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| Application form for the post ofSpecial Educational Needs Co-Ordinator (SENCo) | | | | | |
| SECTION 1 **PERSONAL DETAILS** | | | | | |
| Title (Mr, Mrs, Miss, Ms, Dr, other):…………………………………  Forename(s):…………………………………………………………………  Surname:……………………………………………………………………  Address:……………………………………………………………………  (Town)………………………………………………………………………  (County)……………………………………………………………………  (Postcode)………………………………………………………………… | | Telephone No (Home):……………………………………………………  Telephone No (Work):……………………………………………………  Mobile:…………………………………………………………………………..  Email:……………………………………………………………………………  Teacher Number……………/……………………………………………… NI Number: …………………………………………………………………..Date of Birth:…………………………………………………(Optional) | | | |
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| SECTION 2 **EDUCATION (post age 16)** | | | | | |
| Institution(s) attended | | | Dates | Qualifications gained | |
|  | | |  |  | |
| Please include any higher degrees in this section | | | | | |
| SECTION 3 **PROFESSIONAL TRAINING AND DEVELOPMENT** (Please include details of any relevant training or staff development) | | | | | |
| Institution Attended | Course | | | | Date |
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| **INTERESTS** (e.g. hobbies, sports, voluntary work) | | | | | |

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| SECTION 4 **CURRENT/LAST EMPLOYMENT** | |
| Name:………………………………………………………………  School/Organisation: …………………………………………………………  Address: …………………………………………………………… ……………  (Town)………………………………………………………………………………  (County)……………………………………………………………………………  (Postcode)………………………………………………………………………… | Position:……………………………………………………………………  Grade/Salary:……………………………………………………………  Date Commenced:……………………………………………………  Date of Leaving if applicable:……………………………………  Reason for Leaving:…………………………………………………  Full / Part-Time: ……………………………………………………… |
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| Brief description of duties/responsibilities:  Number of additional sheets used………… | |

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| **CURRENT/MOST RECENT EMPLOYMENT**  ***Please account for any gaps in employment.*** | | | | | | | | | | |
| Name, Type, Location  of School & LA | | Dates of Employment | | | Full-time (FT)/  Part-Time (PT) | | Boys, Girls or Mixed & No. on Roll | Ages Taught | Areas of Responsibility | |
| From (M/Y) | To (M/Y) | |
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|  | Date of Award of Qualified Teacher Status ……/……/……  Date of completion of NQT Induction Period or stage reached if not complete ……/……/…… | | | | | | | | | |

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| **OTHER PREVIOUS EMPLOYMENT OUTSIDE TEACHING** (chronologically listed)  ***Please account for any gaps in employment.*** | | | |
| Employers Name & Address | Dates (M/Y) | Position | Brief outline of responsibilities |
|  |  |  | Number of additional sheets used………… |

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| SECTION 5 PERSONAL STATEMENT **Your supporting personal statement should be no longer than 3 sides of A4 and should address the selection criteria detailed in the Person Specification, providing examples and evidence of HOW you meet the person specification and your ability to carry out the job description. Please do not attach supplementary information. It is recommended that you use the headings provided to structure your statement. Please use a separate sheet if required.** |
| Number of additional sheets used………… |

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| SECTION 6REFEREES | |
| Please give the names, addresses and occupations of two referees, one of whom should be your present or last employer. If a school, one of the referees should be your previous Headteacher. | |
| **First Referee**  Name:……………………………………………………………………………  School/Organisation: ………………………………………………………  Address:………………………………………………………………………  (Town)…………………………………………………………………………    (County)………………………………………………………………………  (Postcode)……………………………………………………………………  (Email)…………………………………………………………………………  Occupation…………………………………………………………………… | **Second Referee**  Name:……………………………………………………………………………  School/Organisation: ………………………………………………………  Address…………………………………………………………………………  (Town)…………………………………………………………………………  (County)………………………………………………………………………  (Postcode)……………………………………………………………………  (Email)…………………………………………………………………………    Occupation…………………………………………………………………… |
| **Please note that all references will be taken up prior to interviews.** | |

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| SECTION 7EQUAL OPPORTUNITIES |
| We expect all our employees to have an understanding of and commitment to our Equal Opportunities policies.  Please explain what you understand this to mean and how you would relate this policy to the post for which you are applying. |
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| **CRIMINAL CONVICTIONS OR CAUTIONS** |
| Do you have any criminal convictions, cautions or warnings Yes No  Please see information below and attached further guidance before answering this question. |
| A check as to the existence and content of any relevant criminal record will be requested from the Disclosure and Barring Service after a person has been selected for appointment. Refusal to agree to a check being made could disqualify you from being considered for the appointment. Under the Rehabilitation of Offenders Act 1974, you have the right not to disclose details of ‘spent’ convictions. However, for certain jobs, employers are allowed to ask about these offences. The Rehabilitation of Offenders Act 1974 (Exception Amendment) Order 1986 sets out details of all jobs to which this applies and the job you have applied for is included in the list. 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 in the attached guidance.  **Please give details of any relevant criminal convictions that you may have. The disclosure of a criminal record may not necessarily prevent you from being appointed. The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered ‘spent’ under the terms of the Act.** |
| Please give details of **ALL RELEVANT** convictions, cautions, reprimands or warnings  Number of additional sheets used………… |

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| OTHER DECLARATIONS | |
| 1 Are you related to any member of the governing body (any canvassing direct or indirect will disqualify)  Yes No  If yes, please give details:…………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………  2 To the best of my knowledge and belief, the information on this application form is correct.  Signed…………………………………………… Date………………………………………………  3. Please confirm where you saw this position advertised:-   * TES Online * TES Mobile * Twitter / Facebook * Other – Please detail ……………………………………………………………….  1. Are you currently under any visa restrictions? If yes, please detail your visa information here   Type of visa …………………………………………… Visa end date…………………………………………… | |
| **APPLICATION FORMS** | |
| **Please return this completed application in an envelope marked Private & Confidential to:**  **Lorraine Stewart, Headteacher**  **Tidemill Academy**  **11 Giffin Street, Deptford, London, SE8 4RJ**  Or return by email (but with a signed copy following in the post) to [admin@tidemillacademy.org](mailto:admin@tidemillacademy.org). Please write “SENCo” in the subject bar.  **Closing date: Monday 23rd April @ 9am** | |
| **EQUAL OPPORTUNITIES MONITORING FORM** | |
| This form is separate from the main application form. Your answers will be treated in the strictest confidence  and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way. | |
| Post Applied For:……………………………………………………………  Surname:……………………………………………………………………  Forename(s):………………………………………………………………  Gender: Male Female | Which age group do you apply to:  Under 20  21 - 29  30 - 39  40 - 49  50 - 59  60 and over |
| Which of the following best describes your Ethnic origin?  **White:**  British  Irish  Other  **Black or Black British:**  Caribbean  African  Other Black background    **Chinese or other ethnic group:**  Chinese  Any other ethnic group | **Mixed:**  White & Black Caribbean  White & Black African  White & Asian  Other Mixed Group  **Asian or Asian British:**  Indian  Pakistani  Bangladesh  Other Asian  If “other” please specify:- ………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |
| Do you consider yourself as having a disability?  Yes No | If you have a disability, what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?  ……………………………………………………………………………………  …………………………………………………………………………………… |