

# **Application Form**



#### **For Teaching Appointments**

School/College:
Post:
1 Personal Details (BLOCK CAPITALS)
Surname:Title (eg. Mr, Mrs, Miss, Ms):
Firstname/s:
Previous surname if relevant:
Address:
Town or City:
Telephone No. (home):e-mail (home):
Telephone No. (work):e-mail (work):
Telephone No. (mobile):
National Insurance No.
Do you require a work permit to work in the UK?  YES NO
If yes and applicable, when does your permit expire? (month, year):
Are you recognised by the DfES as a qualified teacher in the UK?
If yes, please give date of recognition (month, year):
Have you successfully completed a period of probation/statutory induction as a qualified teacher in this country as required by the DfES?  YES NO
If yes, please give date of completion (month, year):
Teaching experience (years):
2 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 :

# **3** Other Education, qualifications and training (excluding initial teacher training)

Title and subjects	Certificate/Qualification Grade/Class (Please specify)	School, College or University (give address)	Reason for leaving (if applicable)
Current or most reco	ent post (including in	itial teacher training p	acement)
Full name and address of school			

(a) Full name and address of school/college, or employer:				
(b) Type of School:	(c) Number of:			
(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):				

## **5** Previous teaching/employment experience

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

Name of Employer	Type of School/ Nature of Business	From	То	Post held	Salary/Scale on leaving

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

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Please give the names of two people from whom confidential references may be obtained. They should have knowledge of your professional capacity and one must be your most recent employer. Your referees will be contacted if you are called for interview.

Referee	Referee
Position	Position
Employer/School name	Employer/School name
Address	Address
Post Code	Post Code
Tel No	Tel No
e-mail	e-mail
Professional relationship	Professional relationship
Period known (years)	Period known (years)
Additional information	
Superannuation	
Do you contribute to the Teachers 'Pension Scheme': YES	NO
Or other Superannuation (give name):	
If part-time, have you made a positive election to join the Teat  Unsuccessful applications	achers 'Pension Scheme': YES NO
Onsuccessial applications	
If you are unsuccessful for this post would you be willing for vacancies in the Authority?  YES  NO	your application form to be considered for other similar
The Council may share your information with other LEAs in jobs starting in September of the same year.	the South London Group (SLG) on or after 13 June for
You can opt out by ticking this box SLG – Bexley, Brown Skandsworth, Lewisham, Lambeth, Southwark, Greenwich.	omley, Croydon, Kingston, Merton, Richmond, Sutton,
Disability	
Do you consider yourself to have a disability?	NO
If yes: (i) If you are aware of any equipment or adaptations	that will assist you, please give details:

(ii) Will you require any assistance if called for interview? If yes, please give details.	
Disclosure of relationship	
Are you related to or have you a close personal relationship with any Councillor or Senior Officer of the London Borough of Bromley? YES NO	
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Protection of Children	
Disclosure of any criminal background is required. Because of the nature of the work, teaching in the UK is exert from the provisions of Section 4(2) of the rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order 19 and therefore applicants are not entitled to withhold information about convictions which for other purposes are sunder the provisions of the Act. Offers of employment will also be dependent on completion of a satisfactory police check. Disclosure of a criminal background will not necessarily bar you from any appointment.	986, spent
Have you ever been convicted of a criminal offence? YES NO	
If yes, please give details:	
Date: Offence:	
Sentence:	
Please give details of your police check with the Criminal Records Bureau	
Police check date: CRB number:	
Data Protection	
Under the terms of the Data Protection Act 1998, the information you provide on this form will only be used by Bromley LEA for the purpose of assessing your suitability for employment, for monitoring policies and procedures, a for personal management purposes.	and
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 defeat against a legal challenge to the fairness of the selection process from any interested party. The information you proto 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.	vide
To be signed 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 wilful falsification may result in dismif I am appointed.	nissa
I understand that any offer of employment will be subject to satisfactory medial and police checks.	
Signed: Date:	

### **1** Recruitment Monitoring

The Council 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.

Title	
ersonal Details	
b Reference	Surname (BLOCK CAPITALS):
ender	Firstname/s
Male Female	
ge - what age are you?	years
thnic Group Please tick one box	x (or write in one box if appropriate)
Asian or Asian British	Black or Black British
Bangladeshi	African
Indian	Caribbean
Pakistani	
Asian other(please write in)	Black other(please write in)
Mixed	
White and Asian	British
White and Black African	European
White and Black Caribbean	Irish
Mixed other (please write in)	Romany/traveller
Tilized outer (piedse withe iii)	White other (please write in)
Chinese or other ethnic group	I decline to self classify
	(please tick)

#### **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:

l.	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
8.	perception of the risk of physical danger
-	o last in total for at least twelve months or is likely to last for the rest of the life of the person affected. Having the above information please tick one of the following:  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
<b>@ Med</b> Ager	dia Monitoring Please indicate how you became aware of the post by ticking the appropriate box.
Local	Newspaper (please specify)
Natio	onal Newspaper (please specify)
Profe	ssional journal (please specify)
Brom	ley website Other web site (please specify)

Internal Vacancy list

Other (please specify\_

**Employment Services** 

Friend/relative