| County Cou | incil | lf you need | d a copy | of this info | rmation | in large p | orint, | | R6 | |
|--|----------------|-------------|------------|--------------|------------------|-------------|-----------|---------|-----------|--------|
| Application for the Post of: | | | | | Job | No: | | | | |
| School Name: | | | | | | ndidate | | | | |
| If you are a current emplo | ovee are vou | applving f | or this po | ost as a red | | No. | Ye | s 🗆 | No | |
| 1. Personal Information | | SPP.9 | | | | | | | | |
| Last Name | I | | | | Previo | us Name(s | s): (if a | pplicab | le) |] |
| First Name(s): | | | | | | | | | | |
| Home Address: | | | | | | | | | | |
| Please specify alternative correspondence address on a separate sheet. | | | | Postcode | : | | | | | |
| E-mail address: | | | | | | | | | | |
| National Insurance Numb | ber (lf you ha | ave one): | | _ | | | | | | |
| Date of Birth: | | | |] | | | | | | |
| Do you have a full curren driving licence? | nt Yes | | No 🗆 | Home Te | elephon Numbe | | | | | |
| Do you have daily use of a vehicle? | Yes | | No 🗆 | Work Te | elephon Numbe | | | | | |
| Do you have any penalty on your licence? | points Yes | | No 🗌 | Mobile Te | elephon Numbe | | | | | |
| If so, how many? | | | | | | | | | | |
| Do you consider yoursel | f to have a d | isability? | | | | | Yes | | No | |
| (NB: The Equality Act de which has a substantial activities") | | | | | | | | | | |
| The County Council ope essential criteria of the p | | erview gua | irantee s | cheme for | people | with a disa | ability a | and who | o meet | the |
| If you have a disability, a you are called for intervi | are there an | y arrangen | nents wh | ich we can | make fo | or you if | Yes | | No | |
| If Yes, please outline you | | nts: | | | | | | | | |
| How did you find out abo | ut this job? | | | | | | | | | |
| Are you applying on a job |) share basis | ;? | Yes | | | | | | | |
| If so, please state the pro | portion of fu | ll-time you | are willir | g to work: | | | | | | |
| | | | | | | | | R6 | 1.04 30.0 | 5.2013 |

| 2. Qualified Teacher | Information | | | |
|--|--|-------------------------------------|--------------|---|
| a) Date of gaining Q | ualified Teacher Status: | | | |
| b) Teacher Registra | tion number: | | | |
| c) If you qualified aft have you completed | er 7 ^{tn} May 1999, your induction year? | Yes 🗌 No 🗌 If yes, g | give date | |
| d) Have you passed (Trainees only) | your skills tests? | Numeracy 🗌 Lite | racy 🗌 ICT 🗌 |] |
| lf not, when do you e | expect to complete them? | | | |
| Successful applicants w | ill be required to provide evi | dence of their registration with | the GTC | |
| 3. Present (or Most R | ecent) Employment | | | |
| Job Title: | | | | |
| Company/School Name, Address & Telephone Number: | | | | |
| Start Date: | E | End Date: (If applicable) | | |
| Salary: | / | Allowances: (Please specify) | | |
| Brief Details of Post: | | | | |
| If this post is a Teaching | l gRole please complete the fo | bllowing section: | | |
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) | | |
| Approximate number on roll: | | Age range taught: | | |
| | | | | |

4. Previous Employment

| Beginning with | the most | recent, | all period | ls since | leaving | full-time | educatio | n should | be acco | unted | for e.g. |
|----------------|------------|------------|------------|----------|---------|-----------|----------|-----------|---------|--------|----------|
| unemployment, | voluntary | work, | raising a | family | or any | part-time | e work u | ndertaken | whilst | in edu | ucation. |
| (Continue on a | separate s | sheet if i | necessar | y). | | | | | | | |

| Job Title: | | |
|--|-------------------------------|-------------------------------------|
| Company/School Name, Address & Telephone Number: | : | |
| Start Date: | | End Date: (If applicable) |
| Salary: | | Allowances: (Please specify) |
| Brief Details of Post | :: | |
| If this post is a Teac | ching Role please complete th | ne following section: |
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) |
| Approximate number on roll: | | Age range taught: |
| | | i |
| Job Title: | | |
| Company/School Name, Address & Telephone Number: | : | |
| Start Date: | | End Date: (If applicable) |
| Salary: | | Allowances: (Please specify) |
| Brief Details of Post | :: | |
| If this post is a Teac | ching Role please complete th | ne following section: |
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) |
| Approximate number on roll: | | Age range taught: |

| Job Title: | | |
|--|-------------------------------|-------------------------------------|
| Company/School Name, Address & Telephone Number: | | |
| Start Date: | | End Date: (If applicable) |
| Salary: | | Allowances: (Please specify) |
| Brief Details of Post | : | |
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| If this post is a Teac | hing Role please complete the | following section: |
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) |
| Approximate number on roll: | Age range taught: | |
| | | |
| | | |
| Job Title: | | |
| Company/School Name, Address & Telephone Number: | | |
| Start Date: | | End Date: (If applicable) |
| Salary: | | Allowances: (Please specify) |
| Brief Details of Post | : | |
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| | hing Role please complete the | |
| Subject/ Specialisms: | | Employer: (e.g. Local Authority) |
| Approximate number on roll: | | Age range taught: |
| | | |

