***Applicants may e-mail their completed application form to:*** [***vacancies@parkstone.poole.sch.uk***](mailto:vacancies@parkstone.poole.sch.uk)

***Shortlisted candidates will be asked to sign their e-mailed application form when they attend for interview.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O:\PGS Artwork\Dolphin NEW.jpg | | ***PARKSTONE GRAMMAR SCHOOL***  ***Sopers Lane Poole Dorset BH17 7EP***  ***Tel: 01202 605605***  ***Headteacher: David Hallsworth*** | | | | | | | | |  | |
| Full Time Teacher of Physical Education | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | |
| **Surname:** | | | | | | **Forename(s):** | | | | | | |
| **Address:** | | | | | | **Title:** | | | | | | |
|  | | | | | | **Tel No (Home):** | | | | | | |
|  | | | | | | **Tel No (Work):** | | | | | | |
|  | | | | | | **Tel No (Mobile):** | | | | | | |
| **Post Code:** | | | | | | **E-mail:** | | | | | | |
| **Current Driving Licence: Yes / No** | | | | | | **DfE No: Date of QTS:** | | | | | | |
| **How did you hear of our vacancy?** | | | | | | | | | | | | |
| **EDUCATION (post age 16)** | | | | | | | | | | | | |
| **Institution(s) Attended** | | | | **Dates** | | | **Qualifications Gained** | | | | | |
|  | | | |  | | |  | | | | | |
| **Please include any higher degrees in this section** | | | | | | | | | | | | |
| **PROFESSIONAL TRAINING (Please indicate what INSET you have attended in the last three years)** | | | | | | | | | | | | |
| **Course** | | | | | | | | | | **Date** | | |
|  | | | | | | | | | |  | | |
| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | | | | | | | |
| **Name of Body** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT (in chronological order beginning with the first) full or part-time** | | | | | | | | | | | | |
| **Nature of**  **Appointment** | **FT**  **or**  **PT** | | **School/Establishment**  **(state age range and type of school)** | | **Name of LEA or**  **other employer** | | | **Sex and no. of pupils on roll** | **Age range**  **taught by you** | | | **Dates of**  **Employment** |
|  |  | |  | |  | | |  |  | | |  |
| **CURRENT EMPLOYMENT**  **Present Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scale Pt: \_\_\_\_\_\_\_\_ TLR Allowance: \_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Nature of**  **Appointment** | **FT**  **or**  **PT** | | **School/Establishment**  **(state age range and type of school)** | | **Name of LEA or**  **other employer** | | | **Sex and no. of pupils on roll** | **Age range**  **taught by you** | | | **Date of Commence-ment** |
|  |  | |  | |  | | |  |  | | |  |
| **INTERESTS (e.g. hobbies, sports, voluntary work)** | | | | | | | | | | | | |
| **SUPPORTING STATEMENT**  **Please use this section to show how your skills, experience and training would enable you to meet the requirements of this post.**  ***(If additional space is required please continue on a separate sheet)*** | | | | | | | | | | | | |
| **REFEREES**  **Please give the names, addresses and occupations of two referees, one of whom should be your present or last employer. References will be called for at the time of shortlisting, as required by the ‘Department for Education –Keeping Children Safe in Education’ document, part 3.** | | | | | | | | | | | | |
| **Name:** | | | | | | **Name:** | | | | | | |
| **Occupation:** | | | | | | **Occupation:** | | | | | | |
| **Address:** | | | | | | **Address:** | | | | | | |
|  | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | |
| **Post Code:** | | | | | | **Post Code:** | | | | | | |
| **Tel No:** | | | | | | **Tel No:** | | | | | | |
| **Fax No:** | | | | | | **Fax No:** | | | | | | |
| **E-mail:** | | | | | | **E-mail:** | | | | | | |
| **OTHER DECLARATIONS** *(\*Please delete as appropriate)*  **1 Are you related to any member of the governing body or school staff? Yes / No\***  **If yes, please give details ........................................................................………........…………...…....**  *(Any canvassing direct or indirect will disqualify)*  **2 To the best of my knowledge and belief, the information on this application form is correct.**    **Signed ........................................……….............. Date ............................…....………….……....** | | | | | | | | | | | | |

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

**This sheet will be detached from your application form and not seen by those**

**who have to decide on the list of applicants to be invited for interview.**

The Borough of Poole operates a policy of equal opportunity and fair treatment for employment and advancement. To assist in monitoring the policy, and for this purpose only, you are asked to give details of your age, gender, health, any disability and ethnic origin.

*Please tick appropriate box* 🞎

Name: ……………………………………………………………………………………………...….

Date of Birth: ……………………………………………………………... Female 🞎 Male 🞎

Post Applied For: …………………………………………………………….. (Parkstone Grammar School)

|  |  |  |  |
| --- | --- | --- | --- |
| **HEALTH DECLARATION** | | | |
| Are you in good health? | Yes 🞎 |  | No\* 🞎 |
| Do you have good eyesight (with glasses if worn)? | Yes 🞎 |  | No\* 🞎 |
| Do you have good hearing (with hearing aid/s if worn)? | Yes 🞎 |  | No\* 🞎 |
| Do you take any regular prescribed medication? | Yes\* 🞎 |  | No 🞎 |
| Have you ever failed a medical? | Yes\* 🞎 |  | No 🞎 |
| ***\* Please give a brief explanation***    .......................................................................................................................................……………………..  .......................................................................................................................................……………………..  **Do you consider yourself to have a disability as defined by the Disability Discrimination Act?**  (ie ‘A physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities’).  Yes 🞎 No 🞎  **Is there anything we need to know about your disability in order to offer you a fair selection opportunity?**  .......................................................................................................................................……………………..  .......................................................................................................................................……………………..  ***Depending on your answers to the above questions, if you are the successful candidate you may be required to undergo a medical examination.*** | | | | |

**Ethnic Origin** (In accordance with the Commission for Racial Equality)

**White**

British 🞎

Irish 🞎

Any other White background 🞎 please state …………………………………………..

**Mixed**

White & Black Caribbean 🞎

White & Black African 🞎

White & Asian 🞎

Any other mixed background 🞎 please state …………………………………………..

**Asian or Asian British**

Indian 🞎

Pakistani 🞎

Bangladeshi 🞎

Any other Asian background 🞎 please state …………………………………………..

**Black or Black British**

Caribbean 🞎

African 🞎

Any other Black background 🞎 please state …………………………………………..

**Chinese or other ethnic group**

Chinese 🞎

Other ethnic group 🞎 please state …………………………………………..