



Teaching Application Form

CONFIDENTIAL – PROTECT (IL2)



Name of School: (or write 'General Application') **Trinity Catholic High School**

Candidate ref.
(office use only)

Post:

Age groups for which trained:

Month/Year QTS Awarded

1. Specialist Subjects Offered

Main:

Other:

Teacher Reference Number:

National Insurance No:

Do you require permission to work in the UK?

Please X the box if you are a newly qualified teacher (NQT) or if you are completing your training
(An **NQT** is required to serve a statutory induction period)

Applicants may use a continuation sheet for sections where additional space is required

2. Personal Details

Title:	Surname:	Forename(s):
Please include former names if applicable in brackets		
Permanent Address		Temporary Address (if applicable)
Post Code:		Post Code:
Contact Details:		Date of Birth:
Telephone:		
Mobile:		
Email:		

3. Education, Training and Qualifications

Secondary Education

Name, location and type of schools	Dates (mm/yyyy)	Secondary Examinations passed with grades
	From To	
	From To	

Higher Education

University/College/Organisation/Course	Dates (mm/yyyy)	Qualifications passed with grades
	From To	
	From To	

Initial Teacher Training (NQTs please include ITT courses undertaken)

College/Organisation/Course	Dates (mm/yyyy)	Qualifications (to be)/passed
	From To	
	From To	

4. Present Post

Name of School		School Address			Phase
Salary £	Special Allowance	Point on Scale	Ages Taught	Date of Appointment	When could you commence duty?

Details of present post held including title, subjects taught and areas of responsibility.	
--	--

5. Previous Teaching Experience

Please give details of all full and part-time paid teaching experience in schools including periods before date of qualification. NQTs please include college teaching practices if applying for your first appointment (use a continuation sheet if necessary).

Local Education Authority, Gov. Body or Country	School	Full Time or % Part time	Post Held	Ages Taught	Periods of paid teaching service Students give teaching practice dates (mm/yyyy)	
					From	To
					From	To
					From	To
					From	To

6. Previous Industrial, Commercial or Local Government Experience

Please give details of experience (e.g. industrial, clerical, social and other gainful employment after the age of 18 years).

Name and Address of Employer(s)	Date (mm/yyyy)		Nature of Employment and position held (including an indication of whether full or part time)
	From	To	

7. Declarations

Are you related to a councillor, officer, headteacher or school governor of the London Borough of Redbridge?

If yes, please state their name and the relationship

Note: *Canvassing or failure to disclose a relationship to a councillor, officer, headteacher or school governor of the London Borough of Redbridge could disqualify the candidate.*

Safer Recruitment: Declaration of Criminal Offences

The post is exempt from the Rehabilitation of Offenders Act 1974. You must give details on this form of all offences, convictions, cautions or bindovers you have or any court cases that you have pending.

Are you declaring a criminal offence?

Details of Offence(s)	Place & Date of Judgement(s)	Sentence(s)

As the occupant of the post will have substantial access to children, a disclosure request will be made to appropriate organisations to ascertain whether their records reveal any criminal convictions (including spent ones). All Redbridge Schools will comply with Safer Recruitment. **NOTE: Failure to disclose any criminal conviction could prevent further consideration of an application for appointment.** All information given will be treated in the strictest confidence and will be used for this job application only.

11. Letter of Application or Supporting Statement

Please include more detailed particulars of your experience, skills and further information in support of your application.

You are advised to limit your Statement to the equivalent of 2 sheets of printed A4.

--

12. Important Notes or information that you think is relevant, but have not already included

You are asked to give details of any disability you may have for which a reasonable adjustment may be necessary. While this information will not be used for short-listing purposes, it will greatly assist in making any interview arrangements etc. Please detail any conditions or prohibitions placed upon you by the GTC/DfE.

13. References

Safer recruitment guidelines recommend that references are taken up prior to interview.

Please give the names and addresses of two professional referees. One of these should be your present or most recent employer. NQTs are advised to include their initial teacher trainer and a successful teaching practice school.

Referee 1

Title <small>(Mr/Mrs/Ms/Miss/Dr etc)</small>	<input type="text"/>		
Full Name	<input type="text"/>		
Status	<input type="text"/>		
School/College	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Email	<input type="text"/>		
Tel No	<input type="text"/>	Fax	<input type="text"/>

Referee 2

Title <small>(Mr/Mrs/Ms/Miss/Dr etc)</small>	<input type="text"/>		
Full Name	<input type="text"/>		
Status	<input type="text"/>		
School/College	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Email	<input type="text"/>		
Tel No	<input type="text"/>	Fax	<input type="text"/>


Successful applicants must produce original certificates of qualifications on request.

