

British School in Colombo

**Application for Appointment to a Teaching Post**

**1. Post Information**

|  |  |
| --- | --- |
| Position applied for: |  |

**2. Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | First Name(s)  |  | Last Name: |  |
| Previous Surname(s) (if applicable) |  |
| Place and Date of Birth |  | Marital Status |  |
| No of Dependants |  |
| Is your application dependent upon the employment or relocation of a partner/spouse? |  |
| Email: |  |
| Address: |
|  |
|  |
| Post Code: |  | DfES Number |  | GTC Number |  |
| Tel Numbers:**Please include country code** | Residence | Mobile |

**3. Current Post Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Present Post: |  | Present Salary& Pay Spine |  |
| Present School: |  |
| Date appointed |  | Full or part time |  |
| No on Roll: |  | Boys/Girls/Mixed |  |
| Subject(s) or Key Stage: |  |

**4. Academic & Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| School/University/College | Qualification obtained(Class & Division if appropriate) | Subject(s) | Date |
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 **5. Employment Teaching History**

In chronological order please, starting with the earliest.

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| --- | --- | --- | --- | --- | --- |
| Post Held or Pay Spine | Full Time or Part Time | Name of School | No on Roll Boys/Girls/Mixed | Ages & Subjects | Dates |
| To | From |
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**6. Other Full Time Employment**

Full Time employment from the age of 18 years (if any) or service in HM Forces – (continue on a separate sheet of necessary)

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| --- | --- | --- | --- |
| Employers Name | Address | Nature of Employment | Dates |
| From | To |
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**7. Training Courses**

Courses attended other than initial training in the last 3 years.

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| --- | --- | --- | --- | --- | --- |
| Name of course | Provider | Dates | No. of Sessions | Duration of Sessions | Details |
| From | To |
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**8. Personal Hobbies and Interests**

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**9. Further Information**

**Please attach a letter of application which should be no more than 3 pages of A4 which explains your educational philosophy, your approach to school leadership and the reasons you want to work at The British School in Colombo.**

**10. Referees**

|  |
| --- |
| **Referee No1 (Current Employer)** **We will contact the current employer for interview candidates only.** |
| **Name** |  |
| **Position** |  |
| **Address** |  |
|  |  |
|  |  |
| **Tel No** |  |
| **E-Mail** |  |

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| --- |
| **Referee No 2**  |
| **Name** |  |
| **Position** |  |
| **Address** |  |
|  |  |
|  |  |
| **Tel No** |  |
| **E-Mail** |  |

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| --- |
| **Referee No3**  |
| **Name** |  |
| **Position** |  |
| **Address** |  |
|  |  |
|  |  |
| **Tel No** |  |
| **E-Mail** |  |

**All sections on Pages 5 and 6 must be completed and signed.**

**11. Previous Convictions or Cautions**

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| You must, therefore, give information concerning **any previous convictions or cautions**, whether or not they are “spent” within the meaning of the Act.Failure to disclose **any conviction or caution** could lead to an application being rejected or may later lead to the dismissal of a successful applicant.Please note that only motoring fixed penalties are not convictions under the Law and, therefore, do not need to be declared. |
| **Previous convictions or cautions** |
| Offence | Date | Outcome |
|  |  |  |
|  |  |  |
|  |  |  |
| Signed |  | Date: |  |

**12. Application Validation**

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| --- |
| I certify that the information I have given is correct and that I agree to obtain an Enhanced Level CRB Disclosure as and when necessary. |
| Signed |  | Name |  | Date |  |

**MEDICAL FITNESS OF TEACHERS**

With reference to your application for a teaching post with this School and in order to assist us in establishing that you are medically suitable and satisfy the health standards required, we should be grateful if you would kindly answer the questions set out below. The information provided will be treated with the strictest confidence and used only to determine whether it will be necessary to refer you for a medical examination prior to confirming your appointment with this School.

**\*-** delete as appropriate

|  |  |
| --- | --- |
| Name in Full (Mr/Mrs/Miss) |  |
| 1. | Has there been any cause for concern regarding your health during the period of employment with your present or most recent employer? | Yes / No \* |
| 2. | Has a medical examination been required at any time in connection with this employment? | Yes / No \* |
| 3. | If the answer was “YES” to question No 2 above, was the medical requested on: |
| a) Appointment | Yes / No \* |
| b) Following a Special Referral during your appointment | Yes / No \* |
| 4. | What was the result ofsuch an examination? |  |
| I declare to the best of my knowledge and belief, all statements contained in the above answers are correct and I understand and acknowledge that should I conceal and material fact I will be liable to the termination of my contract of service, with such notice as may be appropriate and may be refused benefits under the sickness payments and superannuationschemes |
| I consent to undergo a medical examination or examinations if required to do so and have no objection to the School’s Health Consultant communicating with my own doctor or obtaining any hospital records concerning my health or medical history. |
| Signed |  | Date |  |