

APPLICATION FOR EMPLOYMENT

Surname:		First Names:	
Title:	Maiden Name:	Nationality:	
Date of Birth:	Age:	Marital Status:	
Address:			
			Post Code:
Telephone Number:		Mobile Number:	
E-mail Address:			
Emergency Contact:		Emergency Contact Number:	
DfES Number:		NI Number:	
Do you have transport for work?		Are you available for emergency cover?	
Are you interested in long-term positions?		Are you interested in permanent positions?	
Do you have any criminal convictions other than those which are spent pursuant to the Rehabilitation of Offenders Act 1974?			
At this time is there any case pending against you or suspension from any previous employer for any offence?			
Do you hold a Criminal Records Bureau Enhanced Disclosure?			
Do you have a Criminal Records Bureau Enhanced Disclosure pending through any other organisation?			
Are you registered with the General Teaching Council (GTC)?		GTC Number:	
How many years have you taught as a recognised qualified Teacher?			
Do you specialise in:	Primary Schools:	Middle Schools:	Secondary Schools:
Please specify your specialist Year Groups and/or Key Stages:			
Please specify your specialist teaching subjects: You may also provide further information on the back cover of the form.			
Do you have experience of:	EBD:	MLD:	SEN:
Do you hold qualifications in:	EBD:	MLD:	SEN:

Please provide details of Further and Higher Education and Qualifications:			
College/University		Date of Qualification	Qualification
Please list any additional Qualifications you may have, eg, TESOL, CCRS (formerly Catholic Teacher's Certificate), Sign Language etc			
1.	2.		3.
4.	5.		6.
Please list any additional skills/abilities/areas of responsibility, such as music, arts, sports etc			
1.	2.		3.
4.	5.		6.
Please list all teaching posts, starting with your most recent appointment. If you are an NQT, please list the schools in which you carried out your teaching practice			
School	Position Held	Subject and Year Group	From - To
Please indicate the LEAs in which you would prefer to work:			
Please provide two referees, one of whom should be your present or most recent Headteacher or Employer. If you are an NQT, please state the Headteacher of your main teaching practice and the Course Tutor at your University or Higher Education Institution.			
Name:		Name:	
Position:		Position:	
Address:		Address:	
	Post Code:		Post Code:
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	
E-mail address:		E-mail address:	

Following the recommendations of the DfES circular 13/93, we are required to satisfy ourselves that you have the physical and mental fitness to work with children in school or other educational establishments. Please therefore complete the medical history form below:

1. Have you ever, to your knowledge, suffered from any of the following?	Please delete as appropriate	
a. Blackouts, epilepsy, fits or faints	Yes	No
b. Heart disease or disorder	Yes	No
c. High blood pressure	Yes	No
d. Tuberculosis, bronchitis, asthma	Yes	No
e. Nervous or mental disorders 'nerves'	Yes	No
f. Skin disease or dermatitis	Yes	No
g. Diabetes or sugar trouble	Yes	No
h. Eye disease or disorder	Yes	No
2. Are you a registered disabled person?	Yes	No
3. Have you ever changed your job for health reasons?	Yes	No
4. Are you awaiting any surgical operation or hospital appointment?	Yes	No
5. Do you suffer from hearing difficulties in either ear?	Yes	No
6. Have you ever been referred to a psychiatrist?	Yes	No
7. Have you any alcohol or drug related problems or illnesses?	Yes	No
8. Are you carrying the Hepatitis B or AIDS virus?	Yes	No
9. Have you any health problems that have not yet been mentioned?	Yes	No
If you have answered 'Yes' to Question 9 above, please provide details:		
Bank Details: Please note that should you prefer, you may provide these details at interview.		
Name of Bank:	Account No:	Sort Code No:
Address of Bank:		
		Post Code:
I hereby certify that the contents of this application are correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered, and I possess all the qualifications which I claim to hold. I also accept the requirements of the Rehabilitation of Offenders Act 1974 and of Criminal Records.		
Signature:	Date:	

Additional Information: