

Teaching Staff Application Form

Sandwell Metropolitan Borough Council

Please note that CV's cannot be accepted

Please complete **All Sections** of this form as appropriate, and for ease of photocopying, complete in **Type** or **Black Ink**.

(Please use capitals for Personal Details Section only)

PLEASE DO NOT REMOVE ANY SECTIONS

Please note sections 1, 2 & 3 of this application form will be removed prior to shortlisting.

| | |
|------------------|--|
| Post Applied For | Classroom Teacher of KS1 and KS2 |
| School / Unit | Albright Education Centre, Albright Plus |

SECTION 1. PERSONAL DETAILS

| | |
|------------------------|---------------------------------|
| Title: | Last name: |
| First name(s): | Former name(s): |
| Home address: | Term address: (if different) |
| Post Code: | Post Code: |
| Day/Work Telephone: | Mobile Telephone: |
| E-mail address: | Home Telephone: |
| GTC Registration Date: | DfE number: |
| Date of birth: | NI number: |

For Official Use Only

| | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| Shortlisting Codes | A | B | C | D | E | F | G | H | I | J | K | L |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|

SECTION 2. EQUAL OPPORTUNITIES

As part of our equal opportunities policy we request that you complete the following information. This information is used for monitoring purposes only. All information will be treated as confidential and will not be used when shortlisting or deciding whether an applicant is successful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Any other ethnic group (not listed) |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Asian or Asian British - Chinese |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Asian or Asian British - Other |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Black or Black British - African |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Black or Black British - Other |
| <input type="checkbox"/> Mixed Ethnic - White & Asian | <input type="checkbox"/> Mixed Ethnic - White & Black African |
| <input type="checkbox"/> Mixed Ethnic - White & Black Caribbean | <input type="checkbox"/> Mixed Ethnic Group - Other |
| <input type="checkbox"/> Other Ethnic Group - Arab | <input type="checkbox"/> White - Gypsy or Irish Traveller |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> White - Welsh/English/Scottish/N.Ireland | |

Other Ethnic Group/comments _____

Religion/Belief

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Sikh | |

Disability

The Equality Act (2010) defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have such a disability?

Yes ☐ No ☐

Special requirements: _____

Disability Category

- | | |
|--|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Neurological condition | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Physical co-ordination difficulties | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reduced physical capacity | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Sensory impairment |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> None |
| <input type="checkbox"/> Visual impairment (not corrected by spectacles or contact lenses) | <input type="checkbox"/> Long-standing illness or health condition |

Gender: Male ☐ Female ☐ Prefer not to say ☐

| | | | | |
|------------|---------|--------------------------|---------|--------------------------|
| Age Range: | 16 - 17 | <input type="checkbox"/> | 18 - 24 | <input type="checkbox"/> |
| | 25 - 29 | | 30 - 39 | <input type="checkbox"/> |
| | 40 - 49 | | 50 - 59 | <input type="checkbox"/> |
| | 60 - 64 | | 65+ | <input type="checkbox"/> |

| | | | | |
|---------------------|----------------------|--------------------------|-------------------|--------------------------|
| Sexual Orientation: | Bisexual | <input type="checkbox"/> | Gay man | <input type="checkbox"/> |
| | Hetrosexual/straight | | Prefer not to say | <input type="checkbox"/> |
| | Lesbian/Gay woman | | | |

| | | |
|---|------------------------------|-----------------------------|
| Do you have a legal right to live and work in the UK? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| How did you learn about the vacancy, please state | | |

SECTION 3. CERTIFICATION

I certify that, to the best of my knowledge and belief, the information I have provided is true. I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and may result in dismissal.

Signed Date

| | | |
|---|------------------------------|-----------------------------|
| If I am appointed, I give my permission for my name and contact details to be provided to the recognised Trade Unions in Sandwell (please tick as applicable) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If I am appointed, I give my permission for my service and salary details to be accessed by other local authorities (please tick as applicable) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

N.B. Canvassing for this appointment will disqualify.

