

Internal use only

Ref . No. \_\_\_\_\_

Received \_\_\_\_\_



TOVE LEARNING TRUST

## Application Form for Teaching Appointment

*The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.*

<b>Application for the post of:</b>	
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<b>Initials</b>		<b>Legal surname or family name</b>	
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<b>Phone Number</b>		<b>Email address</b>	
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### PART A

#### 1. PRESENT POST (or last post if currently unemployed)

<b>Name, address and telephone number of school / employer</b>			
<b>Type of school (if applicable)</b> e.g. Boys, Girls, Mixed, Community, Foundation etc.	<b>Number on Roll</b> _____ <b>Age Range</b> _____ <b>Group Size</b> _____		
<b>Post Held</b>			
<b>Status</b> (perm / temp / acting)			
<b>Date appointed to post</b>		<b>Date appointed to school (if different)</b>	
<b>Current scale</b>		<b>Point on pay scale</b>	
<b>TLR Allowance and reason or ISR range</b>			
<b>Date available to take up appointment</b>			

<b>Subject Taught</b>	
<b>Second Subject</b>	

<b>DFES No.</b>	
<b>QTS Status</b>	YES / NO

**2. FULL CHRONOLOGICAL EMPLOYMENT HISTORY**

Please provide a full history in chronological order since leaving secondary education.

Name, address and type of school incl. age range and NOR or employer	Position held and salary level on leaving	F/T or P/T	Dates				Reason for leaving
			From		To		
			Mth	Yr	Mth	Yr	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please enclose a continuation sheet if necessary

**3. EDUCATION & QUALIFICATIONS**

Name & address of Secondary School	Date From	Date To	Qualifications Gained with Date and Level attained

Name of University , College OR Dept of Education attended	Date From	Date To	Full or Part-time	Qualifications or Subjects Passed with details of standard obtained

Additional Qualifications e.g. swimming awards, D of E Leaders, Coaching etc.

**4. PROFESSIONAL COURSES ATTENDED AS A TEACHER**

Please list relevant courses attended in the past 3 years.

Subject	Organising Body	Date(s)	Duration

## 5. OTHER RELEVANT EXPERIENCE, INTERESTS AND SKILLS

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## 6. REFEREES

Give here details of two people to whom reference may be made. The first referee should normally be your present or most recent Headteacher or equivalent person. If you are not currently working with children please provide a referee from your most recent employment involving children.

	First referee	Second referee
<b>Title and Name</b>		
<b>Address and post code</b>		
<b>Telephone number</b>		
<b>Email address</b>		
<b>Job Title</b>		
<b>Relationship to applicant</b>		
<b>May we contact prior to interview?</b>		
<b>If No – please state clearly why this is not possible.</b>		

## 7. DECLARATION

I certify that, to the best of my knowledge and belief, all particulars included in Parts A of my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand and accept that the information I have provided may be used in accordance with paragraph 15 above, and in particular that checks may be carried out to verify the contents of my application form

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

# Part B

Internal Ref . No. \_\_\_\_\_

This section will be separated from Part A on receipt. Relevant contents may be verified prior to shortlisting but will not then be used for selection purposes.

1. Surname or family name	
2. All previous surnames	
3. All forenames	
4. Title	
5. Current Address	
6. Postcode	
7. Home telephone number	
8. Mobile telephone number	
9. Date of Birth	
10. National Insurance Number	
11. Have you ever been subject to an investigation by the General Teaching Council or DfES or placed on List 99?	Yes          No If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions.
12. Are you subject to any legal restrictions in respect of your employment in the UK?	Yes          No If YES please provide details separately
13. Do you require a work permit?	Yes          No If YES please provide details separately
14. Do you have a current full driving licence?	Yes          No
15. Are you related to or have a close personal relationship with any pupil, employee, or governor of Grace Academy Solihull?	Yes          No If YES, you can give brief details here or you can submit separately under confidential cover.
17. Did you qualify as a teacher after May 1999?	Yes          No If Yes, in which school was induction completed?
18. NQTs ONLY: Can you provide evidence of passing the Skills Tests? <i>Please tick or cross</i>	Numeracy Literacy ICT
19. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?	Yes          No If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc).

**20. ETHNIC GROUP**

You are asked to complete the grid below for the purpose of monitoring applicants for employment by reference to the racial groups to which they belong. However, you are not obliged to do so.

Please tick the relevant box		✓
<b>WHITE</b>	British	
	Irish	
	Other White background	
<b>MIXED</b>	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Other Mixed background	
<b>OTHER ETHNIC GROUP</b>		

Please tick the relevant box		✓
<b>ASIAN or ASIAN BRITISH</b>	Indian	
	Pakistani	
	Bangladeshi	
	Other Asian background	
<b>BLACK or BLACK BRITISH</b>	Caribbean	
	African	
	Other Black background	
<b>CHINESE</b>	Chinese	
<b>NOT STATED</b>		

**IMPORTANT INFORMATION**

When completed, this form should be returned in accordance with the instruction in the advertisement for the job or on the Notes for applicant's document in the applicant information pack.

**Canvassing, directly or indirectly to the Headteacher, another employee or a governor is strictly forbidden and will immediately disqualify the application without negotiation.**

Candidates recommended for appointment will be required to:

- a) complete a pre-employment medical questionnaire and if necessary, may be required to undergo a medical examination by our Occupational Health Providers.
- b) need to complete a DBS disclosure
- c) will be checked against the Record of individuals barred from working with children and vulnerable adults.
- d) provide evidence of their qualifications

**20. DATA PROTECTION ACT/ GDPR**

The information collected on this form will be used in compliance with the Data Protection Act 1998 and GDPR 2018. The information will be collected for the purposes of your contractual employment with the Trust, this information may be shared with the following:

**Governors:** for the purpose of employment and employment management

**Occupational Health:** for the purpose of supporting employees and employers with health related issues

**TPS/LGPs:** for the purpose of administering employee pensions

**DfE:** via census returns for statutory statistical recording

**Payroll and Personnel Providers:** for contractual and payroll purposes

**Any other statutory body relating to your employment with us**

**Full details of how your data may be used is available in our privacy notice on the Tove Learning Trust website**

You should also note that checks may be made to verify the information provided and may also be used to prevent and/or detect fraud.

**21. DECLARATION**

I certify that, to the best of my knowledge and belief, all particulars included in Part B of my application are correct. I understand and accept that providing false information will result in my application being rejected or withdrawal of any offer of employment, or summary dismissal if I am in post, and possible referral to the police. I understand that by signing this form I accept that the information I have provided may be used in accordance with paragraph 20 above, and in particular that checks may be carried out to verify the contents of my application form

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name