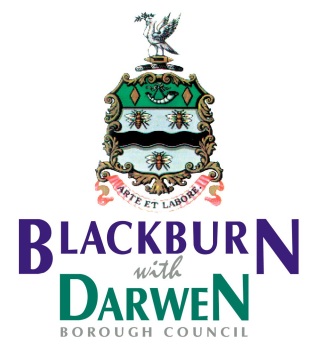
**Form AF (T)**

Aiming High, Including All



# APPLICATION FOR

# Teaching EMPLOYMENT

## INTRODUCTION

***Thank you for showing interest in the Local Authority School.***

*Our vision is for Blackburn with Darwen to be a high achieving, all inclusive and creative Authority. We believe our teachers are our most important assets in that task. If you are a committed and effective teacher, who is determined to do the best for all pupils, we would welcome an application form from you and wish you every success.*

* Before you begin, please read all the documents enclosed – they are designed to help you.
* Please note that this form is an essential part of the council’s selection process and you are **also asked to submit a letter of application, describing in some detail your relevant previous experience and achievements and their application to this post. Please include any other information you feel would be helpful.**
* For photocopying purposes this form should be completed in black ink. Do not attach any additional documents other than a supporting letter. Any relevant documents or publications may be referred to in your letter.

Please return your completed application form to:

****

**The Headteacher at the school**

**(Unless otherwise stated on the vacancy advertisement)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: If you do not receive further communication from us within four weeks of the closing date, please assume that on this occasion your application has not been successful.

Valuing Employees

|  |
| --- |
| Application for the post of **…………………………………………………………………….……..…..**  Name of School/Unit/Service …………………………………………………………………………… |

|  |
| --- |
| 1. **PERSONAL**   Please complete this section in block capitals  Surname ………………………………. Forename(s) …………………………………………………  DfEE Ref. No……………..……….… National Insurance Number 🞎🞎🞎🞎🞎🞎🞎🞎🞎  Home Address ………….…………… .. Home Telephone No………………………………….  …………………….……………………… Mobile No …………………………………….……….  Post Code ………… …………………… School/College No ………………………….………. |

|  |
| --- |
| 1. **Present Position**   Present Post ……………………… Date Appointed 🞎🞎🞎🞎🞎🞎  School/College……………………………………………………………..…………  *(Name, Type and Address)*  ………………………………………….… Post Code …………………………  Single Sex or Mixed……………………… Age Range……………………………  Number on roll *(Total)* ..………………… Number 16+ …………..…………….  *(If applicable)*  Spinal Column Point/ …………………….. Salary £ ……………………………  L.A or other Employer *(with address)* …………………………………………………………………………........................  ……………………………………………………………………………...……..……  Post Code ………………………………… Tel. No. …………………………..….  L.A/District/Area Office Address *(where applicable)* ………………………………………………………………………...……………………………………  ………………………………………………………………………………………………………………  Post Code …………………….….…. Tel. No…………………………………………………………. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Education AND QualificationS**   Successful applicants will be required to provide original documentary evidence of all qualifications stated below:  **A Secondary Education *(Names of Schools/Colleges are not required)*** | | | | | | | | |
| From | To | Qualifications Obtained (Please indicate Level, Awarding Body, Subjects and Grades | | | | | Date of  Award | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
| **B Further, Higher Education and Professional Education** | | | | | | | | |
| Name of Institution | | | From | To | F/TP/T | Qualification Obtained (Please indicate Level, Subject(s) and Grades) | | Date of  Award |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |
|  | | |  |  |  |  | |  |

|  |
| --- |
| 1. **INDUCTION PERIOD** 2. If you have qualified as a teacher since 7th May 1999 have you undertaken your induction period? \* YES / NO 3. Have you successfully completed induction period? \* YES / NO / OTHER   (Please specify)  …………………………………………………………………….…………………………………  \*Delete as appropriate |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5. IN SERVICE EDUCATION:** State involvement in the last five years to your application as a participant, and if applicable, as a contributor. | | | | | |
| **Date of Course** | | **Length of**  **Course** | **Details of Course** | **Qualification Obtained + Date of Award** | **By Whom Provided** |
| **From** | **To** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **6. Summary of teaching skills & Special Interests**  (relevant to this application) | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

