

Principal: Mr A Crofts
Farnborough Avenue, South Croydon, Surrey CR2 8HD
T 020 8657 8935

www.thequestacademy.org.uk

APPLICATION FOR A TEACHING APPOINTMENT

Please complete this form clearly in black ink or typescript to facilitate photocopying

Post Applied For: Type position title here

When would you be available to take up this post?

Please attach
Passport
Photograph

here, or send as a separate email attachment

1. PERSONAL DETAILS

I	FULL NAME		PRIVATE ADDRESS	TELEPHONE & EMAIL
	Title:	{Select from list}	Address	Home:
	Surname:			Work:
	Forename(s):			Mobile:
	Former Name:		Post Code:	Email:
			Date of Birth:	NI No:
I				

2. EMPLOYMENT DETAILS

PRESENT TEACHING POST				
Title of present post:			Date appoint	ed: <i>From To</i>
Name of School:			1. To School	
Address:			2. To this post	t
			Pay Spine poi	nt:
Post Code:				
Telephone No:			Present Salary	y:
Local Authority:			Full or Part-Ti	me:
No. on roll:			Subject(s) tau	ght:
Boys, Girls or Mixed: {Select from list}				P
			Ages taught:	
PRESENT POST (If not teaching)				
Title of post held:	Details of Employment:			
Name & Address				
of Employer:	Date appointed:	Gross annua	al salary:	Full or Part Time:
Post Code:				{Select}
Telephone No:				

3. PREVIOUS TEACHING EXPERIENCE

Name, Type & Location of School	Name of Local Authority	Dates From – To	Post held and Allowance	Boys/ Girls/ Mixed	No. on roll	Ages taught	Full or Part Time	Subjects Taught
				{Select}			{Select}	
				{Select}			{Select}	
				{Select}			{Select}	
				{Select}			{Select}	
				{Select}			{Select}	
				{Select}			{Select}	

4. OTHER EMPLOYMENT / UNREMUNERATED ACTIVITY:

Please give details in chronological order of any period of unremunerated activity or non-teaching employment excluding vacation work.

Name of Employer	Details and Nature of Work / Activity	Dates From – To	Full or Part Time
			{Select}

5. EDUCATION AND QUALIFICATIONS

HIGHER EDUCATION – FIRST QUALIFICATION & FURTHER QUALIFICATIONS						
Place of Study: University, College etc., including Country	Dates From – To	Full or Part Time	Main Subject(s)	Subsidiary Subject(s)	Qualification gained (Degree, Certificate, Diploma); Class	
		{Select}				
		{Select}				
		{Select}				
		{Select}				
		{Select}				

Age range you are qualified to teach:	Subjects qualified to teach:
Preferred Age Range:	Main subject:
Date of award of qualified teacher status:	Subsidiary subject:
Date of completion of probationary period:	Additional subjects:
With which Local Authority:	(you would be willing to teach)
	Teacher Reference No:

CCE CCE (Q) Q (+1)	Subject(s)	Grade(s)	Date	es when taken:		/Colleges attended	
CSE, GCE 'O' & 'A' level and GCSEs etc					includii	ng Country	
ase give details of any rece		tended which have no	t led to qu	ualifications but v	vhich you (consider particularl	y relevant to
ease give details of any receur aur application.	ent courses you have at	tended which have no		ualifications but v Course Title & Na	-	· 	y relevant to Date
ease give details of any receur aur application.	ent courses you have at				-	· 	1
ease give details of any receur aur application.	ent courses you have at				-	· 	1
ease give details of any receur ar application.	ent courses you have at				-	· 	1
ease give details of any receur aur application.	ent courses you have at				-	· 	1
ease give details of any rece ur application. Course Title & Name of Pr	ent courses you have at				-	· 	1
courses attended and receiver application. Course Title & Name of Processes give the name and addur present employer or, if years are series as a series of the course of	rovider dress of two persons wh	Date o may be consulted re	egarding y	Course Title & Na	me of Pro	vider	Date
ease give details of any receiver application. Course Title & Name of Provided the Course Title & REFERENCES ease give the name and add	rovider dress of two persons wh	o may be consulted ression, your college p	egarding y	Course Title & Na	me of Pro	vider	Date
REFERENCES ease give details of any receiver application. REFERENCES ease give the name and addur present employer or, if y	dress of two persons whyou are new to the profe	o may be consulted ression, your college p	egarding y	Course Title & Na	me of Pro	vider One of the referee	Date es should be
REFERENCES ease give the name and addur present employer or, if y	dress of two persons whyou are new to the profe	o may be consulted ression, your college p	egarding y	Course Title & Na	me of Pro	one of the referee	Date es should be
REFERENCES ease give the name and addur present employer or, if y ferences are usually taken	dress of two persons whyou are new to the profe	o may be consulted ression, your college p	egarding y	Course Title & Na	me of Pro	one of the referee	Date es should be NO n known to yo
REFERENCES tase give details of any receiver application. Course Title & Name of Provided P	dress of two persons whyou are new to the profe	Date o may be consulted ression, your college p Is there any reason w Address Daytime Tel:	egarding y	Course Title & Na	me of Pro	One of the referee	Date es should be NO n known to yo

notice). Any canvassing will disqualify candidates.

8. SUPPORTING STATEMENT

You are encouraged to attach to this application a supporting statement giving relevant information about yourself and the skills and experiences which fit you for this post.

A supporting statement is / is not attached: {Select}

9. EQUAL OPPORTUNITIES MONITORING POLICY

The governing Body has a policy on equal opportunities which requires fair and equal treatment to be given to all job applicants. To help check how this policy is working the Governing Body seeks to record additional details of all people who apply for jobs.
For this reason, the Governing Body would be grateful if you would give the information requested. This request has the full support of the teaching associations. This information is treated as strictly confidential and will not affect in any way the fair consideration of your application for employment.
If you have any queries about this part of the Application Form, please contact the Principal.
Please complete the following questions $1-4$.
1. Name of the publication where you saw the post advertised: {Select}
If 'other' please type it here:
2. Are you a registered disabled person?
3. Are you MALE or FEMALE?
4. To which one of the following groups would you say you belong? (Please tick appropriate box)
WHITE – BRITISH
0. SAFEGUARDING
Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?
If YES, please give full details on a separate sheet and attach in a sealed envelope or separate email marked 'Confidential'
1. DECLARATION
I declare that the information given is true. I declare that I am not on the barred list, disqualified from working with children or subject to sanctions imposed by a regulatory body and accept that false information may result in my application being disqualified and if appointed could lead to dismissal. I understand that a criminal records check will be carried out.
Signature: DATE:

DATA PROTECTION

The information that you have provided will be handled and processed in accordance with the Data Protection Act 1998. If you are appointed, the information will form part of your personnel record and may be used by the Academy for business purposes including the prevention and detection of fraud.

Please print, attach photograph, sign and date and return this completed form to:

The Principal, The Quest Academy, Farnborough Avenue, South Croydon CR2 8HD