

**APPLICATION FOR HEADTEACHER APPOINTMENT**

**This application form must be completed, but additional information and continuation sheets may be attached. Please make sure you read the accompanying information before you complete this form.**

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| **Position Applied For:**  **(if secondary please show subject specialism)** |  |
| **School/Location:** |  |

**Personal Details**

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| --- | --- | --- |
| **Surname:** | | **Title:** |
| **Forenames:** | |  |
| Address: |  | |
|  |  | |
|  | **Postcode:** | |
| **Mobile Tel:** | **Home Tel:** | |
| **Work Tel:** | **Email:** | |

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| **Offers of Appointment are subject to satisfactory references, medical clearance and an enhanced Disclosure and Barring Service (DBS) check** |
| The work for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as ‘spent’ under this Act, and any cautions or bind overs. If your application is successful, you will be sent a link to the DBS Application form on which you must make any declarations. |

# Declaration

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| I declare that the information set out in this application form is true in all respects and I understand that false information may render me liable for dismissal if I am appointed. I am also aware that canvassing of Members of the Council directly or indirectly is strictly prohibited and will disqualify me from the post.  In signing this application I declare that I am not on the Children’s Barred List register, I have not been disqualified from work with children and I am not subject to sanctions imposed by a regulatory body i.e. Teacher Regulation Agency.  **Signed: Date:** |

Education

Secondary and Further Education Details

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| --- | --- | --- |
| Date | Name of school/college | Qualifications including subject & grade |
|  |  |  |

**Higher Education & Teaching Qualifications**

If you gained QTS via an employment based route, please give details and the date QTS was awarded. If you are currently working towards QTS please give the likely date of completion and route being followed (e.g. PGCE, GTP)

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| Date | Name of college/university  (address if outside UK) | Degrees/ Postgraduate Qualifications including subject and class |
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| **Do you have UK Qualified Teacher Status? YES/NO** | **Teacher DfE No:** |
| **Give details of any other vocational training you have undertaken with dates** | |
| **You may be asked to bring your certificates with you to interview** | |

**Employment**

**Current/Last Teaching Post**

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| **Name of Current/Last School:** | |
| **Job Title:** | **Local Authority:** |
| **Dates of Employment:** | **Full Time/Part Time (FTE):** |
| **Age Range taught (if applicable):** | **No. on roll:** |
| **Duties & Responsibilities:**  **Reason for leaving/considering leaving:** | |
| Unqualified/Main/Upper/ Leadership/Leading Prac Current salary: (please identify pay scale) | | |
| **TLR/SEN/Recruitment/ Retention/ Unqualified**  **Current allowances: £ (please identify all applicable)** | | |
| **Does this pay spine include London Inner/Outer/Fringe (please identify which**  **Allowance YES/NO allowance you receive)** | | |

**Full Employment History Excluding Current/Last Teaching Post (show most recent first)**

#### Please include all positions including those outside of teaching. Continue on a separate sheet if necessary. Please record any periods of unemployment giving a reason in the section below.

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| --- | --- | --- | --- |
| **Dates**  **From MM/YYYY to MM/YYYY** | **School/LA/Employer** | **Job Title, Main Responsibilities & Reason for Leaving** | **Salary/Scale** |
|  |  |  |  |
|  |  | **continued** |  |
| **From MM/YYYY to MM/YYYY** | **School/LA/Employer** | **Job Title, Main Responsibilities & Reason for Leaving** | **Salary/Scale** |
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**Please provide a brief explanation for periods not in employment, education or training**

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| **About You And Why You Are Interested In This Position**  **Please state why you are interested in this position and give details of skills and experience relevant to this post, taking account of any information you have been sent relating to this job. Reference can be made to voluntary work and other interests.** |