Declaration

You cannot sign this form on screen. By submitting an e-mail application, you undertake that the information you have provided is true and accurate to the best of your knowledge. You may be required to sign your application at a later stage of the selection process.

I certify that to the best of my knowledge and belief the information given in this application is true and accurate. I understand that if the information is false or misleading it will disqualify me from appointment or after appointment could lead to a disciplinary action or dismissal.

Name		Date	
------	--	------	--

If no address appears in the box opposite  please return to:

Dr Paul Doherty
Headteacher
Trinity Catholic High School
Mornington Road
Woodford Green
IG8 0TP

This application form can be returned to **Trinity Catholic High School** by email.

Please use your surname to name and save this document and email to:

SamGillary@fc.tchs.uk.net

Alternatively you can post this application to the return address indicated.

Thank you for your application. Your email will be acknowledged.
Please provide a stamped addressed envelope if you require a posted acknowledgement

Recruitment Monitoring

Applicant Ref No

In line with the Codes of Practice of the Equality and Human Rights Commission (formerly Equal Opportunities Commission and the Commission for Racial Equality) and as required by the Audit Commission, Redbridge Council collects and maintains information on gender, ethnic origin and disabilities of its employees. As of April 2009 Redbridge Council will also collect and maintain information on sexual orientation, age and religion or belief of its employees. The information you have supplied will be kept confidential within Human Resources. Departments will only see statistical information and it will only be used to provide an overall profile analysis of Redbridge Council.

Please complete this section of the application form, which will be separated from the rest of the form before shortlist selection takes place.

You can be assured that this information will be treated in confidence and will not be available to short listing officers or interviewers or to future potential managers.

1. Where did you see this post advertised?

2. What is your Date of Birth?

3. What is your Ethnic group?

Please choose one selection from A to E and then tick the appropriate box within your chosen section to indicate your cultural background. If you are ticking one of the 'Any other' boxes please state in the space provided

A. White

- | | |
|----------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish |
| | <input type="checkbox"/> Any Other White Background |
| | Please State |
-

B. Mixed

- | | |
|--|---|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Black Asian | <input type="checkbox"/> Any other Mixed Background |
| | Please State |
-

C. Asian or Asian British

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Asian Background |
| | Please State |
-

D. Black or Black British

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African |
| | <input type="checkbox"/> Any other Black British |
| | Please State |
-

E. Chinese or other Ethnic Group

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Background |
| | Please State |
-

4. Gender

Female Male

5. Do you have a disability?

The Disability Discrimination Act 1995 (DDA) protects people with disabilities. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

5a. Do you consider yourself to have a disability according to the terms given in the DDA?

Yes No

The Council wishes to ensure that people with disabilities are able to access job opportunities as well as people without disabilities do.

If we know you have a disability we will make adjustments to the working arrangements and/or the working environment provided it is reasonable in the circumstances to do so. We will also make appropriate arrangements for your interview.

5b. If you have answered yes to having a disability, please let us know how we can support you at the interview stage

5c. Please tick if any of the following types of disability apply to you. People may experience more than one type of disability, in which case tick all the types that apply. If your disability does not fit any of these types, please mark 'Other' and state your disability

- Long-standing illness, such as cancer, HIV, diabetes, disease or epilepsy
- Sensory impairment, such as being blind, having a serious visual impairment or being deaf, having a serious hearing impairment
- Physical impairment, such as difficulty using your arms or mobility issues, which means using a wheelchair or crutches
- Learning disability, (such as Down's Syndrome or Dyslexia) or cognitive impairment (such as autism or head-injury)
- Mental health condition, such as depression

Other (please state)

6. What is your religion or belief?

- | | | | |
|--|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jain | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Christian | <input type="checkbox"/> Jewish | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Bahá'í | <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim | <input type="checkbox"/> Any other religion or belief |
| <input type="checkbox"/> Prefer not to say | | | Please state |

7. What is your sexual orientation?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay Man |
| <input type="checkbox"/> Woman/Lesbian | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Prefer not to say | |