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| **Teachers Job Application**  Job Reference Number: Closing Date:    Job Title: Interview Date:  Service/Location:  **Please note all jobs are open to job share unless otherwise stated** | **Return address:**  **School** |
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| **Personal Details – Please complete this section in capital letters**  Last name:…………………………………………………. Title:…………...First Name(s)………………………………………………………..  Any previous names: …………………………………………………………………………………………………………………………………..  Address:………………………………………………………………………………………………………………………………….. …………….  Post Code:…………………………………………………………………………………………………………………...………………………….  Home Telephone Number:………………………………………….…Mobile Telephone Number:……………………..……...………………..  Other Contact Number:…………………………………………………………………………………………………………………………………  E-mail Address……………………………...……………………………………………………………………………………………..  DFE Teacher Ref No: …………………………………………………………………………………………………………………...…….. |

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| **Current Employment Status**  Employed Unemployed Redeployee  🞎 🞎 🞎 | |
| Are you eligible to work in the UK? YES/NO  Do you require a work permit? YES/NO | National Insurance Number: …………………………………… |
| First Reference (Current or last employer):  Name and address:  Telephone No:  E-mail Address:  In what capacity do they know you?  If you are known by another name please state:  Can we take up references without contacting  you beforehand? YES/NO | Second Reference:  Name and address:  Telephone No:  E-mail Address:  In what capacity do they know you?  If you are known by another name please state:  Can we take up references without contacting  you beforehand? YES/NO |

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| If your current or last employer is not from a teaching post or a post where you have worked with children, your second reference will need to be a contact from your last appointment/placement in that environment. |

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| Please list any dates you are unavailable for interview: | Continuous Local Government service dates(if applicable). |

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| **Current or Last Occupation**  Name and address of current/last employer: | | | | Job Title:  Date Appointed:  Notice Required:  Present or last Salary: | | |
| Please list all previous positions, including any voluntary work, explaining any gaps in employment. | | | | | | |
| Date from | Date to | Employer/Organisation | Post Held, (Key Stage/Subject) | | Salary/Grade | Reason for Leaving |
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| Please state if you are a member of a particular institute or registered body relevant to the post applied for. | | | | | | |

**Educational/Training and Academic qualifications** (only if relevant to the requirements on the Person Specification).

Please note that you will be required to bring original documents as proof of qualifications if selected for interview.

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| Level | School/College/University | Subject/Course Title | Result |
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**Further Education**

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| Name of College or University | From | To | Degree (subject, class & division) | | Date |
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| Teaching Qualification (Certificate/Diploma/GTP/RTP) – Particulars of subjects studied | | | | Type and date of award | |
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| Other Qualifications – Particulars of Course(s) and Award(s) | | | | Date of Award | |
|  | | | |  | |
| Additional Professional Qualifications and Membership of Professional Associations | | | | Dates awarded | |
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| Details of other relevant courses attended during the past 3 years | | | | Dates | |
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**Personal Statement**

Please give a personal statement in support of your application, with clear demonstration of how you meet the criteria on the person specification. You can use experience/knowledge/skills and abilities gained through paid, unpaid or voluntary work etc to demonstrate how you meet the criteria.

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| Please continue on a separate sheet if necessary |

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| **Working Time Directive** **-** Are you intending to hold additional jobs? YES/NO  If yes, please state the number of hours you will be working in other jobs in this box  This information is required to ensure we comply with the Working Time Regulations. |

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| Are you related to any senior officer of this Authority or any member of the Governing Body or staff of the school? If so, give name, position and relationship.  NB: A candidate who knowingly fails to disclose such a relationship will be disqualified from appointment. |

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| **Rehabilitation of Offenders and Disclosure and Barring Service –** Successful applicants for posts that are exempted from the provisions of the Rehabilitation of Offenders Act 1974 will require a criminal record disclosure and a check of the DCSF List 99 (a list of people who are banned from working with children). Criminal records will be taken into account only when a conviction is relevant to the post you are applying for. |

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| **Disability –** The City Council welcomes applications from disabled people. This means that the City Council is committed to interviewing all applicants with a disability who meet the minimum criteria for a job vacancy and to consider them on their abilities.  Do you consider yourself to have a disability that you would like us to be aware of at this stage of the application process? YES/NO |