**References**

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| Please give the names and addresses of TWO people who will provide a reference. At least one should be from your current/last employer, but references from schools/colleges are also acceptable. If you give a home address for a referee, please indicate which employer or college/university they represent. In the interests of safeguarding we would ask for all applicants to give permission for references to be acquired prior to interview. Also, in relation to work with children, we may seek information about any past disciplinary issues relating to children and/or child protection concerns. For posts in contact with children/young people or vulnerable adults employment references will not be accepted from relatives or people solely in the capacity of friend. | |
| **1.**  **Name:**  **Address:**  **Tel No:**    **Email:**  **Position Held:**  **May we contact prior to interview? YES/NO** | **2.**  **Name:**  **Address:**  **Tel No:**    **Email:**  **Position Held:**  **May we contact prior to interview? YES/NO** |
| **Please provide a Local Authority Reference also:**  **Name: Position:**  **Local Authority:**  **Email address:** | |
| **Further Information** | |
|  | |
| **Have you taken ill health retirement from teaching? YES/NO**  **Date if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **The Equality Act 2010 states that “a person has a disability for the purposes of this Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.” Those with cancer, HIV or MS are covered from the date of diagnosis.**  **As a disability symbol user the Council will interview all applicants with a disability who meet the minimum criteria. Please indicate if you are disabled. YES/NO** | |
| **Are you related to any employee of Bracknell Forest Council, any elected member of the council or any school governor? YES/NO**  **If YES please give details.** | |

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| BRACKNELL FOREST COUNCIL IS UNDER A DUTY TO PROTECT THE PUBLIC FUNDS IT ADMINISTERS, AND TO THIS END MAY USE THE INFORMATION YOU HAVE PROVIDED ON THIS FORM FOR THE PREVENTION AND DETECTION OF FRAUD. IT MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES RESPONSIBLE FOR AUDITING AND ADMINISTERING FUNDS FOR THESE PURPOSES.  FOR FURTHER INFORMATION SEE [WWW.BRACKNELL-FOREST.GOV.UK/NFI](http://WWW.BRACKNELL-FOREST.GOV.UK/NFI) OR CONTACT INTERNAL AUDIT ON 01344 352322. |

**Equal Opportunities Monitoring**

The remaining part of the form will not be seen by those involved in the shortlisting process.

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| --- | --- |
| **Surname:** | **Title:** |
| **Forename(s):** | |
| **Date of Birth:** | |
| **Position Applied for:** | **School/Location:** |
| **To help us monitor the effectiveness of our advertising, please tell us about where you first saw this job advertised.**  If **website**, please state which website:  If **press**, please state which publication: | |

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| **To help us ensure that our equal opportunities policy is fully and fairly implemented (and for no other reason) please complete this section of the monitoring form:** | | | | | | | | | | | | | | | | | |
| **Please tick as appropriate:** | | | | |  | |  | |  | | | | | | | | |
| Female: | | | | |  | |  | |  | | | | | | | | |
| Male: | | | | |  | |  | |  | | | | | | | | |
| **Which of the following groups do you belong to?** | | | | | | | | | | | | | | | | | |
| **ASIAN OR ASIAN BRITISH** | | **BLACK OR BLACK BRITISH** | | | | | | **CHINESE OR OTHER ETHNIC GROUP** | | | MIXED | | | | WHITE | | |
| Indian |  | Caribbean | | | |  | | Chinese | |  | White & Black Caribbean | | |  | British |  |  |
| Pakistani |  | African | | | |  | | Other | |  | White & Black African | | |  | Irish |  |  |
| Bangladeshi |  | Other | | | |  | |  | |  | White & Asian | | |  | Other |  |  |
| Other |  |  | | | |  | |  | |  | Other | | |  |  | |  |
| **Which of the following best represents your religion/belief?** | | | | | | | | | | | | | | | | | |
| Christian | | |  | Muslim | | | | | | | |  |  | | | | |
| Buddhist | | |  | Sikh | | | | | | | |  |  | | | | |
| Hindu | | |  | Other religion/belief | | | | | | | |  |  | | | | |
| Jewish | | |  | No religion/belief | | | | | | | |  |  | | | | |
| **Are you disabled (as defined by the Disability Discrimination Act 1995)? YES/NO**  *If yes, please give details:* | | | | | | | | | | | | | | | | | |

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| **Continuation Sheet** |