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| **Application Form**  **for Teachers including Head Teachers** |

Please note that it is not possible to use bold or rich text when completing this application form.

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| Vacancy:       School/Establishment:  Closing date:  Ref number: |

Please complete all sections of this form carefully in typescript or black pen, following the instructions. The information you provide is the only material used in deciding if you should be interviewed.

You must complete the first and last pages of this form in full and in your personal statement show how you meet the job requirements specified in the documentation provided. This must be done, even if you submit extracts from your printed CV in response to the remaining sections of this form. The declaration of criminal offences form must be completed. The equal opportunities monitoring form does not form part of the selection process but completion allows us to monitor the effectiveness of our equal opportunities policies. If you require any reasonable adjustments as part of the application or selection process please contact us.

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| PLEASE USE BLOCK CAPITALS FOR THIS SECTION Any former  Family/Surname:       Surname (if applicable): | |
| First names: | |
| Mr  Mrs  Ms  Miss  Other  Please specify: Tick as appropriate National Insurance Number: | |
| Home/Contact Address: | Term time address for 1st appointments |
|  |  |
| Postcode: | Postcode: |
| E-mail:       Mobile: | |
| Day Telephone No:       Evening Telephone No: | |
| If you do not wish to be contacted at work, please tick here | |
| DES/DfEE/DfES Registration Number: | |

Where did you see this vacancy advertised?

Name of publication:

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| Once completed, please return this form to: | Please send your application to the email or postal address featured on the job for which you are applying. |



APP3

**TEACHING EXPERIENCE**

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| PRESENT OR MOST RECENT TEACHING POST | | From: | To: |
| School/Establishment and address: | Post held and responsibilities: | | |
| Type of school (eg community, V/A etc): |
| Salary Spinal Point: |
| Age Range:        Boys  Girls  Mixed | Current Salary (inc. London Weighting): | | |
| Allowances (please specify): | | |

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| PREVIOUS TEACHING EXPERIENCE please continue on a separate sheet as required | | | |
| Schools and addresses: | Post held and responsibilities: | From: | To: |
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| RELEVANT NON-TEACHING EXPERIENCE | | | |
| Employer and addresses: | Post held and responsibilities: | From: | To: |
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**PERSONAL STATEMENT**

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| ABILITIES, SKILLS, KNOWLEDGE & EXPERIENCE  Use this section to show how you meet all of the shortlisting criteria for the job as set out in the enclosed person specification, drawing on all aspects of your education and experience, including paid employment and unpaid work. (please continue on a separate sheet as required). |

**QUALIFICATIONS**

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| --- | --- | --- | --- |
| SECONDARY SCHOOL  name and address: | From: | To: | “A” level results and beyond, giving dates: |
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| UNIVERSITIES/COLLEGES  names and addresses: | From: | To: | Courses undertaken including results  (type and class of degree: |
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| Details of teaching practice (1st appointments only) |

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| OTHER PLACES OF STUDY  Attended in last 5 years: | From: | To: | Area of study and examinations passed, with dates and indicating full or part time: |
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| Are you applying for job share? Yes  No  If you are a teacher, are you applying with a job share partner? Yes  No  Please specify your preferred hour/day arrangements: |

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| Are you required to have a UK work visa/permit? Yes  No  If so, do you have a valid visa/permit? Yes  No  If yes, when does it expire? |

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| Do you have a full current driving licence valid in the UK? Yes  No  Do you have access to some form of personal transport? Yes  No |

**REFERENCES**

|  |  |
| --- | --- |
| Please give details of two referees of whom confidential enquiries may be made. One referee must be from your current employer (or most recent employer) or your current educational establishment. We may ask you for further references. *References are normally taken up prior to interview. We reserve the right to contact any of your* *previous employers.* | |
| Name of referee:  Capacity in which known to you:  Position:  Organisation:  Address:  Telephone:  Email: | Name of referee:  Capacity in which known to you:  Position:  Organisation:  Address:  Telephone:  Email: |