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| **PLEASE READ CAREFULLY - Data Protection Act 1988 -** The personal data that you provide will be used in connection with your application for vacancies at the Council. Your information will be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and it may also be used to meet our statutory obligations under the Equality Act 2010. Unsuccessful candidates application forms will be destroyed after 6 months. |

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| **Signature –** I certify that to the best of my knowledge, the information given on this form is correct and true. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I also understand that the information I have provided may be subject to checking. I have not canvassed an Elected Member/employee of the City Council, either directly or indirectly in connection with this application and I will not do so.  Signature: Date:  Please note: If you return this form by e-mail, your signature confirming the above will be requested if you are invited to attend an interview. If you are printing this form out and returning it by post, please sign in black ink before returning it. |

**07/02/867**



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**1) Equal Opportunities Monitoring Form Confidential**

Coventry City Council is committed to equal opportunities in employment and service delivery. To help us do this, **it is mandatory that all applicants complete this monitoring form. Failure to do so will result in your application being withdrawn from the recruitment process.**

The information contained in the form is for **monitoring purposes only** and is **not** provided to the short listing panel.

**Tape  Large Print  E-mail  Braille**

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| Job Ref: Job Title: | | |
| **Gender**  Male  Female Date of Birth      /     /      DD/MM/YYYY | | |
| **Ethnic Group (These groups are from the 2001 National Census)** | | |
| 1) Choose one section from a) to f)  2) Then select the box that best describes your cultural or ethnic background.  3) If you select the last box within any category, please detail your ethnicity in the space provided underneath. | **a) White**  British  Irish  Other  Please state | **b) Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background  Please state |
| **c) Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background  Please state | **d) Black or Black British**  Caribbean  African  Other  Please state | **e) Chinese or other ethnic group**  Chinese  Other  Please state |
| **f) Prefer not to state ethnicity**  Prefer not to state ethnicity | | |

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| **Sexual orientation**  Heterosexual  Gay Man  Gay Woman / Lesbian  Bisexual  Prefer not to state  Is your gender identity the same as the gender you were assigned at birth?  Yes  No  Prefer not to state | **Religion/Belief**  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None  Other  Prefer not to state |

**Equal Opportunities Monitoring Form Confidential**

**2) Equality (Disability) Act 2010**

The Council is required by the government to record numbers of applicants protected by the Disability Discrimination Act 1995. This information is also important in monitoring the success of Council policies and initiatives that aim to attract more applications from people with disabilities.

* The Equality (Disability) Act 2010 protects people who:

- have an impairment

- are disabled

- have long-term health conditions

This is providing that this has a "substantial and long term\* adverse effect on a person's ability to carry out normal day-to-day activities".

Long term is defined as 12 months or longer (or, if the condition is a new one, the expectation that it will be 12 months or longer).

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| **Disability Act 2010**  Do you think that you have a disability in accordance with the terms of the Equality Act 2010?  Yes  No | |
| If yes, please indicate which category best describes your disability:  Hearing impairment  Visual impairment (not corrected by spectacles or contact lenses)  Physical impairment  Mental health  Learning difficulties  \*Other (please specify)  Prefer not to state | |
| **Media:** Where did you hear about this vacancy?  School / College / Careers Service  Job Centre  Casual Enquiry  Advertisement \*  \*Please specify where the advert was seen | Information from existing employee  Job Vacancy Circular  Website  Recruitment Event  Open Day |
| **Data Protection Act 1998 -** The personal data that you provide will be used in connection with your application for vacancies at the Council. Your information will not be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and it may also be used to meet our statutory obligations under the Disability Discrimination Act 1995. Unsuccessful candidate’s application forms will be destroyed after 6 months.  I agree to the processing of the information that I have provided.  Signature:       Date: | |

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**APPLICANT AUTHORISATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Sherbourne Fields School to contact my referees to investigate my past employment and professional activities.

I also agree to release from liability all persons and companies providing this information. I understand and acknowledge that any offer of employment is conditional upon Sherbourne Fields being completely satisfied with the information provided as a result of this reference check.

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**Name of Applicant Signature of applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**