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| Suffolk County Council EducationPlease return this application form to:Northgate High School Sidegate LaneIpswichSuffolkIP4 3DL |
| HOW TO COMPLETE THIS FORMThe accompanying notes should be read carefully before attempting to complete this form. When fully completed, this form should be returned to the above address together with a separate supporting statement enlarging on the information on the form and referring specifically to the requirements of any job description provided. The statement and this form may be handwritten (in black ink) or typed. |
| Application for appointment as ………………………………………………………………………………………………….Establishment ……………………………….……………………………………………………………………………………. |
| **A. PERSONAL DETAILS** (See Notes 1 and 2) |
| Surname ……………………………………………………..Title (Mr, Mrs, Miss, Ms, Dr) ……………………………….Forenames …………………………………………………..Any surname used previouslye.g. Maiden name …………………………………………..Date of birth ………………………………………………….DFE Teacher Reference No ……….……………………… | Address ……………………………………………………...…………………………………………………………………County ………………………… Post Code ………………Telephone No ………………………………………………..Mobile Telephone No ……………………………………….E-mail address ………………...........……………….……...National Insurance No .……………………………………... |
| **B. PRESENT POST** (OR MOST RECENT POST IF UNEMPLOYED (See Note 3) |
| Appointment held ....………………………………………………………………………………………………………………Date appointed .……………………………………………… Date left ………………………………………………………. |
| Name and address of LA or other employer. | STATUS: Qualified Teacher/Probationary Teacher/Licensed Teacher/Instructor/Overseas Trained Teacher |
|  | SALARY DETAILS Give points awarded for:Qualifications/Experience …………………………….Responsibilities …………………………….Recruitment/Retention …………………………….Excellence …………………………….Special Needs …………………………….Total **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Salary (& Group No.) £ ……………...p.a. ........ |
| Name and address and type of school/establishment:Number on roll …………….. Age range …………….Age range of pupils taught………………………………… |

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| C. SECONDARY EDUCATION |
| Schools  | From | To | Examination Results (Subject, level and grade) | Date |
|  |  |  |  |  |
| D. FURTHER AND HIGHER EDUCATION |
| University, Polytechnic, College, Dept or Inst of Education | From | To | FT/PT | Qualification | Level | Main Subject |
|  |  |  |  |  |  |  |
| **E. OTHER QUALIFICATION** e.g. membership of professional bodies |
|  |
| F. INDUSTRIAL/COMMERCIAL EXPERIENCE AND SERVICE IN HM FORCES |
| Company or Establishment | Nature of Business | Position held | FT/PT | From | To |
|  |  |  |  |  |  |
| G. PERSONAL INTERESTS |
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| **H. PREVIOUS TEACHING EXPERIENCE** (Earliest first, in chronological order) |
| Name/type of school/college and employing Authority | Age range | Number on roll | Age groups taught | Post held, status, salary and allowance | FT/PT | From | To |
|  |  |  |  |  |  |  |  |
| I. SPECIAL AREAS OF TEACHING INTEREST |
|  |
| **J. RELEVANT COURSES ATTENDED RECENTLY** (Give subject, duration, date and location) |
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| **K. REFERENCES** (See Note 4) |
| Please give the names of two referees who have had a professional interest in your work as a teacher. |
| 1. Name ……………………………………………… Address …………………………………………… ………..……………………………………………… …………………..…………………………………… Post Code …….………..……………………………2. Name .…………………….………………………… Address .…………………………….……………… …………………….………………….……………… ………………………………….…….……………… Post Code .………………………………….……… | Status ………….………………………………………………Telephone No …...…………………………………………..E-mail address …….…………...........……………………...Status ………….………………………………………………Telephone No …...…………………………………………..E-mail address …….…………...........……………………... |
| **L. HEALTH** (See Note 5) |
| Give details of any serious physical or mental illness during the past five years or any current disability. |
| **M. CONVICTIONS** (See Note 6) |
| Any applicant for a post involving children and young people must declare any criminal convictions, ‘spent’ or otherwise. The County Council may need to check the successful applicant’s details with the Police.Details of convictions (state nil if appropriate). |
| N. ARE YOU RELATED TO ANY ELECTED MEMBER OR OFFICER OF THE COUNTY COUNCIL? |
| Please give details (if applicable). |
| DECLARATIONTo the best of my knowledge the information on this form is correct. I understand that canvassing County Councillors or Officers of the Authority, or Governors of the establishment for which application is being made, giving false information or omitting to give information could disqualify my application, or, if appointed, could lead to my dismissal.Signed ……………………………………………………………………. Date ……………………………………… |