

APPLICATION FORM
Strictly Confidential

Job Reference:

KS1 Class
 Teacher/Maternity

Please use black ink – An application form **MUST** be completed/submitted for each vacancy.

The completed form to be posted or delivered to: **St Mary's CE Primary School, Yew Tree Road, Slough, Berkshire. SL1 2AR.**
 or e-mailed to **hr@stmarys.slough.sch.uk**

Application for the post of: KS1 CLASS TEACHER Maternity Cover

Personal Details

First Name(s): Surname:

Address:

****E-mail address:** Home Tel. No:

Post Code: Daytime Tel. No:

How long have you lived
 At this address? years Mobile Tel No:

Do you need a work permit? (a) Yes, and I already have one.
 (b) Yes, but I do not have one*.
 (c) No.

*(For further guidance please contact the school)

****If you have provided an e-mail address, this will be the method by which you will be contacted. However, if you DO NOT wish to be contacted by e-mail please tick the box.**

Present Employment (if now unemployed give details of last employer)

Name and address of school / establishment:

.....

Post Title: Date of Appointment:

Name of LA / employing body:

Numbers on Roll (NOR): Age Range taught:

Brief description of duties:

.....

.....

.....

Period of Notice:

Reason for leaving (if no longer employed):

Salary Details

Pay Scale: Spine / Scale Point:

Basic Salary (per annum): Full Time or Part Time (FTE):

Additional Allowances (per annum):
(Please state all allowances received individually)

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Previous Employment Start with the most recent employer first.
Please cover all jobs *(all periods/gaps must be accounted for)*.

Dates		Name of Employer (state nature of business - if not a school)	Position Held/ Title of Post	Reason for Leaving
From	To			

Voluntary/Unpaid Activities

Dates		Position Held	Organisation	Brief Details of Duties
From	To			

Training and Professional Qualifications (to include teaching qualification/degree and A-levels) Candidates may be required to provide certificates/awards as proof of evidence.

Name of Awarding Body	Date Gained	Examinations Passed, Qualifications/Level	Grades

Professional Membership

Are you a member of a professional body? Yes No

If yes, please specify:

References

Please give the names and addresses of two referees, one of whom should be your present or most recent employer who will be able to comment on your suitability for this post. The other may be someone who knows you well but they should not be a member of your family. (Please note references may be taken up on receipt of application).

Name: Name:

Address: Address:

Tel. No: Tel. No:

E-mail: E-mail:

Occupation: Occupation:

Capacity in which known to you: Capacity in which known to you:

Date of Employment: Date of Employment:
(if applicable) (if applicable)

Have you any objection to this referee being contacted prior to interview? Have you any objection to this referee being contacted prior to interview?

Yes No

Yes No

Supporting Information

Please provide any information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post.

(please continue on separate sheet if necessary)

IMPORTANT INFORMATION

Disclosure and Barring Service (The Rehabilitation of Offenders Act 1974)

This post is exempt from the Rehabilitation of Offenders Act 1974, therefore job applicants must disclose details of all criminal convictions and cautions whether 'spent' or not. Successful applicants will be required to apply for and Disclosure and Barring Service check when an offer of employment is made in writing. Any information provided will be strictly confidential and will be considered only in relation to this or a similar position within the school.

If you do not disclose any conviction you have it could lead to your application being rejected, or, if you are appointed may lead to your dismissal. If between completion of this application form and taking up a job within the school you are convicted of a criminal offence you must inform the school of this.

Qualified Teacher Status (QTS)

Do you hold Qualified Teacher Status? Yes No

If Yes, please give date of award QTS Certificate Number (*if available*):

Have you successfully completed a period of induction as a qualified teacher in this country where the DfE required this?

Yes No

If Yes, please give date of completion

Teacher Reference number (DfE number) e.g. 12/34567:

Are you subject to any conditions or prohibitions placed on you?

Yes No If Yes, please give details:

Medical Clearance

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Disability Discrimination Act 1995 (*Completion of this section is optional*).

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has: *A physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.*

Do you have a disability which is relevant to your application? Yes No

If yes, please state the type of disability you have:

If it is not obvious please give brief details of how it affects you:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes No

If Yes, please state:

General

• Do you hold a current driving licence? Yes No

• If you have any personal relationship with any of the following please declare their details below:
Councillor, Member of a Committee, Panel or other group of the Council or School, employee of the Council or Schools or Governor of the School, staff member at the school

Name/s: Relationship/s:

Post Title/s or Position/s held:

This does not stop a person named above providing a reference. However, any approach, direct or indirect, to Councillors, Governors, employees or those named above, to influence a selection decision will disqualify you.

Declaration

I certify that the information given on this form is correct and complete to the best of my knowledge. I have not canvassed either directly or indirectly any member of a Governing Body or any officer or member of Slough Borough Council in connection with this appointment. False or withheld information may lead to the termination of employment. Under the provisions of the Local Government Act 1972, I confirm that I am not, nor have been for twelve months prior to this application a serving elected member of Slough Borough Council.

I agree to the school carrying out pre-employment screening on my application for this post.

I also acknowledge and agree to have the above information processed in accordance with the Data Protection Acts 1984 and 1998. Under this Act you have a right of access to information we hold about you. The application form is used for shortlisting, interviewing and monitoring purposes.

If you are not appointed the form will be kept for a period of 12 months. The successful applicant's application form will form part of a Personal File, which will be kept securely by the school.

Mark box to agree and sign below :

Signature:

Date:

RECRUITMENT MONITORING FORM

Job Reference:

Class Teacher -
 Maternity Cover

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(This field must be completed).

This sheet will be separated from your application form/CV upon receipt and does not form part of the selection process. It will be retained by the school purely for monitoring purposes.

Application for the post of:KS1 CLASS TEACHER-Maternity Cover

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. The information you provide will solely be used for monitoring purposes. It will not be made available to those involved in the selection process.

What is your Ethnic Group

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

British

Irish

Any other White background, please write in:

D. Black or Black British

Caribbean

African

Any other Black background, please write in:

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in:

E. Chinese or other ethnic group

Chinese

Other, please write in

F. I do not wish to provide this information.

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in:

Gender

Male

Female

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Disability – Do you have a disability? Please tick one box.			
00 - None	<input type="checkbox"/>	06 - You have mental health difficulties.	<input type="checkbox"/>
01 - You have a specific learning difficulty (for example dyslexia)	<input type="checkbox"/>	07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition	<input type="checkbox"/>
02 - You are blind or partially sighted.	<input type="checkbox"/>	08 - You have two or more of the above.	<input type="checkbox"/>
03 - You are deaf or hard of hearing.	<input type="checkbox"/>	09 - You have a disability, special need or medical condition that is not listed above.	<input type="checkbox"/>
04 - You use a wheelchair or have mobility difficulties.	<input type="checkbox"/>	10 - I do not wish to provide this information.	<input type="checkbox"/>
05 - You have Autism or Asperger Syndrome.	<input type="checkbox"/>		

Present Status
Internal Applicant <input type="checkbox"/> External Applicant <input type="checkbox"/>

Date of Birth
..... (dd/mm/yyyy) Age

Media
Please state where you saw this post advertised

<i>For School Use Only:</i>