



Application Form for a Teaching Appointment

Please complete in BLACK INK (CV's will not be accepted.)

Post Applied For

At

Personal Details

Surname..... Forename(s) Title

Address Telephone No. Work

..... Telephone No. Home

..... E-mail

..... National Insurance Number

Post Code DfES/GTC Ref Number

Current Driving Licence? Yes/No Type: Car / PSV / HGV / Motorcycle / Full / Provisional (delete as appropriate)

Present Position

Post Title..... Date of Appointment.....

Name & Address of School

.....

Post Code Telephone Number

Age Range Single / Mixed Sex..... No. on Roll.....

Education Authority

Address

Post Code Telephone Number

Present Salary £ Salary Scale

Earliest Commencement Date :

Outline of Main Duties:

In-Service Education (In last 3 years)

A. As a Participant

Course Title	Course Organiser	Dates	Duration

B. As a Contributor

Course Title	Course Organiser	Dates	Duration

Other Employment

Post Held	Name of Employer	From	To

Health

Please give the approximate number of days absent and the number of occasions taken due to sickness, over the last two years.

Number of days absent:

Number of occasions:

Additional Information

This should take the form of a letter of application, describing how your education, training, experience, qualifications and personal attributes support your application for this post. Short-listing will be conducted only on the basis of written applications. It is, therefore, essential that all applicants, both internal and external, should complete this section of the application form.

Rehabilitation of Offenders Act 1974

Protection of Children - Disclosure of background to those with access to children.

This post involves substantial access to children. It is, therefore, exempt from the Rehabilitation of Offenders Act, 1974. You are required to declare any convictions, cautions, bind-overs or pending prosecutions you may have, even if they would otherwise be regarded as 'spent' under this Act.

Please give this information in a sealed envelope. The information you give will be treated in confidence. It will only be taken into account in relation to an application where the exemption applies.

Under arrangements for the protection of children, the Authority is also entitled to check with the Police for the existence and content of any criminal record of the successful applicant. Information received from the Police will be kept in strict confidence. It will be destroyed immediately the selection process is complete.

Disclosure of a criminal record, or other information, will not automatically disqualify you from appointment, unless the information received is considered to make you unsuitable. In making such a decision, consideration will be given to the nature of the offence, when it occurred, your age at the time and any other relevant factors.

Failure to declare a conviction, caution, bind-over or pending prosecution may disqualify you from appointment, or result in summary dismissal if the discrepancy is discovered at a later date.

Please sign to indicate that you agree to a check being made with the Police in these circumstances.

Signature: Date:

Other

Please give details of any relationship you have to members of the Council or its employees and any contractual agreements you have, or are negotiating, with the Council.

Referees

Please give details of two referees, one of whom should normally be your current Headteacher.

Name: Name:

Occupation/Status: Occupation/Status:

Address: Address:

.....

Telephone Number: Telephone Number:

Fax Number: Fax Number:

Declaration

To the best of my knowledge, the information I have given on this form is correct and may be used as part of my contract of employment.

I understand that providing misleading or false information; directly or indirectly canvassing anyone likely to be involved in the appointment process, will disqualify my application.

Signature: Date:



Education, Leisure and Cultural Services,
Personnel,
Progress House,
Blackpool FY4 4US.

BLACKPOOL BOROUGH COUNCIL Equal Opportunities Monitoring Form

We intend that no job applicant or employee shall receive less favourable treatment because of his or her sex, marital status, colour, race or disability, nor be disadvantaged by any other condition or requirement which cannot be shown to be justifiable.

ALL APPLICANTS ARE ASKED TO COMPLETE THIS FORM. INFORMATION PROVIDED WILL BE USED FOR MONITORING PURPOSES ONLY.

THE FORM WILL NOT BE SEEN BY THOSE INVOLVED IN THE SELECTION PROCESS.

Post Details

Ref:

Post applied for:

Department:

Personal Details

Date of Birth:

Sex:

What is your Ethnic Group? (Please tick the appropriate box below)

White

Black-Caribbean

Indian

Irish

Black-African

Pakistani

Bangladeshi

Chinese

Black other (please specify)

Other (please specify)

The above groups are in accordance with those recommended by the Commission for Racial Equality

Do you consider yourself to have a disability? If yes, please give details.

How did you find out about this job?

Family Status

Please tick appropriate box

Is there anyone who relies on you for care and attention?

Yes

No

If yes, please indicate circumstances:

Children

Ages

Adults (18 or over)

Elderly Relative

Sick or disabled adult