

## Application for Employment: Teaching Posts

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Please complete all sections of this form using black ink or type.

The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

**Please note: You must attach an accompanying statement of application setting out why you are applying for this post and how your experience, training and personal qualities match the requirements of the role as set out in the Job Description and Person Specification. Application Forms received without an accompanying statement of application will NOT be shortlisted.**

If submitting this form electronically please include your surname and the title of the post you are applying for as the file name for the attachment.

### VACANCY INFORMATION

Application for the post of:

Job ID/reference number:

What date are you available to begin a new post?

Where did you first hear about this job?

### 1. PERSONAL DETAILS

|                                                                                      |  |
|--------------------------------------------------------------------------------------|--|
| <b>First name (please specify if you prefer to be addressed by a different name)</b> |  |
| <b>Surname</b>                                                                       |  |
| <b>Preferred title</b>                                                               |  |
| <b>Previous surnames</b>                                                             |  |
| <b>National Insurance number</b>                                                     |  |

### 2. CONTACT DETAILS

|                          |  |
|--------------------------|--|
| <b>Home Address</b>      |  |
| <b>Postcode</b>          |  |
| <b>Home phone number</b> |  |



## 6. TIME SPENT LIVING AND/OR WORKING OVERSEAS

**Have you lived or worked outside of the UK in the last 5 years?:** ☐ Yes ☐ No

If yes, please provide information below:

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.

**Only applicants who have been shortlisted will be asked for a self-declaration of their criminal record or information that would make them unsuitable for the position. We will also conduct online searches of shortlisted candidates as part of our due diligence checks.**

Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis.

If you have lived and/or worked outside of the UK, the school must make any further checks it considers appropriate (in addition to the usual pre-employment checks). We will base the decision on whether this is necessary on individual circumstances).

7.

## 8. RELATIONSHIPS

**Are you related to, or partner of, any Councillor, Council / School Employee or Governor within the London Borough of Hounslow?**

Yes ☐

No ☐

**If 'Yes' please provide details here:**

Please note: Canvassing of Councillors, Employees or Governors directly or indirectly will disqualify candidates from appointment. If you have a relationship with a Governor, Trustee, Local Authority employee or school employee, this may not necessarily prevent them from acting as a referee for you.

## 9. DATA PROTECTION NOTICE

We are required under the **General Data Protection Regulations 2018** to confirm why we personal and/or sensitive information from you, what we use it for and how we will store it. The personal/sensitive information that you provide to us on this form will be used and retained as part of our recruitment process.

This means that we will use the information provided by applicants to inform part of our assessment during the recruitment process and for successful candidates the information will be used as part of the contract of employment and be shared with the school's payroll service. We may contact other relevant organisations to check the information you have provided, including for safeguarding purposes.

The information will be stored manually and electronically and will be disposed of after 6 months if your application is unsuccessful.

We will only use this data in line with data protection legislation and process your data for one or more of the following reasons permitted in law:

- You have given us your consent.
- We must process it to comply with our legal obligations.

You will find more information on how we use your personal data in our privacy notice for job applicants.

## 10. DISCLOSURE AND BARRING AND RECRUITMENT CHECKS

The school is legally obligated to process an Enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.

The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that's considered relevant to the role. Any information that is "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate. For posts in regulated activity, the DBS check will include a barred list check.

We will use the DBS check to ensure we comply with the Childcare Disqualification Regulations.

**Please note: It is an offence to provide or manage childcare covered by these regulations if you are disqualified or to seek employment in regulated activity if you are on a barred list.**

Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the school's privacy notice.

**Do you have a DBS certificate?:** ☐ Yes ☐ No      Date of check:

**Have you subscribed to the DBS update service:** ☐ Yes ☐ No

If you have lived or worked outside of the UK in the last 5 years, the school may require additional information in order to comply with 'safer recruitment' requirements. If you answer 'yes' to the question below, we may contact you for additional information in due course.

