



Application number

NAME OF SCHOOL/COLLEGE
ADDRESS OF SCHOOL/COLLEGE
TELEPHONE NUMBER

HEADTEACHER/Principal: NAME

Application for a Teaching Appointment

Post Title	
School/College	

(Please complete in black ink)

****Important****

You should read the notes below before completing this form

Returning this form:

This form must reach us by the closing date, late applications cannot be considered. Please send it to the Headteacher/Principal at the School/College address specified above.

Working for Plymouth City Council:

Some information about terms, conditions and benefits for employees is sent to candidates invited for an interview. If you would like further information at this stage, please contact the School/College.

Documentary evidence:

Candidates called for interview will be required to bring the following original documents* to the interview for verification purposes: i) Birth Certificate and ii) Certificates of academic and professional qualifications (where relevant).

Warning

If you provide false information, this could lead to dismissal. If you do any sort of canvassing, it will lead to you being automatically disqualified.

*Photostat copy documents will not be accepted.

1 Professional details

Do you hold Qualified Teacher Status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give date of award		
QTS Certificate Number		
Have you successfully completed a period of induction as a qualified teacher in this country where the DfES required this	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give date of completion		
GTC Teacher Reference Number (DfES Number)		
Are you registered with the GTC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you subject to any conditions or prohibitions placed on you by the GTC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give full details on a separate sheet		

2 Present or most recent post

Post Title					
Name of School					
Address					
LEA		Date From		To	
Type of School	<input type="checkbox"/> LA	<input type="checkbox"/> Foundation	<input type="checkbox"/> Independent	<input type="checkbox"/> Other	<input type="checkbox"/> Aided
	<input type="checkbox"/> Single Sex	<input type="checkbox"/> Mixed	Total number of pupils of roll		
Present Spinal Point		Salary		Pupil Age Range	
Description of role/responsibilities/duties					
Other subjects you can teach					

3 Referees

Please give present or immediate past Headteacher and at least one referee

1	Headteacher	
	Address	
	Telephone number (including STD)	
2	Name	
	Address	
	Telephone number (including STD)	
3	Name	
	Address	
	Telephone number (including STD)	

N.B Referees may be contacted for the successful candidate (only) when a provisional offer is made, or at an earlier stage such as long and short listing. This will depend on the governing body policy.

4 EDUCATION AND PROFESSIONAL QUALIFICATIONS (checks on qualifications and information will be made)

1	School/College Attended	
	Date from/To	
	Qualifications (including A Level grades)	
2	Qualifications (eg Cert Ed / BA / BEd):	
	Class of Degree	
	University/College	
	Date awarded	
3	Post graduate Qualifications (eg Med PGCE) Subject(s)	
	University/College	
	Date Awarded	
	Subjects	

4	Other Qualifications – please specify giving title / awarding body and date:

5 PREVIOUS TEACHING EXPERIENCE

Most recent appointments first. Newly qualified teachers should include periods of school based training.

School/College/LEA	Age Range Taught	Post Held (please specify)	From	To	Reason for Leaving

Further appointments / experience may be continued on additional sheets and attached to this document.

Please give reasons for any breaks in employment:			
Nature of employment or voluntary work	Name and address of employer / voluntary group	From	To

6 PROFESSIONAL DEVELOPMENT

Please give details of any other relevant, professional, development / training undertaken in the last five years.

7 LETTER OF APPLICATION

Please write in support of your application, showing how your experience and qualifications are relevant, and how you would contribute to the post.

If you are a disabled person, and because of your impairment, cannot fulfil certain aspects of the Person Specification, but you feel you can meet the job requirements, in an alternative / adjusted way, you can provide details here.

Please continue on a separate sheet if necessary.

Please ensure your name and other personal details do not appear in this section.

8 OUR GOVERNORS PROMISE TO YOU

Fairness

We will treat your application fairly and honestly, and consider it only in relation to the requirements of the job. We will do this regardless of whether or not you currently work for the Council, *another employer, or are unemployed. Your application will be processed in strict confidence.*

The City Council encourages governors to use an anonymous process as follows:

Pages 1 to 6 inclusive will be used by the Governors Interview Panel to select candidates for long and short lists of candidates for the interview.

Page 7 our commitment to you.

Page 8 will be used and retained by a person nominated by the governing body.

Equal Opportunities

Our aim is to appoint the best person for the job.

The Whole Community

We welcome applicants from all sections of the community.

Disabled Applicants

We will interview all suitable disabled applicants. Wherever possible and reasonable, we will help a disabled person with the application process. If you consider yourself to be a disabled person and need such help, please contact the school advertising the job, who will put you in contact with the relevant LA officer. Please also see advice on page 5.

