****

 **FULNECK SCHOOL** 

 **Application Form**

 **TEACHING STAFF**

**Position applied for …………………………………………………………………………………………………………………..**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname and title |  |
| Forename(s) in full |  |
| Date of birth |  |
| Home address |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Email address |  |
| National Insurance number |  |
| TRN (formerly DfE) number |  Do you have QTS? |
| Please indicate whether you know any existing employee of Fulneck School and, if so, how you know them |  |

**REFERENCES**

|  |
| --- |
| Please give details of three people who can provide references – one of whom must be your present or most recent employer. Please state in which context the person knows you e.g. current Head. If you are short-listed, we will contact your referees prior to interview unless you indicate otherwise below. |
| Name: | Address: |
| Tel No: | Email: |
| Occupation: | Context: |
| May we contact prior to interview? Yes / No |  |
| Name: | Address: |
| Tel No: | Email: |
| Occupation: | Context: |
| May we contact prior to interview? Yes / No |  |
| Name: | Address: |
| Tel No: | Email: |
| Occupation: | Context: |
| May we contact prior to interview? Yes / No |  |

**PERSONAL EDUCATION**

|  |  |  |
| --- | --- | --- |
| Secondary School | DatesFrom To | GCSE and A Level (or equivalent) qualifications gainedSubject Grade Year |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University / College | Full or Part-time | Dates From To | Qualification gained Title, subject, class of degree and year of award |
|  |  |  |  |

|  |
| --- |
| Other professional qualifications |
| Awarding Body | Full or Part-time | DatesFrom To | Qualifications gainedTitle, year awarded |
|  |  |  |  |

**CURRENT POST OF EMPLOYMENT**

|  |  |
| --- | --- |
| Present post (title) |  |
| Full or Part-time |  |
| Grade or scale |  |
| Annual salary |  |
| Name of school / employer |  |
| Address |  |
| Telephone number |  |
| Number of pupils on roll |  |
| Type of school |  |
| Age range |  |
| Date of appointment |  |
| Reason for leaving |  |
| Notice period required |  |
| Brief summary of principal responsibilities of present post (max 50 words) |  |

**EMPLOYMENT HISTORY**

|  |
| --- |
| In accordance with our Safer Recruitment Policy you must provide full details of all previous employment; explain any gaps. Please list in reverse date order with your last employer first.  |
| Have you lived or worked abroad in the last 5 years? Yes/NoIf Yes please give details: |
| Name and location of employer | StartDatemm/yyyy | End datemm/yyyy | Position held and brief description of responsibilities | Reason for leaving |
|  |  |  |  |  |

**(continue on an additional blank sheet if necessary)**

|  |
| --- |
| INSET courses attended in the last two years |
| Organising body | Date | Duration | Title |
|  |  |  |  |

**OTHER DETAILS**

|  |  |
| --- | --- |
| Do you hold a current UK driving licence? |  |
| If so, are you able to drive a mini-bus? |  |
| Hobbies, interests, voluntary work, activities or responsibilities outside work |  |
| Religion |  |
| Nationality |  |
| Ethnicity |  |
| Where did you hear about this vacancy? |  |

**SUPPORTING STATEMENT**

Please give details of your motivations, experience, skills, abilities and any other additional information which you think would be useful in this job. You may attach a CV if you wish.

***Please complete on a separate sheet.***

**DATA PROTECTI**

**The personal information that you provide on this application form will be used to process your application for employment. If you succeed in your application and take up employment with the School, the personal information will be used in the administration of your employment.**

**Your trust is important to us and we take protecting your data seriously. For full details of our Privacy Notice please refer to the School website.**

**❒ I consent to the School processing my sensitive personal data.**

***Please tick***

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| If you are a registered disabled person, please give your registration number. |  |
| If you are offered the post you will be expected to fill in a medical questionnaire. Are you willing to do this? | Yes / No  |

**DECLARATION**

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore that all convictions, cautions, reprimands, final warnings and bind-overs except those that are ‘protected’ must be declared. I have not been disqualified from working with children. I am not named on the DBS Barred List. I am not subject to any sanctions imposed by a regulatory body (eg the General Teaching Council or NCTL), and either (please delete as appropriate):

I have no relevant convictions, cautions, reprimands, final warnings, or bind-overs

**OR**

I have attached details of any convictions, cautions, reprimands, final warnings, or bind-overs that are not ‘protected’ in a sealed envelope marked ‘confidential’.

I declare that the information I have given in this application is accurate and true. I understand that Fulneck School is committed to safeguarding and promoting the welfare of children and that the school will undertake all relevant checks, including an enhanced Disclosure and Barring Service certificate and a DBS Children’s Barred List check. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.

Signature…………………………………………………………………… Date ……………………………………………………………………