10.

## 11. TEACHER STATUS

|                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Teacher reference number                                                                                                                                 |  |
| Do you have QTS?                                                                                                                                         |  |
| Date of qualification                                                                                                                                    |  |
| Have you ever been subject to a Teacher Prohibition Order, or an Interim Prohibition order, issued by the Secretary of State, as a result of misconduct? |  |
| Are you subject to a General Teaching Council sanction or restriction?                                                                                   |  |

## 11. TRAINING AND PROFESSIONAL DEVELOPMENT

Please give details of relevant training or professional development courses undertaken in the last 3 years that are relevant to your application. Please continue on a separate sheet if required and attached it to your application form

| Course dates | Length of course | Course title | Qualification obtained | Course provider |
|--------------|------------------|--------------|------------------------|-----------------|
|              |                  |              |                        |                 |
|              |                  |              |                        |                 |

## 12. PREVIOUS EMPLOYMENT

Please give details of all your previous teaching posts, full-time and part-time. Please start with your most recent post and work backwards. Any gaps in your history of teaching employment should be accounted for in sections 13 and 14. If you require more space, please continue on a separate sheet and attach to your application form.

| School (name, type and number on roll) and employing Local Authority / agency | Start date – leaving date and reason for leaving | Post(s) held | Subjects/Key Stages/Key Responsibilities |
|-------------------------------------------------------------------------------|--------------------------------------------------|--------------|------------------------------------------|
|                                                                               |                                                  |              |                                          |

| School (name, type and number on roll) and employing Local Authority / agency | Start date – leaving date and reason for leaving | Post(s) held | Subjects/Key Stages/Key Responsibilities |
|-------------------------------------------------------------------------------|--------------------------------------------------|--------------|------------------------------------------|
|                                                                               |                                                  |              |                                          |

| School (name, type and number on roll) and employing Local Authority / agency | Start date – leaving date and reason for leaving | Post(s) held | Subjects/Key Stages/Key Responsibilities |
|-------------------------------------------------------------------------------|--------------------------------------------------|--------------|------------------------------------------|
|                                                                               |                                                  |              |                                          |

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|                                                                               |                                                  |              |                                          |

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|-------------------------------------------------------------------------------|--------------------------------------------------|--------------|------------------------------------------|
|                                                                               |                                                  |              |                                          |

|  |  |  |  |
|--|--|--|--|
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### 13. EMPLOYMENT / ACTIVITY OTHER THAN TEACHING OR HIGHER EDUCATION

Please provide details of any employment or other activity not covered in sections 6,12 or 14 - for example, any non-teaching paid employment, any voluntary work or periods of time out of employment. Please start with your most recent experience and work backwards. If you require more space, please continue on a separate sheet and attach to your application.

| Start date | End date | Job Title or Nature of Activity AND Name and Address of Employer (if applicable) |
|------------|----------|----------------------------------------------------------------------------------|
|            |          |                                                                                  |
|            |          |                                                                                  |
|            |          |                                                                                  |
|            |          |                                                                                  |

### 14. HIGHER EDUCATION AND QUALIFICATIONS

Please provide details of ALL Higher Education Awards and Professional Qualifications including any award leading to Qualified Teacher Status (UK QTS). Please continue on a separate sheet if necessary. You will be required to produce evidence of the qualifications prior to confirmation of appointment.

| Dates attended (month and year) | Name and location of school/college/university | Qualifications gained (including grades, awarding body and date of award) |
|---------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
|                                 |                                                |                                                                           |
|                                 |                                                |                                                                           |
|                                 |                                                |                                                                           |
|                                 |                                                |                                                                           |
|                                 |                                                |                                                                           |

## 15. REFERENCES

Please supply the names and contact details of at least two referees who can comment on your suitability for this position. One should relate to your current or most recent teaching employment (or teaching practice placement). For senior leadership posts, as well as the Chair of Governors or Headteacher, please include a referee from the relevant Local Authority where applicable. **Please ensure that you let your referees know that you have provided their details as a referee, as references will be taken up for ALL shortlisted candidates prior to interview.**

The school reserves the right to seek any additional references we deem appropriate.