| Job Title: | | | | | |
|--|--------------------------------|-------------------|-------------------------------------|--|--|
| Company/School Name, Address & Telephone Number: | : | | | | |
| Start Date: | | End | Date: (If applicable) | | |
| Salary: | | Allov | vances: (Please specify) | | |
| Brief Details of Post | t: | | | | |
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| If this post is a Teac | ching Role please complete the | e follov | ving section: | | |
| Subject/ Specialisms: | | | Employer: (e.g. Local Authority) | | |
| Approximate number on roll: | | Age range taught: | | | |
| | | | | | |
| Job Title: | | | | | |
| Company/School Name, Address & Telephone Number: | : | | | | |
| Start Date: | | End | Date: (If applicable) | | |
| Salary: | | Allov | vances: (Please specify) | | |
| Brief Details of Post | tt | | | | |
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| If this post is a Teac | ching Role please complete the | e follov | ving section: | | |
| Subject/ Specialisms: | | | Employer: (e.g. Local Authority) | | |
| Approximate number on roll: | | | Age range taught: | | |
| | · | | | | |

| 5. | Other | Relevant | Experience |
|----|-------|----------|------------|
|----|-------|----------|------------|

6. Education

| Please give details of all nationally | recognised qualifications | awarded/results | awaited; from G | CE Advanced |
|---------------------------------------|----------------------------|------------------|-----------------|-------------|
| Level to Further Degree Level or | their equivalents in chror | nological order. | | |

| Atter From (mm/yy) | nded To (mm/yy) | Name of School/College: | Qualification: | Subject: | F/T or P/T | Grade/ Level: | Date Gained: |
|--------------------------|-----------------------|----------------------------|----------------|----------|------------------|------------------|-----------------|
| (1111799) | (11111/99) | | | | 171 | | |
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Copies of essential qualifications will be required on appointment.

7. Training (Other Continuing Professional Development)

Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary). If applying for a headship, please include details regarding NPQH.

| Title of Course: | Organising Body: | Awards (if any): | Date of Attendance: (mm/yy) | | | | |
|---|--|-------------------------------|-----------------------------------|--|--|--|--|
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| 8. Letter of Application | | | | | | | |
| Please attach a separate letter of application – of no more than 2 sides of A4 to support your application. Details of the specific topic to be addressed will be found in the recruitment literature. | | | | | | | |
| 9. Rehabilitation of Offenders | Act 1974 | | | | | | |
| 'protected' and are not subject t | The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service | | | | | | |
| Do you have a prosecution pendi | ing for a conviction at a court for Yes [| any offence? | | | | | |
| Are you berred from working with | a childron or subject to constign | a impaged by a regulatory bas | hu a a Canaral | | | | |

| Are you barred from working with children or subjec | t to | sanctions | impos | ed by | a regulatory b | ody, e.g | . General |
|---|------|-----------|-------|-------|----------------|----------|-----------|
| Teaching Council (GTC)? | | | | | | | |
| | ١ | Yes 🗌 |] | No | | | |

| Yes 🗌 | No |
|-------|----|
|-------|----|

If you have answered yes to either of the above questions, please provide brief details and give date(s) of conviction/caution/sanction(s):

If you are unclear about the information you should disclose, please visit <u>https://www.gov.uk/DBS</u> for guidance.

Staffordshire Council aims to promote equality of opportunity for all with the right mix of talent, skills, and potential. We welcome applications from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purpose only when relevant.

The Authority/School is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

10. Immigration, Asylum and Nationality Act 2006

All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. With reference to the accompanying Guidance Notes please confirm that you are able to provide the appropriate documents.

| Yes | | No |
|-----|--|----|
| | | |

11. Health Requirements

Appointment is subject to a satisfactory medical report from the County Occupational Health Physician.

12. References

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references.

| 1 st | Referee |
|-----------------|---------|
|-----------------|---------|

Name:

| E-Mail Address: (Please provide wherever possible |) | | | |
|---|---|------|--------|--------------------|
| Address: | | | | |
| | | | | |
| | | | | |
| Telephone No: | | Сара | acity: | |
| | | | | R6 1.04 30.05.2013 |

| 2 nd Referee | | | | | | |
|--|---|-------------------|----------------------------|------------|----------|--|
| Name: | | | | | | |
| | | | | | | |
| E-Mail Address: (Please provide wherever possib | | | | | | |
| Address: | | | | | | |
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| | [] | 1! | | | | |
| Telephone No: | | Capacity: | | | | |
| contacted should you b | et you are applying for forms be shortlisted for interview - pl rences will be sought should yo | lease see the No | tes for Applicants provide | ed with t | | |
| 13. Declarations | | <i>t</i> | | a la at | | |
| employed by Staffordshi | e you related to a member on ire County Council? | of staff, governo | r of the school or anyoi | ne electo | ed to or | |
| F Was' plagas state the | in some and position holds | | Y | es 🗌 | No 🗌 | |
| If Yes, please state the | eir name and position held: | | | | | |
| | | | | | | |
| The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months. | | | | | | |
| I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Council, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Council or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management. | | | | | | |
| Signed: | | | | | | |
| Date: | | | | | | |
| Working Reverse equility for all Please | e remember to complete and | return the recru | itment monitoring form. | NISOA DISA | BIED | |