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| **CONFIDENTIAL** |
| **APPLICATION FOR TEACHING APPOINTMENT** | |

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| SJ_logo_landscape_mono |
| Lucas Road , Farnworth, Bolton, BL4 9RU  Tel: (01204) 333000 Fax: (01204) 333201  E-mail: Office@St-James.Bolton.Sch.Uk |

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| **Post applied for: Spine Point/Allowance:**  **We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment** |

**PERSONAL**: Please complete all sections to enable your application to be considered

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| --- | --- | --- | --- | --- | --- | --- |
| Surname/Family Name: |  | Other Names: | | | | |
| Mr/Mrs/Ms/Dr: |  | Date of Birth : | | | | |
| If you have had a former surname please state other names used previously: |  |  | | | | |
| Address: |  | Daytime Telephone: | | | | |
|  |  | Evening Telephone: | | | | |
| Mobile Telephone: | | | | |
| Post Code: |  | E-mail: | | | | |
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| Please state where you heard about this vacancy? (e.g. TES ; E-Teach / particular Website state:) | | | | | | |

**EMPLOYMENT:** Please give details of your present/most recent employment

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| --- | --- | --- | --- |
| Post Held: |  | Spine Point: |  |
|  |  | Additional Allowances: |  |
| Place of Work: |  | Annual Salary: |  |
|  |  | Full/Part-time: |  |
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| Main duties/responsibilities: |  |  |  |
|  |  |  |  |
| Date appointed: |  | Date left (if applicable) |  |
|  |  |  |  |
| Name and address of present employer: | | LA: Name and address: | |
| Telephone: | |
| E-mail: | |

**EMPLOYMENT BACKGROUND**

Please detail chronologically all previous experience, unpaid and paid, non-teaching as well as teaching

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| --- | --- | --- | --- | --- | --- |
| From Month/Year | To Month/Year | Place of Work/Employer (if applicable) | Scale or Salary | Title/Responsibility | Reason for Leaving |
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| Have you ever been dismissed by any of the above employers? YES / NO  If YES, further details will be required from you. | | | | | |

**Please use a continuation sheet to provide your full employment background if necessary**

**ANY GAPS IN EMPLOYMENT HISTORY AFTER LEAVING FULL TIME EDUCATION SHOULD BE EXPLAINED ON A SEPARATE SHEET.**

**These gaps will be explored at interview as part of our commitment to the safeguarding of children.**

**EDUCATION BACKGROUND**

Secondary Education

|  |  |  |  |
| --- | --- | --- | --- |
| From Month/Year | To Month/Year | Name of Institution | Qualifications Obtained  (Please indicate Level, Subjects and Grades) |
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**FURTHER. HIGHER AND PROFESSIONAL EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| From Month/Year | To Month/Year | Name of Institution | Qualifications Obtained  (Please indicate Level, Subjects and Grades) |
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**PROFESSIONAL DEVELOPMENT/TRAINING**

(Please give the most recent information)

**COURSE PARTICIPANT**

|  |  |  |
| --- | --- | --- |
| Dates of Course | Provider | Details of Course |
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**COURSE PROVIDER**

(Courses you have organised or led)

|  |  |  |
| --- | --- | --- |
| Dates of Course | Provided For | Details of Course |
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**MEDICAL HISTORY**

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| How many days absence have you taken in the last two years?  Have you had any serious illness or injury in the last two years?  If YES, please give details: | Days  YES / NO |

**EARLY RETIREMENT OR ILL-HEALTH RETIREMENT**

|  |  |
| --- | --- |
| Have you been granted early retirement or ill-health retirement from any employer?  If YES, which Authority? | YES / NO |

**REHABILITATION OF OFFENDERS ACT 1974**

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| --- | --- |
| Owing to the nature of the work, the teaching profession is exempt from the previous provisions of the above Act, therefore applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. The school uses the DBS to check for previous convictions prior to employing teachers. | |
| Have you at any time been convicted of a criminal offence?  (Including cautions, bind-overs and any pending convictions) | YES / NO |
| If YES, please give details in strict confidence:  I understand and accept that the school will check information under this heading.  Signature: | |

**REFERENCES –** Please include **full** address, telephone number and **fax number or email address**

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| Please give the name and address of two persons from whom references may be obtained, one of these should normally be your current Headteacher. You may wish to add a third referee whom we can contact for a reference with regard to your religious commitment. Please ensure you provide the referee’s job title and how you are known to them if not evident from the rest of your application form. Wherever possible email addresses should be work based and not private. | |
| 1. | Tel: |
|  |
| Post Code: | Email |
| 2. | Tel: |
|  |
| Post Code: | Email |
| 3. | Tel: |
|  |
| Post Code: | Email |

**NOTES FOR APPLICANTS**

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| Before signing this form please check that every section has been completed.  You are reminded that this is an application form for a post in a Church of England Voluntary Aided school in which the governing body is the employer and National Society contracts of employment are used. If you are appointed you will be expected to support the Christian ethos of the school. |

**DECLARATION**

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| I declare that to the best of my knowledge and belief all statements contained in this form are correct and I understand that should I conceal any material I will be liable to the termination of my contract of service with such notice as may be appropriate. | |
| Signature: | Date: |
|  | |
| We regret that we are unable to acknowledge the receipt of this form because of the high cost involved. If you receive no further communication within two weeks of the closing date please assume that your application has been unsuccessful. Thank you for your interest in the post. | |
| **This form, when completed, should be returned to the school by the date specified in the job information.** | |