



Making a difference where you live

TEACHING POST APPLICATION FORM

Children and Young People's Services

Please read the enclosed Guidance Notes before completing this form

Please complete this form using type or black ink and return to:-

Ref No.
Application for Teaching Post at
.....
General Application for unspecified post
(please indicate Nursery/Infant/Junior/Secondary/Special)
Closing Date

Surname <i>(block letters)</i> :		Dr/Mr/Mrs/Miss/Ms	
Previous Surnames:			
Forename(s) <i>(block letters)</i> :		Date of Birth	Age
Address <i>(if this is a temporary address, please also give your usual home address)</i> :			
Postcode:			
National Insurance No:		<i>(Written confirmation of this will be required prior to appointment)</i>	
Telephone No: Home		Work	<i>(if it is convenient for contacting you)</i>
e-mail address:			

If you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995 and have any specific requirements to assist you with an interview please detail them below and we will try to make the necessary arrangements.

Job Share
If this post is open to job share, do you wish to apply for this post in a job share capacity? YES NO

Please state where you saw the advertisement for this post.

Criminal Convictions
If after reading the guidance notes (2ii) you have any convictions to declare please do so in a separate envelope marked 'For the attention of the Lead Officer, in strict confidence - only to be opened by the addressee.'

DURHAM COUNTY COUNCIL

EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunities employer and want to ensure that all applicants are considered solely on their merits. Therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we should be grateful if you would complete this short questionnaire. Your answers to 1 to 4.1 will be treated with the utmost confidence and will be used only for statistical purposes.

1. What is your ethnic group?

Choose one section from a to e, then tick the appropriate box in column (2) & also (3) if applicable.

Column(1)	Column (2)	✓	Column (3)	✓
a) White	British		Welsh	
	Irish		English	
	Any other White background		Scottish	
b) Mixed	White & Black Caribbean			
	White & Black African			
	White & Asian			
	Any other mixed background			
c) Asian or Asian British	Indian			
	Pakistani			
	Bangladeshi			
	Any other Asian background			
d) Black or Black British	Caribbean			
	African			
	Any other Black background			
e) Chinese or Other Ethnic group	Chinese			
	Any other			

2. **Gender:** Female Male 3. **Marital Status:** Married Single
Civil Partnership

4. Disability:

Applicants with disabilities will be invited for interview if the essential job criteria on the Person Specification are met.



4.1 Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? YES NO

i.e. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

CONFIDENTIAL

Signature:

Date:

I declare that the information set out in this application form is true in all respects and that false information may render me liable for dismissal if I am appointed.

(For Office Use Only)

Candidate Ref. No:

Post Title and Ref. No:

Disabled:

Yes No

A Education

N.B.: appointment will only be confirmed subject to receipt of official certificates in support of below

Secondary Education:

School attended

Qualifications	Subject	Date	Grade

Higher Education:

Please indicate Institution attended

	From	To	Degree, Diploma, Certificate	Date of Award	Subject, Class, Division
Degree					
Higher/Advanced Degree/ Diploma/Certificate at					

NPQH	yes		no		Date obtained	
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In-Service Training:

Name of Establishment	From	To	Course Taken

Subsidiary subjects offered, e.g. Games, Music

Particulars of residence abroad (for modern language posts)

B

Employment Details

Teaching Service

(1) Present Appointment						
Is present appointment permanent or temporary please delete as appropriate						
Full or Part-time	Salary Grade/Group indicating any additional allowances	Name of Establishment	No. on Roll	Age Range	L.A.	Date of Appointment

(2) Previous Appointments (please list most recent first)

*Post	Full or Part-time	Salary Grade/Group indicating any additional allowances	Name of Establishment	No. on Roll	Age Range	L.A.	Date of Employment	
							From	To

*e.g. D.H.; A.H.T; A.S.T. H.D. (English); H.Yr; H.Fac; H.House, etc.; Q.A. Fast Track Teacher

(3) Do you have any additional employment which you intend to continue if appointed to this post ? Yes/No
If yes please detail the nature of this work and the hours

.....
.....
.....

Please give particulars of any other gainful employment from 18 years of age

.....
.....
.....

(4) Period of notice required or termination date:

(5) How many periods of absence from work due to sickness have you had in the last 3 years?

How many days of absence due to sickness have you had in the last 3 years?

C Additional Information

Subject(s) Secondary School only

Department of Education Ref. No.

General Teaching Council No.

To which Superannuation Act (if any) are you now subject?
eg. Local Government, Teachers etc.

.....

TO BE COMPLETED IN CASE OF GENERAL APPLICATION ONLY

In which area(s) of the County do you wish to teach?

Do you want full-time, part-time, permanent or temporary work?

Have you already given notice to your present employer Yes No

If Yes when will you be able to commence

If No how much notice are your required to give?

Do you have any additional information that might be helpful to the Governors/Appointment Panel
(Continue on a separate sheet if necessary)

D Referees

Give names, designations and addresses of TWO persons, to whom reference may be made.
One should be your present (or most recent) employer.

Please note that for positions in contact with children and vulnerable adults the Council has the right to seek references from any or all previous employers and line managers prior to interview.

1 Name:

Position:

Address:

Post Code:

Tel. No:

e-mail:

2 Name:

Position:

Address:

Post Code:

Tel. No:

e-mail:

N.B. Appointment will only be confirmed subject to satisfactory references.

Under the Council's new constitution you are required to state in writing whether to the best of your belief you are the parent, grandparent, partner, child, step-child, adopted child, grandchild, brother, sister, uncle, aunt, nephew or niece of an existing Councillor or Officer of the Council; or of a partner of such persons.

Name	Relationship

Canvassing of Members of the Council or any Committee of the Council or any appointing officer directly or indirectly for any appointment with the Council is prohibited and shall, if deemed appropriate, disqualify the candidate for that appointment.