

Central Square, Hampstead Garden Suburb, London NW11 7BN

t: 0208 8458 8999 e: [office@hbschool.org.uk](mailto:office@hbschool.org.uk) www.hbschool.org.uk

APPLICATION FORM FOR TEACHERS

HBS is committed to protecting and safeguarding children and young people.

You must complete this form in full and in your personal statement show how you meet the job requirements specified in the documentation provided. The declaration of criminal offences form must be completed. The equal opportunities monitoring form does not form part of the selection process but completion allows us to monitor the effectiveness of our equal opportunities policies. If you require help with completing this form or any reasonable adjustments as part of the application or selection process please contact us.

**Once completed, please return this form to: recruitment@hbschool.org.uk**

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| --- | --- |
| Position Applied For: | |
| Any former  Family/Surname:       Surname (if applicable): | |
| First names: | |
| Mr  Mrs  Ms  Miss  Other  Please specify: Tick as appropriate National Insurance Number: | |
| Home/Contact Address: | Term time address for 1st appointments |
|  |  |
| Postcode: | Postcode: |
| E-mail:       Mobile: | |
| Day Telephone No:       Evening Telephone No: | |
| DES/DfEE/DfES Registration Number: | |
| Do you have the right to work in the UK?  If you have a UK work visa/permit, when does it expire?       (dd/mm/yy) | |

Where did you see this vacancy advertised?

**TEACHING EXPERIENCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PRESENT OR MOST RECENT TEACHING POST | | | | | From: | | To: |
| School/Establishment and address: | | Post held and responsibilities: | | | | | |
| Type of school (eg community, V/A, academy, independent etc): | |
| Salary Spinal Point: | |
| Age Range:        Boys  Girls  Mixed | | Current Salary (inc. London Weighting): | | | | | |
| Allowances (please specify): | | | | | |
| PREVIOUS EMPLOYMENT please list ***all*** previous employment giving month and year of start and end. **Please explain any periods not accounted for** (extend the table or continue on a separate sheet as required) | | | | | | | |
| Schools/Employers and addresses: | Post held and responsibilities: | | From:  mm/yy | To:  mm/yy | | Reason for leaving | |
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**PERSONAL STATEMENT**

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| ABILITIES, SKILLS, KNOWLEDGE & EXPERIENCE  Use this section to show how you meet all of the shortlisting criteria for the job as set out in the enclosed person specification, drawing on all aspects of your education and experience, including paid employment and unpaid work. (please continue on a separate sheet as required). |

**QUALIFICATIONS**

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| --- | --- | --- | --- |
| SECONDARY SCHOOL  name and address: | From: mm/yy | To:  Mm/yy | “A” level results and beyond, giving dates: |
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|  |  |  |  |
| UNIVERSITIES/COLLEGES  names and addresses: | From:  mm/yy | To:  mm/yy | Courses undertaken including results  (type and class of degree: |
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| Details of teaching practice (1st appointments only) |

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| --- | --- | --- | --- |
| OTHER PLACES OF STUDY  Attended in last 5 years: | From:  mm/yy | To:  mm/yy | Area of study and examinations passed, with dates and indicating full or part time: |
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**REFERENCES**

|  |  |
| --- | --- |
| Please give details of two referees of whom confidential enquiries may be made. One referee must be from your current Head (or most recent employer). We may ask you for further references. *References are normally taken up prior to interview. We reserve the right to contact any of your* *previous employers.* | |
| Name of referee:  Capacity in which known to you:  Position:  Organisation:  Address:  Telephone:  Email: | Name of referee:  Capacity in which known to you:  Position:  Organisation:  Address:  Telephone:  Email: |

**DECLARATION**

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| All applicants are required to declare personal relationships with any of the staff or Governing Body.  Are you close friends with or related to any member of staff or the Governing Body? Yes  No  If yes, please state their name and your relationship with them: |

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| I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up.  Signed: Date:  **Please note that you will be asked to sign this application form if you are invited to an interview.** |

**Equal Opportunities Monitoring Form**

HBS aims to have a workforce that reflects the diversity of talent, experiences and skills of our community. We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000. The information you

give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you.

|  |
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| Name       Post applied for       **Date of Birth:** |

**Disability:**

The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

**Do you consider that you have a disability under the Disability Discrimination Act definition?**

**Yes**  **No**

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian or Asian British Bangladesh  Chinese  Indian  Pakistani  Other | Black or Black British African  Caribbean  Other | **Mixed**  Asian and White  White and Black African  White and Black Caribbean  Other Mixed Background  Other | Other Chinese  Any other ethnic group | **White**  British  Greek  Greek Cypriot  Irish  Turkish  Turkish Cypriot  Other |

If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself

**Faith: (Optional information):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agnostic | Atheist | Baha’i | Buddhist | Christian |
| Hindu | Humanist | Jain | Jewish | Muslim |
| Sikh | No Religion |

Other Faith **Please specify**

**Gender:** Female  Male

**Declaration:**

**I have completed the details required in this document and declare to the best of my**

**knowledge the information given is correct. I consent to it being held on file under the terms**

**of the Data Protection Act 1998.**

Signature Date