9 PERSONAL DETAILS

Data Protection Act

Information from this application may be processed by computer for purposes registered by the City Council under the data protection legislation. Individuals have the right of access to computerized personal data, concerning them.

1	Surname:			
2	Forenames:			
3	Title:			
4	Address			
	Post Code			
5	Home/Evening Telephone No:	Email Address		
6	Date of Birth:	National Insurance Number		
7	Do you need permission to work in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Are you able to produce documents if asked for at interview which demonstrate that you are entitled to work in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	If this post is open to job share, do you want to be considered for this option?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

10 REHABILITATION OF OFFENDERS

Because of the nature of the work for which you are applying, this post is exempt from the Rehabilitation of Offenders Act 1974. You will be required to disclose on a separate form all information about any convictions in a Court of Law or any cautions, no matter when they occurred, so that a police check can be carried out if you are offered an appointment. If you are subsequently employed by the Authority and it is found that you failed to disclose any previous convictions or cautions, this could result in dismissal, or disciplinary action by the Authority. All information will be treated in confidence and will only be considered in relation to and application for posts to which the exemption order applies.

Have you been convicted of any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details

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Have you ever received a caution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details

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II DECLARATION

I declare that the information given is true and accept that if I have given false information it may result in my application no longer being considered or my appointment not being confirmed.

Signed		Date	
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This form must be returned to the Headteacher/Principal of (NAME OF SCHOOL)

SCHOOLS MONITORING FORM: PRIVATE AND CONFIDENTIAL

Application Number:

THIS INFORMATION IS FOR MONITORING PURPOSES ONLY, AND WILL NOT BE CONSIDERED AS PART OF THE SELECTION PROCESS

Plymouth City Council believes in equal opportunities. Part of this involves ensuring that our recruitment and selection practices are fair, equitable and consistent, with the aim of appointing the best person for the job, and fulfilling statutory duties relevant to equality in employment.

To make equal opportunities meaningful, it is essential that the Council monitors the effectiveness of its policy. Please, therefore complete this form. All information will be treated in the strictest confidence, and will not be made available to the selection panel.

Please, therefore complete the following:

1	Job Applied for:				
2	School/College				
3	Grade:	4		Closing Date	
5	Where did you find out about this vacancy?				
6	What is your sex?	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
7	What is your age?	17-18 <input type="checkbox"/>	19-50 <input type="checkbox"/>	51-65 <input type="checkbox"/>	66-75 <input type="checkbox"/> 76 + <input type="checkbox"/>

Ethnicity

To which of these groups do you consider you belong? (please tick one box only):

A	WHITE		C	Asian or Asian British	
	British	Yes <input type="checkbox"/>		Bangladeshi	Yes <input type="checkbox"/>
	Gypsy/Traveller	Yes <input type="checkbox"/>		Indian	Yes <input type="checkbox"/>
	Irish	Yes <input type="checkbox"/>		Pakistani	Yes <input type="checkbox"/>
	Any other White Background (please state)			Any other Asian Background (please state)	
B	MIXED		D	Black or Black British	
	White and Black Caribbean	Yes <input type="checkbox"/>		African	
	White and Black African	Yes <input type="checkbox"/>		Caribbean	
	White and Asian	Yes <input type="checkbox"/>		Any other Black Background (please state)	
	Any Other Mixed Background (please state)				
E	Chinese or other ethnic group (please state)				
F	Any other ethnic group (please state)				

Disability

Do you consider yourself to be a disabled person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Would you like to let us know more about your disability? (Please write in).			

Religion

How would you describe your faith, belief, religion? (Please tick one box)			
Buddist	Yes <input type="checkbox"/>	Jewish	Yes <input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	Yes <input type="checkbox"/>	Muslim	Yes <input type="checkbox"/>
Hindu	Yes <input type="checkbox"/>	Sikh	Yes <input type="checkbox"/>
Other religion (please state)	Yes <input type="checkbox"/>	None	Yes <input type="checkbox"/>
Prefer not to say	Yes <input type="checkbox"/>		

Sexual Orientation

What is your sexual orientation? (please tick one box)			
Bisexual	Yes <input type="checkbox"/>	Hetrosexual/straight	Yes <input type="checkbox"/>
Gay Man	Yes <input type="checkbox"/>	Other (including questioning)	Yes <input type="checkbox"/>
Lesbian/Gay Woman	Yes <input type="checkbox"/>	Prefer not to say	Yes <input type="checkbox"/>

Marital status

What is your marital status (please tick one box)			
Single	Yes <input type="checkbox"/>	Married	Yes <input type="checkbox"/>
Civil Partnership	Yes <input type="checkbox"/>	Living with partner	Yes <input type="checkbox"/>
Prefer not to say	Yes <input type="checkbox"/>		