**APPLICATION FORM**

**\*Please email all completed application forms to kiran.kaur@alet.org.uk**

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| **Details of Post Applied For** |
| Name of School |  |
| Position Applied For |  |
| Job Reference Number (if any) |  |

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| **Personal Details** |
| Title |  | Last Name |  |
| First Name |  | Middle Names |  |
| Previous name (if applicable) |  |
| Date Of Birth |  |
| Address |  |
| Contact Details | Contact Number (e.g. mobile) |  |
| Home Number |  |
| Email Address |  |
| Please state your notice period or confirm the date you would be able to start work, if successful |  |

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| **Applicant Details** |
| National Insurance Number |  |
| DfE Registration Number |  |
| GTC/IFL Membership Number |  |
| Do you hold Qualified Teacher Status (QTS), Qualified Teacher Learning and Skills (QTLS) status or equivalent? |  |
| Whether you hold QTS, QTLS, DTLLS, PTLLS or equivalent (please state) |  |
| Date it was awarded |  |
| If no, would you be prepared to work towards this qualification (if relevant) |  |
| Do you currently have the right to work in the UK? |  |
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| Do you have a valid driving licence? |  |
| Do you have use of your own car? |  |
| **Present or Most Recent Employment** |
| Title of Post |  |
| Dates Post Held | From |  | To |  |
| Responsibilities and AchievementsIf a teaching/lecturing role, please include subject taught and age range. |  |
| Name of Institution |  | Number on Roll |  |
| Address |  |
| Full or Part Time |  | Permanent or Temporary |  |
| Salary Details | Scale, e.g. Main Scale |  | Salary Point |  |
| Alternatively, please quote annual salary if you are not on national pay scales (if part­time, specify the FTE) |  |
| Additional allowances (state type and annual value) |  |
| Total annual salary |  |
| Reason for Leaving |  |

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| **Previous Employment**Please give details of **all previous employment** you have held, starting with the most recent. Please note that there are sections below for details of employment undertaken outside of teaching and any other gaps in employment. If a teaching/lecturing role, please include subject taught and age range. |
| **Employment Details** |
| 1. | Name of Institution | Title of Post | From | To |
|  |  |  |  |  |
| Responsibilities and Achievements: |  |
| Full or Part Time: | Permanent or Temporary : | Salary and Benefits: |
|  |  |  |
| Reason for Leaving: |  |
| 2. | Name of Institution | Title of Post | From | To |
|  |  |  |  |
| Responsibilities and Achievements: |  |
| Full or Part Time: | Permanent or Temporary : | Salary and Benefits: |
|  |  |  |
| Reason for Leaving: |  |
| 3. | Name of Institution | Title of Post | From | To |
|  |  |  |  |
| Responsibilities and Achievements: |  |
| Full or Part Time: | Permanent or Temporary : | Salary and Benefits: |
|  |  |  |
| Reason for Leaving: |  |

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| **Gaps in Employment**Please give details below of any voluntary work you have not detailed elsewhere in your employment history or reasons for other periods of time when you have not been employed since leaving secondary education. |
| Date From | Date To | Reason |
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| **Referees**One of these should be your present or most recent employer. Please do not name relatives or people acting solely in their capacity as friends as referees. |
| **Referee 1** | **Referee 2** |
| Title |  | Title |  |
| Name |  | Name |  |
| Occupation |  | Occupation |  |
| Employer Name |  | Employer Name |  |
| Address |  | Address |  |
| Tel. Number |  | Tel. Number |  |
| Email Address |  | Email Address |  |
| In what capacity do you know the referee |  | In what capacity do you know the referee |  |
| **Our normal practice is to take up references prior to Interview.** |
| **May we contact prior to interview?** | **Yes/No** |

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| **Education and Qualifications**Please also include any relevant professional qualifications. |
| Name of Institution (e.g. School, College or University) | Dates Attended | Courses/Subjects Taken and Examinations Results or Award and Date |
| From | To | Qualification | Subject | Grade | Date |
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| **Professional Development**Please give details of any courses undertaken which you have not already detailed and which you consider to be relevant to this application. |
| Name of Institution | Course Title | Dates Attended | Award (if any) |
| From | To |
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| **Current Membership of Professional Bodies**Please give details of any relevant professional bodies to which you belong. |
| Name of professional body | Membership Status | Date Membership Commenced |
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**Interests and Activities**

Please provide details of any relevant interests or activities.



