

**Personal Details** (BLOCK CAPITALS)

Surname: Title (eg. Mr, Mrs, Miss, Ms):

Post:

TRN:

If yes, please give date of recognition (month, year):

YES 🞏

**Application Form**

**For Teaching Appointments**

Academy:

Firstname/s:

Previous surname if relevant:

Address:

Town or City: Post Code:

Telephone No. (home): Email (home):

Telephone No. (work): Email (work):

Telephone No. (mobile):

NO 🞏

Do you require a work permit to work in the UK?

If yes and applicable, when does your permit expire? (month, year):

YES 🞏

NO 🞏

Are you recognised by the DfES as a qualified teacher in the UK?

Have you successfully completed a period of probation/statutory induction

YES 🞏

N O 🞏

as a qualified teacher in this country as required by the DfES?

If yes, please give date of completion (month, year):

Teaching experience (years):

**Teacher Training** *– please give details*

Name of Teacher Training Institution:

From (month, year): To (month, year):

Age range you are trained to teach:

Qualification obtained:

Subject you are trained to teach:

Additional subjects which you are able to teach:

Any additional languages spoken:

**Please turn over**

**Page 1**

National Insurance No.

Title and subjects

**Other Education, Qualifications and Training (excluding initial teacher training)**

**Current or Most Recent Post (including initial teacher training placement)**

(a) Full name and address of school/college, or employer:

(b) Type of School: (c) Number of Pupils:

(d) Local Education Authority:

(e) Position held: (f) Scale/grade/MPS:

(g) Appointment held – Full-time/Part-time:

(h) Dates from/to:

(I) Present salary (give details of special allowances):

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**Please continue**

Certificate/Qualification Grade/Class *(Please specify)*

School, College or University

*(give address)*

Reason for leaving

*(if applicable)*

**Previous Teaching/Employment Experience**

**(Please start with most recent and continue on a separate sheet if necessary)**

on leaving

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**Please continue**

Name of Employer

Type of School/ Nature of Business

From

To

Post held

Salary/Scale

**Your Supporting Statement**

As part of your application you are requested to set out on a separate sheet(s) relevant information in support of your application. Please clearly mark your separate sheet(s) to avoid confusion. Use this section to set out your reasons for applying for this post and show how your qualifications, experience, skills and qualities support your application.

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**Please continue**

**Additional Information**

**Superannuation**

Do you contribute to the Teachers’ Pension Scheme: YES 🞏

Other Superannuation Scheme (give name):

YES 🞏 NO 🞏

If part-time, have you made a positive election to join the Teachers’ Pension Scheme:

**Disability**

If yes: (i) If you are aware of any equipment or adaptations that will assist you, please give details:

**References**

References will be obtained from employers during the last 3 years. If you have not been in employment during this time please give the names of two personal referees (not family members) from whom confidential references may be obtained. We may also contact previous employers where you have worked with children. Your referees will be contacted if you are called for interview – please let us know if this is not suitable.

**Gaps in Employment**

Please list any gaps in employment together with the reasons for the gaps:

Post Code

Tel No

Period known (years)

Email

Post Code

Period known (years)

Email

Tel No

(ii) Will you require any assistance if called for interview? If yes, please give details:

NO 🞏 🞏

Do you consider yourself to have a disability? YES 🞏 NO 🞏

Address

Address

Referee

Referee

Relationship to You

Relationship to You

**Please continue**

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Please give details of your police check with the Disclosure and Barring Service:

**Protection of Children**

**Please continue**

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DBS Number:

Issue Date:

**Data Protection**

Under the terms of the General Data Protection Regulation 2018, the information you provide on this form will only be used by the Academy for the purpose of assessing your suitability for employment, for monitoring policies and procedures, and for personal management purposes.

**Checks prior to employment**

I understand that my background checks will include an online check including social media and other sites in line with KCSIE guidelines set out by the Department for Education. I declare that the information I have provided in my application and additional documents is true and complete to the best of my knowledge and I agree may be used for the purposes of carrying out such a check.

For any position that you apply for, if unsuccessful, this information may be retained on file for 6 months. The information may be used in internal proceedings to consider a complaint about the selection process and/or to defend against a legal challenge to the fairness of the selection process from any interested party. The information you provide to us on this form may also be used in the prevention and detection of crime and fraud, or shared with other bodies administering public funds solely for this purpose.

**To be signed, by hand, by all Applicants**

I confirm that, to the best of my knowledge, the information on this form is true and correct.

I am in possession of the certificates which I claim to hold and understand that falsification may result in dismissal if I am appointed.

I understand that any offer of employment will be subject to satisfactory medical and police checks.

Signed: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Date  of Birth |  |  |  |

**Remove Before Sifting Process**

**Recruitment Monitoring**

The Academy is committed to Equal Opportunities. The aim of its policy is to ensure that no job applicant or employee is treated unfairly on the grounds of age, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion, or sexual orientation.

Without accurate data on the composition of our workforce and on job applicants we are unable to monitor the effectiveness of our policies and procedures. Therefore, we ask for your cooperation in completing the monitoring section of this form. This information will be used for statistical purposes only and will not be reproduced in a way that enables individuals to be identified. All information supplied by job applicants is treated in the strictest confidence.

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Job Reference | Surname |  |
|  |  | **(*BLOCK CAPITALS)*** |

**Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Male |  | Female | First Name/s |  |

**Advertising Response** *– Please indicate how you became aware of the post by ticking the appropriate box.*

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|  |  |  |  |
| --- | --- | --- | --- |
| Newspaper *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | Professional journal *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Bromley website | Internal vacancy list | Friend/relative | Employment Services |
| Other *(please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |  | |

**Ethnic Group** *– Please tick one box (or write in one box if appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **(a)** | **Asian or Asian British** | **(b)** | **Black or Black British** |
|  | Bangladeshi |  | African |
|  | Indian |  | Caribbean |
|  | Pakistani |  |  |
|  | Asian other *(please write in)* |  | Black other *(please write in)* |
| **(c)** | **Mixed** | **(d)** | **White** |
|  | White and Asian |  | British |
|  | White and Black African |  | European |
|  | White and Black Caribbean |  | Irish |
|  |  |  | Romany/Traveller |
|  | Mixed other *(please write in)* |  | White other *(please write in)* |
| **(e)** | **Chinese or other ethnic group** | **(f)** | **I decline to self classify** |
|  | Chinese |  | *(please tick)* |
|  | Other *(please write in)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

**Disability**

To help you decide whether you have disability as defined under the Disability Discrimination Act 1995 please read the following information:

A disability is defined as ‘a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day‑to‑day activities’.

The effect an impairment may have on day-to-day activities is defined in the Act as falling within the following categories:

(1) mobility;

(2) manual dexterity;

(3) physical co‑ordination;

(4) continence;

(5) ability to lift, carry or otherwise move everyday objects;

(6) speech, hearing or eyesight;

(7) memory or ability to concentrate, learn or understand; or

(8) perception of the risk of physical danger.

The impairment has to be substantial, that is something more than trivial and it needs to be long-term, i.e. has lasted or is likely to last in total for at least twelve months or is likely to last for the rest of the life of the person affected. Having considered the above information, please tick the appropriate box and indicate the category of impairment, which applies to your disability.

**Please tick one of the following as defined by the Disability Discrimination Act 1995**

**I do** consider myself to have a disability

**I do not** consider myself to have a disability

**I decline to** self classify as to whether I consider I have a disability

**Age –What is your age range?**

Under 20

20 - 29

30 - 39

40 - 49

50 - 59

60+