### Referee 1.

Name of referee:

Position:

In what capacity do you know this person?

Name of school/organisation:

Address:

Contact telephone number:

Email:

### Referee 2.

Name of referee:

Position:

In what capacity do you know this person?

Name of school/organisation:

Address:

Contact telephone number:

Email:

If either of your referees know you by a different name, please provide details below:

### SIGN AND DATE

I declare that the information given on this form is correct to the best of my knowledge and belief, and I understand that any false statements I make on this form could result in my application being rejected or summary dismissal and possible referral to the Teachers' Regulation Agency, the Disclosure and Barring Service or the police if appropriate. I agree that the information I have provided on this application for employment may be stored and processed for the purposes set out above.

Signature .....

Date.....

Print name.....

**For online / electronically completed applications, by ticking the following box and submitting your application, you agree to the terms of the declaration above: ☐**

All candidates applying for employment via email/online will be required to sign and date this form, if invited to attend an interview.

We are bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                 |          |          |          |                                                                                                                                                                  |          |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| <b>What is your date of birth?</b>                                                                                                                                                                                                                                                                                                                                                       | <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>D</b> | <b>M</b> | <b>M</b> | <b>Y</b>                                                                                                                                                         | <b>Y</b> | <b>Y</b> | <b>Y</b> |
|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                 |          |          |          |                                                                                                                                                                  |          |          |          |
| <b>What is your sex?</b>                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                |          |          |          |                                                                                                                                                                  |          |          |          |
| <b>What gender are you?</b>                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Other<br><input type="checkbox"/> Prefer not to say                                                                                                                                                                                                                                                |          |          |          |                                                                                                                                                                  |          |          |          |
| <b>Do you identify as the gender you were assigned at birth?</b>                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Prefer not to say                                                                                                                                                                                                                                                                                       |          |          |          |                                                                                                                                                                  |          |          |          |
| <b>How would you describe your ethnic origin?</b>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                 |          |          |          |                                                                                                                                                                  |          |          |          |
| <b>White</b><br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Gypsy or Irish Traveller<br><input type="checkbox"/> Any other White background<br><br><b>Asian or British Asian</b><br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Chinese | <b>Black or Black British</b><br><input type="checkbox"/> African<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> Any other Black background<br><br><b>Mixed</b><br><input type="checkbox"/> White and Asian<br><input type="checkbox"/> White and Black African<br><input type="checkbox"/> White and Black Caribbean<br><input type="checkbox"/> Any other mixed background |          |          |          | <b>Other Ethnic groups</b><br><input type="checkbox"/> Arab<br><input type="checkbox"/> Any other ethnic group<br><br><input type="checkbox"/> Prefer not to say |          |          |          |
| <b>Which of the following best describes your sexual orientation?</b>                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |          |          |          |                                                                                                                                                                  |          |          |          |
| <input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual/straight<br><input type="checkbox"/> Homosexual<br><input type="checkbox"/> Other<br><input type="checkbox"/> Prefer not to say                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 |          |          |          |                                                                                                                                                                  |          |          |          |

### What is your religion or belief?

- ☐ Agnostic
- ☐ Atheist
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu

- ☐ Jain
- ☐ Jewish
- ☐ Muslim
- ☐ No religion

- ☐ Other
- ☐ Pagan
- ☐ Sikh
- ☐ Prefer not to say

### Pregnancy and maternity

Are you pregnant?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Have you given birth within the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**If you answered 'yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'.**

- ☐ Physical impairment
- ☐ Sensory impairment
- ☐ Learning disability/difficulty
- ☐ Long-standing illness
- ☐ Mental health condition
- ☐ Developmental condition
- ☐ Other