**APPLICATION FORM FOR ALL TEACHING POSTS**

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| **POST APPLIED FOR:** |  |

**Completing your Application Form:**

Please download and save this form to your computer, re-naming the file to include your name. Type your responses in the boxes then re-save the file and email it to [jobs@reigate.ac.uk](mailto:jobs@reigate.ac.uk)

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| 1. **PERSONAL DETAILS** | | | | | | |
| Title |  | First name(s) |  | | Surname |  |
| Former names | |  | | | | |
| Current address | |  | | | | |
| Post code | |  | | Home telephone | |  |
| Mobile telephone | |  | | Work telephone | |  |
| Email | |  | | | | |
| Are you subject to any immigration controls? | | YES | NO | National Insurance number | |  |
| Date of recognition as qualified teacher | |  | | DFES/TRN No | |  |

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| 1. **SECONDARY, FURTHER AND HIGHER EDUCATION** You will be asked to provide evidence of any relevant qualifications. | | | |
| Name and address of institution | Courses and examinations taken | Qualifications gained | Dates |
| *Secondary Education* |  |  |  |
| Name and address of institution | Courses and examinations taken | Qualifications gained | Dates |
| *Further and Higher Education* |  |  |  |
| *Professional / Vocational Qualifications (including postgraduate studies)* |  |  |  |

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| 1. **PROFESSIONAL MEMBERSHIPS** Please indicatetype of membership and name of professional body along with date of joining and membership number. |
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| 1. **MANAGEMENT / PROFESSIONAL TRAINING** Please list the titles of any courses / professional training activities which you have participated in over the last three years. |
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| 1. **CURRENT OR MOST RECENT EMPLOYMENT** | | | | | | |
| Post held |  | Full or part time? |  | | No. of hours per week |  |
| Date appointed |  | Date of leaving (if applicable) | | |  | |
| Notice period |  | Salary | | |  | |
| Employer’s name and address |  | | | | | |
| Telephone number |  | Nature of business | |  | | |
| *Brief description of main responsibilities:* | | | | | | |

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| 1. **PREVIOUS EMPLOYMENT** Please give a full history in chronological order since leaving full time education (including any unpaid work, voluntary work and dates of unemployment). | | | | | |
| Employer’s name and address | Post held and nature of activities | Full or part Time | From Month/Year | To Month/Year | Reason for leaving |
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| 1. **SUPPORTING STATEMENT**  (use a continuation sheet if necessary)   In support of your application please supply a statement of no more than 1000 words addressing the following:  **For Current Teaching Staff**   * The subject areas that you have taught including the subject names and levels and the extent to which you feel that these were successful. * Your track record including any data that demonstrates your ability in respect of retention, achievement, success, value added and high grades. NQTs should provide evident of their lesson observation grades during their placement. * How you approach the teaching of your subject including active approaches, ILT, diversity, peer assessment and your view of homework. * Any experience of writing schemes of work, teaching materials. * Any areas where you feel you need to improve your professional development.   **For Trainee Teachers or NQTs**   * Why you are interested in teaching as a career. * Any previous experience working with children / young people and what you gained from this as useful development. * Any evidence of working with people other than children. * The personal qualities that you have that would make you a suitable teacher. * Specific areas of your degree / employment that are relevant to the post advertised.   **For NQTs please also comment on the following:**   * What you gained from your teaching placements * Subjects and year groups taught during teaching placements * Particular challenges you faced and how you overcame them * Any evidence of developing teaching materials during your placements |
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| 1. **REFERENCES**  * Please give the names and addresses of two referees. Unless this is your first employment or you have not been in employment for some time, one must be from your present or most recent employer. * If you are currently working with children your present employer will be asked about any disciplinary offences relating to children, current and/or time expired; whether you have been the subject of any child protection concerns and if so, the outcome of these investigations. * If you are not currently working with children, but have done so previously these issues will be raised with your former employer. If you are not currently working with children but have done so previously the second reference must be that employer. * References from friends and family are not accepted. | | | | |
|  | **Present or Most Recent Employer** | | **Second Referee** | |
| Name and title: |  | |  | |
| Occupation: |  | |  | |
| Full address and post code: |  | |  | |
| Telephone number: |  | |  | |
| Mobile phone: |  | |  | |
| Email address: |  | |  | |
| Nature of contact: |  | |  | |
|  | It is our policy to take up references on receipt of applications. May we contact this referee now? | | It is our policy to take up references on receipt of applications. May we contact this referee now? | |
| **YES** | **NO** | **YES** | **NO** |
| When would you be available to start? | | | | |