**DECLARATION**

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| All applicants are required to declare personal relationships with existing members of school governing bodies, the council or its employees. Any financial interests that applicants may have in contracts with the council or pending council tenders must be declared. Canvassing members of the council, its committees or school governing bodies directly or indirectly will automatically disqualify the applicant.  Are you related to any member of school governing bodies, the council or senior officer employed by the Barnet Council? Yes  No  If yes, please state their name and your relationship with them:  Name:  Relationship: | Any financial interests that applicants may have in contracts with the council or pending council tenders must be declared.  Are you or any of your relatives party to an existing council contract or involved in any competitive tendering process? Yes  No  If yes, specify the contract details: |

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| I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice.  Signed: Date:  **Please note that you will be asked to sign this application form if you are invited to an interview.** |

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| **Declaration** of criminal offences  **for jobs involving substantial access to children  and vulnerable people which are subject to  Disclosure and Barring Sevice (DBS).** |

**Your application will not be considered without completion of this form.**

# DECLARATION OF CRIMINAL OFFENCES

Please list all your cautions and criminal offences. Do not forget to include any pending convictions and indicate that they are pending in the column ‘Place & date of judgement(s)’. If you have no convictions please write none and sign the form.

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| --- | --- | --- | --- |
| Nature of offence | Details of offence(s) | Place and date  of judgement(s) | Sentence(s) |
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All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to instant dismissal without notice.

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| SIGNED:  **Please note that you will be asked to sign this application form if you are invited to an interview.** |
| NAME: (PLEASE PRINT)       DATE: |
| JOB APPLIED FOR:       REF NO: |

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| **Equal Opportunities** monitoring form |

Barnet Council aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities. We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race

Relations (Amendment) Act 2000, which applies to everything the Council does. The information you

give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and

will not affect any decision to employ you.

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| Name       Job Reference No |
| Post applied for         Are you applying on a job share basis?  Yes  No Are you applying with a job share partner?  Yes  No Do you currently work for Barnet?  Yes  No  If yes what is your Payroll Number?        **Advertising:** Where did you see this job advertised? |
| **Date of Birth:** |

**Disability:**

The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

**Do you consider that you have a disability under the Disability Discrimination Act definition?**

**Yes**  **No**

If you have answered ‘Yes’, please select the definition/s from the list below that best describes your

disability/disabilities:

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| --- | --- | --- |
| **Hearing** (such as: deaf, partially deaf or hard of hearing) |  | **Reduced physical capacity** (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) |
| **Vision** (such as blind or fractional/partial  sight. Does not include people whose visual  problems can be corrected by glasses/  contact lenses) |  | **Severe disfigurement** |
| **Speech** (such as impairments that can  cause communication problems) |  | **Learning difficulties** (such as dyslexia) |
| **Mobility** (such as wheelchair user,  artificial lower limb(s), walking aids,  rheumatism or arthritis) |  | **Mental illness** (substantial and lasting m  more than a year, such as severe  depression or psychoses) |
| **Physical co-ordination** (such as manual dexterity, muscular control, cerebral palsy) |  | **Other disability** *Please specify* |

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian or Asian British Bangladesh  Chinese  Indian  Pakistani  Other | Black or Black British African  Caribbean  Other | **Mixed**  Asian and White  White and Black African  White and Black Caribbean  Other Mixed Background  Other | Other Chinese  Any other ethnic group | **White**  British  Greek  Greek Cypriot  Irish  Turkish  Turkish Cypriot  Other |

If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself

**Faith: (Optional information):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agnostic | Atheist | Baha’i | Buddhist | Christian |
| Hindu | Humanist | Jain | Jewish | Muslim |
| Sikh | No Religion |

Other Faith **Please specify**

**Gender:** Female  Male

**Sexuality: (Optional Information)**

Bisexual:  Gay  Heterosexual  Lesbian

In addition, if you prefer to define your sexuality in terms of other than those used above, please let us know.

**Declaration:**

**I have completed the details required in this document and declare to the best of my**

**knowledge the information given is correct. I consent to it being held on file under the terms**

**of the General Data Protection Regulations (GDPR).**

Signature Date

SM52/77 Putting the Community First