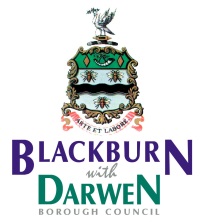
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. teaching experience** *(Starting with first post, ending with present post excluding P/T**fees paid employment)* | | | | Type | Mixed  Or  Single  Sex | No. on  Roll | Age Range  Taught | Areas of Responsibility | Dates | | | | | |
| Employing Authority | Post Held | Full or  Part-Time | School/College | From | | | To | | |
| D | M | Y | D | M | Y |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8. Other Employment** | | | | | | |
| Employer | | Nature of Employment | From | | To | |
|  | |  | M | Y | M | Y |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **9. REFEREES**  **Please give the names of two persons who are able to comment on your suitability for this post. One must be your present or last Headteacher or employer. The L.E.A reserves the right to seek any further references they deem appropriate. N.B. We will not accept references forwarded with your application form.**  Name……………………………………….. Name …………………………………………..…  Position …………………………………….. Position …….…………………………….………  Address …………………………………….. Address …………………………………..…..…. ……………………………………….…….… ………………………………………………….…  …………………………………………….…. …………………………………………….……..…  Post Code ………………………….…….…. Post Code ……………………………..………….  Tel. No. ………………………………..….... Tel. No.……………………………..……………..  E-mail Address………………………….….. E-mail Address……………………………………  *Note: ‘The Borough Council has an Equal Opportunity in Employment policy as a result no details are requested on this form regarding marital status or previous surnames. Applicants/Candidates are therefore reminded that they may need to contact their referees if their marital status or surname has changed.’* |
| **10. DISCLOSURE OF CRIMINAL BACKGROUND**  **Before Completing this section please read the enclosed advisory notes.**  **a) Have you ever been convicted of a criminal offence or been given an official**  **caution? Yes/No (delete as appropriate)**    **b) If yes, please provide full details as requested in the advisory notes. Including**  **date of conviction/ caution, court, nature of offence and sentence imposed.**   1. **If appointed, do you give your consent to the information supplied in 10 a) and b) above being verified by the police?**   **Failure to consent may prevent tour application from being considered further.**    **Yes/No (delete as appropriate)** |

|  |
| --- |
| **1**1. **CANVASSING**    Are you related to any School Governors or staff members?    Yes/No  If yes, give their name and position:  ……………………………………………………………………………………………………..………..  **Canvassing directly or indirectly will disqualify candidates** |

|  |
| --- |
| **12. I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNWLEDGE CORRECT AND COMPLETE**  Signature …………………………………………………… Date ………………………………….. |

 ****

**School Based Staff (teaching)**

The Council is committed as part of its Equal Opportunities Policy to attempt to ensure that no job applicant or employee receives less favourable treatment on the grounds of colour, race, ethnic or national origin, language, religion, gender, marital status, sexuality, disability, age, social background or any other unjustifiable reason. Procedures will be regularly reviewed to ensure that individuals are recruited, promoted, trained and treated on the basis of merits and abilities.

**Do you have any special requirements in relation to the school’s application and recruitment process?**



My special requirements are:

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

This information is being collected so that if you are offered the job, any adjustments to the working condition or environment that may be required, to enable you to carry out the duties of the job will be considered in consultation with you.

**Your application**

There is no legal requirement to provide information about your disability on this form. However, you are encouraged to do so, in fairness to yourself, and in order for us to meet the commitments under our Equal Opportunities Policy.

If you are disabled and require assistance with completing the application form or you would like to submit a taped version of your application form, please telephone the Recruitment Team for further advice. The telephone number is 01254 273816 between the office hours 9:00am - 5:30pm.

**Please return this form together with your application form and the equal opportunities monitoring form.**

**Thank you for your co-operation in completing this form.**

**EQUAL OPPORTUNITIES IN EMPLOYMENT** - Monitoring Questionnaire

We are requesting this information because as an equal opportunities employer, the Council considers that it is essential to monitor the recruitment process. Therefore it would be appreciated if you would answer the questions asked below.

The information you supply will be recorded on the Council's Recruitment Manager Computer system and will be analysed on a regular basis in order to report the results of recruitment and selection procedures.

Our aim is that all applicants should be treated fairly and without bias.

The information provided here will be detached from your application and will not be available to the shortlisting panel until after the shortlisting stage has been completed. After the shortlisting stage the information will be needed in order to contact those candidates selected for interview.

**Application for the Post of:**



**Post Reference No:  School **

**Surname  Title \_\_\_\_\_\_\_ (Mr/Mrs/Miss/Ms/Other)**

**Forename**

**Address**  

**Post Code **

**Tel (Home)  Tel (Work) **

****

****

****

****

The following information will be used to ascertain the requirements for family friendly policies

Do you have any children who rely on you for day-to-day care and attention**? .**

If Yes or Sometimes please list their ages on the next 31st August      

Please indicate using the boxes e.g. if you have 2 children aged 2 and 14 you would write ** **

Do you have any other relatives/friends that rely on you for day-to-day care and attention? ****

Disability. Do you consider yourself to be a disabled person? ****

**(Please see attached guidance notes)**

**Gender:** Are you**:  **

**Age:** What is your date of birth? **** (DD/MM/YY

**Internal/External:** Are you ** Employed by this Council?**

** Employed in Local Government elsewhere?**

** Not employed in Local Government?**

**How did you hear of this vacancy?**

****

  ****

** **