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| 1. **DISCLOSURE** |
| All appointments will involve substantial access to children and are exempt from the Rehabilitation of Offenders Act 1974. If you are appointed you will be required to declare ANY convictions, cautions or bindovers and to agree to a check being made into the existence and content of any possible criminal record held by the police including those regarded as ‘spent’.  You will also be required to declare any action taken and/or threatened against you (including but not limited to a complaint, you being accused of, investigated, convicted or cautioned) for any offence (which includes but is not limited to motoring offences which result in court action and licence penalty points but not parking offences/fines where no penalty points are incurred).  If you have been convicted of an offence, received a caution or bind over and/or any action has been taken and/or threatened against you (including but not limited to a complaint, you being accused of, investigated, convicted or cautioned) for any offence, please place details in a sealed envelope marked confidential and enclose it with the application form. |

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| 1. **DECLARATION OF INTERESTS** Any non-professional relationships with any members of Reigate Sixth Form College staff, executive team or governing body must be declared. Please give person’s name and the type of relationship |
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| 1. **DECLARATION** |
| I hereby agree that the College has provided me with the ‘Privacy Notice’, which is in accordance with the General Data Protection Regulations (GDPR). I confirm that I have read the Privacy Notice and I would like to continue with the recruitment process.  I confirm that I am eligible to work in the United Kingdom, in accordance with the Asylum and Immigration Act 1996 and agree to provide supporting evidence of this, as well as proof of all qualifications (Original Certificates) as listed on this application form / accompanying CV.  I confirm that I am not disqualified from working with children, or subject to sanctions imposed by a regulatory body.  I certify that, to the best of my knowledge, all details provided by me are correct and I understand that if I make a false declaration about my eligibility for the post applied for I may be disqualified from the process or the offer of the post may be withdrawn, or if I have taken up employment I may be dismissed.  **SIGNATURE OF APPLICANT:**  (You may type your name)  **DATE:** |

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| **Where did you see this post advertised?** Please complete this section. It helps us to monitor the success of our advertising. |
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**Recruitment Monitoring Form**

Reigate College is committed to providing equal opportunities employment for all. This means that we will ensure that no job applicant or employee receives less favourable treatment on the grounds of race, disability, gender, age, sexual orientation, religion and belief, gender reassignment, pregnancy/maternity or marriage/civil partnership.

To ensure that our Equal Opportunities Policy is fully monitored please complete the form below and return it to the Personnel Department with your completed application form. The information collected will be held on a computerised system which has been registered in accordance with the requirements of the Data Protection Act 1998 and will be used by the College for monitoring purposes only and will not be used as part of the selection process. The form will be separated from your application on receipt.

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| **Date of birth:** |  | **Nationality:** |  |

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| **How would you describe your ethnic origin?** | | | | |
| Asian or Asian British – Bangladeshi |  | Mixed – White and Asian | |  |
| Asian or Asian British – Indian |  | Mixed – White and Black African | |  |
| Asian or Asian British – Pakistani |  | Mixed – White and Black Caribbean | |  |
| Asian or Asian British – any other background |  | Mixed – any other background | |  |
| Black or Black British – African |  | White – British | |  |
| Black or Black British – Caribbean |  | White – Irish | |  |
| Black or Black British – any other background |  | White – any other background | |  |
| Asian or Asian British - Chinese |  | Any Other (please specify if you wish) |  | |

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| **Marital Status** | |  | **Religion** | | | |  | **Sexual Orientation** | |  | **Gender** | |
| Single |  |  | No religion |  | Jewish |  |  | Heterosexual |  |  | Male |  |
| Married |  |  | Buddhist |  | Muslim |  |  | Homosexual |  |  | Female |  |
| Co-habiting |  |  | Christian\* |  | Sikh |  |  | Bisexual |  |  | Transgender |  |
| Widowed |  |  | Hindu |  |  |  |  |
| Divorced |  |  | Any other religion  *(Please specify)* | |  |  |  |

\*(including Church of England, Catholic, Protestant and all other denominations)

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| **Disability** | | | | | | |
| The definition of a disability under the Equality Act 2010 is a “physical or mental impairment which has a substantial and long term adverse effect on their ability to perform normal day to day activities” (Long term means that the effect of the impairment has lasted or is likely to last for at least 12 months). | | | | | | |
| Do you have any disability? | Yes |  | No |  | I do not wish to identify |  |

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| **Do you have caring responsibilities? If yes, please tick all that apply** | | | |
| None |  | Primary carer of older person |  |
| Primary carer of a child/children (under 18) |  | Secondary carer (another person carries out the main caring role) |  |
| Primary carer of disabled child/children |  | Prefer not to say |  |
| Primary carer of disabled adult (18 and over) |  |  |  |