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| **Position applied for** |  |

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| **Name** |  |
| **Address** |  |
|  |  |
|  |  |
| **Tel No** |  |
| **Mobile** |  |
| **email** |  |
| **National Insurance No** |  |
| **Teacher Reference No** |  |

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| --- | --- |
| **Present School** |  |
| **Present Post** |  |
| **Subjects taught** |  |
| **Present Salary/Scale** |  |
| **Date Appointed** |  |
| **Full or Part Time** |  |
| **Roll / Type** |  |

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| --- | --- | --- | --- |
| **School attended** | **A Levels** | **Grades** | **Date awarded** |
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| --- | --- | --- | --- |
| **University attended** | **Degree subjects** | **Class** | **Date awarded** |
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**Employment History**

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| **School or Employer** | **Post** | **Pay Scale** | **Dates** |
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**CPD and Training**

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| **Course details** | **Provider** | **Date** |
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**Referees**

Please provide details of two referees who are able to provide information about your ability to perform this post and have knowledge of your teaching. One **must** be your current or most recent school headteacher.

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| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| School |  | School |  |
| Address |  | Address |  |
|  |  |  |  |
|  |  |  |  |
| Tel |  | Tel |  |
| Mobile |  | Mobile |  |
| email |  | email |  |

**Rehabilitation of Offenders**

This post is **exempt from the Rehabilitation of Offenders Act (ROA) 1974.** If you are appointed you will be required to undertake an Enhanced Disclosure & Barring Service (DBS) check. You are required to declare any cautions, convictions, reprimands or final warnings which are not protected (i.e. that are not filtered out\*), as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). You are also required to disclose any pending criminal proceedings against you or current police investigations, including those relating to other employment matters outside work. Having a criminal record will not necessarily bar you from working with us. We will take into account the circumstances and background of any offences and whether they are relevant to the position in question, balancing the rights and interests of the individual, our employees, pupils, parents, suppliers and the public.

We will treat all applicants, employees and volunteers fairly, however, should you not declare any of the above and this is subsequently revealed, for example through the DBS check, then this may place your employment in jeopardy. We reserve the right to withdraw an offer of employment if we deem the check reveals information which we reasonably believe would make you unsuitable for the role. Any information given will be treated in the strictest confidence and with due regard to the ROA and data protection legislation.

*\*Amendments to the Exceptions Order 1975 provide that certain spent convictions and cautions are ‘protected’ meaning that they are not subject to disclosure to employers and cannot be taken into account.*

*All guidance and criteria on the filtering of these cautions and convictions can be found in the DBS filtering collection on the Gov.uk website*

**Please answer the following questions**

Do you have any cautions, convictions, reprimands or final warnings which are not protected, as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) **and/or** are you the subject of a current police investigation or have criminal proceedings pending against you? **YES/NO**

Are you on the children’s Barred List (previously List 99 and PoCA list) or have you ever been disqualified from working with children or been subject to any sanctions imposed by a regulatory body, e.g. Teaching Regulation Agency (or its predecessor bodies)? **YES/NO**

**It is a criminal offence for barred individuals to seek, or to undertake, work with children.**

If you have answered ‘YES’ to either of the above, please provide **further details on a separate sheet** **in a sealed envelope marked ‘CONFIDENTIAL’**

**Canvassing**

Canvassing members of the appointment panel, staff or the Governors, both directly or indirectly, is forbidden and will disqualify applicants. In addition a candidate, when making an application, must disclose whether he or she is related to an employee, governor or pupil of the Academy. Failure to disclose any such relationship may disqualify the candidate from the appointment and if appointed, may be liable to dismissal without notice.

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| **Relationship** | **Name and position** |
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I confirm that the information I have given is correct and consent to references and DBS disclosure being obtained.

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| **Signed** |  |

**Equal Opportunities**

Please provide the following information to assist the monitoring of equal opportunities.

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| --- | --- |
| Sex |  |
| DOB |  |
| Marital status |  |
| Nationality |  |
| Ethnic origin |  |
| Are you disabled |  |
| Details |  |
|  |  |

**Please let us know how you learnt of this vacancy:**

Social Media Academy website TES Wirral Council Other

**Medical Fitness**

In order to assist in establishing that you are medically fit to teach please answer the questions set out below. The information provided will be treated with the strictest confidence and used only to determine whether it will be necessary to refer you for a medical examination prior to confirming your appointment.

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| --- | --- |
| Has there been any cause for concern regarding your health in your most recent post or during the past 5 years? | **Yes / No** |
| Have you required a medical examination during the same period?  | **Yes / No** |
| If yes what were the outcomes of that examination? |  |
| Are there any medical conditions the Academy would need to support you with? |  |

I declare, to the best of my knowledge, all statements contained in the above answers are correct. Failure to disclose any information may disqualify the candidate from the appointment and if appointed, may be liable to dismissal without notice.

I consent to undergo a medical examination or examinations if required to do so and have no objection to an Occupational Health Consultant communicating with my own doctor or obtaining any hospital records concerning my health or medical history.

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| **Signed** |  |