SECTION 4. TEACHING QUALIFICATIONS

| | | |
|--|-------------|--------------------------|
| I.T.T. Provider (University, School, etc) | | |
| Course undertaken to obtain QTS | | |
| Age group specialism (tick as appropriate) | Nursery | <input type="checkbox"/> |
| | Reception | <input type="checkbox"/> |
| | Key Stage 1 | <input type="checkbox"/> |
| | Key Stage 2 | <input type="checkbox"/> |
| | Key Stage 3 | <input type="checkbox"/> |
| | Key Stage 4 | <input type="checkbox"/> |
| | Special | <input type="checkbox"/> |
| Subject Specialisms | | |
| Year Group(s) Preferred | | |

SECTION 5. EDUCATIONAL DETAILS

| School/College /University (name & address) | Subjects | Level (i.e. A-level Degree etc) | Grade | Date Gained |
|---|----------|------------------------------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

SECTION 6. DETAILS OF FURTHER EDUCATION

(Please list any training you have received)

Please complete the following, starting with your current employment and include all employment, including non-teaching experience. Any employment with Teacher Supply Agencies must show the Agency as the employer and not the school where the work was carried out. Please also include any breaks in employment history together with the reason for the break. This information may form part of your salary assessment, so please complete the following accurately and include all experience since the age of 18. Failure to provide the correct and accurate information may result in an incorrect salary assessment. If you have passed threshold you will need to supply a copy of your letter of confirmation with this form.

| Date | | Employers Name & Address | School Type | Position Held | Salary | F/t P/t | Prop. of Hours | Responsibilities | Reasons for Leaving/break in employment |
|----------------|--------------|-----------------------------|----------------|------------------|--------|------------|-------------------|------------------|---|
| From Mth/Yr | To Mth/Yr | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SECTION 7. EXPERIENCE

SECTION 8. OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

Please continue on blank pages at the end of this application form if necessary

SECTION 9. CONVICTIONS

Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

IMPORTANT NOTE FOR ALL PERSONS APPLYING FOR POSITIONS IN SCHOOLS AND COLLEGES, AND OTHERS WHO WILL WORK WITH YOUNG PERSONS UNDER AGE 18.

The Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 does not allow employees with access to children and young persons under the age of 18 years the right to withhold information regarding previous criminal convictions, including cautions, reprimands and formal warnings, for any offence (not just those involving children) which for other purposes are 'spent' under the provisions of the Act. You must disclose in this section any previous convictions, cautions, reprimands and formal warnings.

Failure to disclose any previous convictions (including cautions, reprimands and formal warnings) could result in dismissal should it be subsequently discovered. Any information given, either when returning this application form or at interview, will be entirely confidential and will be considered only in relation to this application.

| Date | Type of Offence | Sentence / Fine Imposed | Comments |
|------|-----------------|-------------------------|----------|
| | | | |
| | | | |

SECTION 10. REFERENCES

Please provide the names, addresses and occupations of two referees (one of whom must be your present or most recent employer) who are willing to support your application:

| | | | |
|----------------|--|----------------|--|
| Name | | Name | |
| Address | | Address | |
| Postcode | | Postcode | |
| Telephone No. | | Telephone No. | |
| E-mail Address | | E-mail Address | |
| Occupation | | Occupation | |

May we contact your referees at this stage without further reference to you?

YES

☐

NO

☐

SECTION 11. DATA PROTECTION ACT

The information collected in the form will be used in compliance with the provisions of the Data Protection Act 1998. The information is being collected by the Recruitment Team for the purpose of administering the employment and training of employees of the Learning and Culture Service. The information may be disclosed, as appropriate, within the Learning and Culture Service, to School Governors, to Occupational Health, to the General Teaching Council, to the Teachers Pensions Agency, to the Department for Education, pension providers and relevant statutory bodies. You may also note that because we have a duty to protect public funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public funds.

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