



British School in Colombo

Application for Appointment to a Teaching Post

ANIMALS

Please note that we are unable to accept applications from teachers who wish to bring a pet to Sri Lanka.

BSC is a NON-SMOKING school.

1. Post Information

Position applied for:	
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2. Personal Details

Title:		First Name(s)		Last Name:	
Previous Surname(s) <small>(if applicable)</small>					
Place and Date of Birth		Marital Status			
No of Dependants					
Do you have a spouse or partner who will accompany you to Sri Lanka?					
Email:					
Address:					
Post Code:		DfES Number		GTC Number	
Tel Numbers:		Residence		Mobile	

Please include country code		
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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

5. Employment Teaching History

In chronological order please, starting with the earliest.

Post Held or Pay Spine	Full Time or Part Time	Name of School	No on Roll Boys/Girls/Mixed	Ages & Subjects	Dates	
					To	From

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)

Employers Name	Address	Nature of Employment	Dates	
			From	To

7. Training Courses

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

Name of course	Provider	Dates		No. of Sessions	Duration of Sessions	Details
		From	To			

8. Personal Hobbies and Interests

9. Further Information

Please attach a letter of application which should be no more than 2 pages of A4 which explains your educational philosophy 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	

Referee No 2	
Name	
Position	
Address	
Tel No	
E-Mail	

Referee No3	
Name	
Position	
Address	
Tel No	
E-Mail	

All sections below must be completed and signed.

11. Previous Convictions or Cautions

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.

<u>Previous convictions or cautions</u>			
Offence	Date	Outcome	
Signed			Date:

12. Application Validation

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	
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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 of such an examination?	
<p>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 superannuation schemes</p>		
<p>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.</p>		
Signed		Date