name of Local Authority: *Click here to enter text.*

No. of Students on Roll: *Click here to enter text.*

Age Range of Students: *Click here to enter text.*

Responsibilities:

*Click here to enter text.*

GAPS IN EMPLOYMENT / EDUCATION HISTORY

*Click here to enter text.*

EDUCATION

HIGHER EDUCATION

Course Title: *Click here to enter text.*

University / College: *Click here to enter text.*

Years Attended: *Click here to enter text.*

Qualification: *i.e. BA Hons*

Level: *i.e. 2:1 Hons*

Course Title: *Click here to enter text.*

University / College: *Click here to enter text.*

Years Attended: *Click here to enter text.*

Qualification: *i.e. BA Hons*

Level: *i.e. 2:1 Hons*

SCHOOLS ATTENDED

School / College Name Dates Attended – From / To

School / College Name Dates Attended – From / To

School / College Name Dates Attended – From / To

School / College Name Dates Attended – From / To

School / College Name Dates Attended – From / To

A-LEVELS OR EQUIVALENT (I.E. IB, AP)

Subject Level Grade

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

GCSEs OR EQUIVALENT

Subject Level Grade

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

*Click here to enter text. Click here to enter text. Click here to enter text.*

SUPPORTING STATEMENT

*Click here to enter text.*

­­­­­­­­­­

ADDITIONAL SKILLS

Full Current Driving Licence: Yes / No

*Any Other Additional Skills...*

REFEREES

*CURRENT OR MOST RECENT EMPLOYER*

Contact Prior to Interview: *Yes / No*

Title: *i.e. Mr, Mrs, Ms, Miss, Dr*

Name: *Click here to enter text.*

Position: *Click here to enter text.*

Organisation: *Click here to enter text.*

Capacity: *Click here to enter text.*

Address: *Address Line 1*

*Address Line 2*

*Address Line 3*

*Address Line 4*

*Postcode*

Email Address: *Click here to enter text.*

Telephone: *Click here to enter text.*

*SECOND REFEREE*

Contact Prior to Interview: *Yes / No*

Title: *i.e. Mr, Mrs, Ms, Miss, Dr*

Name: *Click here to enter text.*

Position: *Click here to enter text.*

Organisation: *Click here to enter text.*

Capacity: *Click here to enter text.*

Address: *Address Line 1*

*Address Line 2*

*Address Line 3*

*Address Line 4*

*Postcode*

Email Address: *Click here to enter text.*

Telephone: *Click here to enter text.*

*ADDITIONAL REFEREE*

Contact Prior to Interview: *Yes / No*

Title: *i.e. Mr, Mrs, Ms, Miss, Dr*

Name: *Click here to enter text.*

Position: *Click here to enter text.*

Organisation: *Click here to enter text.*

Capacity: *Click here to enter text.*

Address: *Address Line 1*

*Address Line 2*

*Address Line 3*

*Address Line 4*

*Postcode*

Email Address: *Click here to enter text.*

Telephone: *Click here to enter text.*

DECLARATIONS

DO YOU HAVE ANY CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS WHETHER IN THE UNITED KINGDOM OR ANOTHER COUNTRY? *THESE SHOULD EXCLUDE THOSE DEFINED AS ‘PROTECTED’ BY THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 (AS AMENDED IN 2013).*

*Yes / No*

INCLUDED IN ANY LIST OF PEOPLE BARRED FROM WORKING WITH CHILDREN BY THE DBS OR THE NCTL?

*Yes / No*

ANYONE IN THE HOUSEHOLD DISQUALIFIED FROM WORKING WITH CHILDREN?

*Yes / No*

BEEN SUBJECT TO ANY DISCIPLINARY ACTION IN A PREVIOUS POSITION OR HAD ANY ALLEGATIONS MADE?

*Yes / No*

DBS UPDATE SERVICE REGISTRATION NUMBER:

*Click here to enter text.*

DBS UPDATE SERVICE REGISTRATION DATE:

*Click here to enter a date.*

RESTRICTIONS ON BEING RESIDENT OR BEING EMPLOYED IN THE UK?

*Yes / No*

LIVED OUTSIDE THE UK FOR MORE THAN THREE MONTHS IN THE PAST FIVE YEARS?

*Yes / No*

CAN YOU CONFIRM THAT THE DATA IS ACCURATE

*Yes / No*

DETAILS OF ANY RELATIONS TO ANY CURRENT EMPLOYEES. STUDENTS OR GOVERNORS:

*i.e. Name, Relationship, Work Location, Present Job*

EQUAL OPPORTUNITIES DETAILS

Nationality: *Click here to enter text.*

Cultural / Ethnic Background: *Click here to enter text.*

Date of Birth: *Click here to enter a date.*

Gender:  *Male  Female*

Sexual Orientation:  *Bisexual  Gay Lesbian Heterosexual  Prefer not to say*

Religion / Belief: *Click here to enter text.*

Do you consider yourself

to be disabled? *Yes / No*