



APPLICATION FOR EMPLOYMENT - TEACHING

Post applied for:	Grade/Scale:
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PERSONAL: Please complete all sections to enable your application to be considered

Surname: Mr/Mrs/Ms/Miss/Other	Other names:
If relevant please state other surname used previously:	Date of Birth:
Address:	Daytime ☎:
Postcode:	Evening ☎:
	e-mail:

DfE Ref. No. <input style="width: 150px;" type="text"/>
National Insurance No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disabled Registration No. (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered Disabled Applicants who meet the criteria of the personnel specification will be guaranteed an interview

EMPLOYMENT: Please give details of your present/most recent post

Post held:	Scale/Allowance:
Place of work:	Incremental Point:
	Annual Salary:
	Full/Part-time:
	Date passed through threshold:

Main duties/responsibilities:	
Date appointed:	Date left (if applicable):

Name and address of present or most recent employer/school:	LEA: Name & address:
	☎:
	e-mail:

PROFESSIONAL DEVELOPMENT/TRAINING:
(State involvement in the last five years appropriate to your application)

COURSE PROVIDER (i.e., courses you have provided)

Dates of Course	Length of Course	Details of Course

COURSE PARTICIPANT (i.e., courses you have attended)

Dates of Course	Length of Course	Details of Course

Valuing Diversity

In order to comply with our Valuing Diversity Policy, please indicate if you have a disability?
YES/NO
If Yes, do you require any adjustments to the selection process? YES/NO
If Yes, please give details in your application

DRIVING LICENCE

Do you hold a current driving licence? YES/NO

REFERENCES

Please give the name and address of two people from whom references may be obtained, one of **these should be your current employer/Headteacher**. If not currently working with children then one reference should be from a previous employer in a role related to this client group, if applicable. Sharples School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment, therefore references will be sought prior to interview. **References from friends or relatives will not be accepted.**

1.

Tel:

e-mail:

Postcode:

2.

Tel:

e-mail:

Postcode:

REHABILITATION OF OFFENDERS ACT 1974

Owing to the nature of the work, employment within a school 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 Authority will undertake a check of criminal records prior to any employment being confirmed.

Have you at any time been convicted of a criminal offence?
(including cautions, bind-overs and any pending prosecutions)

YES/NO

If YES, please give details in strictest confidence:

Are you disqualified from working with children or vulnerable adults or subject
to any sanctions imposed by a regulatory body

YES/NO

I understand and accept that the Authority will check information under this heading.

Signature:

DECLARATION

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:

Where did you see the advert for this post? Times Ed Your Council Jobs School Website Other

Completed forms should be returned to: recruitment@sharplesschool.co.uk