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| Graphical user interface, application  Description automatically generated**WIRRAL GRAMMAR SCHOOL FOR BOYS  Cross Lane, Bebington, Wirral, CH63 3AQ Tel: 0151 644 0908 EMAIL: schooloffice@wirralgrammarboys.com WEBSITE:** [**www.wirralgrammarboys.com**](http://www.wirralgrammarboys.com) |

**TEACHING POST APPLICATION FORM**

**CONFIDENTIAL**

|  |  |
| --- | --- |
| **Position applied for:** |  |

**Please complete this form in black or blue ink and return to the address above together with your letter of application. All sections must be completed in full. A CV may be submitted as supplementary information but should not be used as a substitute to any part of the form. Late applications may not be considered.**

**1. PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | **Mr** | | **Mrs** | | **Miss** | | | | | **Ms** | **Dr** | **Other** | |
|  | |  | |  | | | | |  |  |  | |
| Surname: |  | | | | | | | | | | | | | | | |
| First names: |  | | | | | | | | | | | | | | | |
| Previous Surname (if applicable) |  | | | | | | | | | | | | | | | |
| Address for Correspondence: |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | |
| Email address: |  | | | | | | | | | | | | | | | |
| Home/mobile telephone numbers (inc code): | | Home: | | | | | Mobile: | | | | | | | | | |
| Date of birth: | | Date: | | | Month: | | | | | | | Year: | | | | |
| National Insurance No: | |  | | | | | | | | | | | | | | |
| Date recognised as a teacher by DfE  (formally DfES and DCSF): | | Date: | | | | | DfE Number: | | | | | | | | | |
| Route into teaching e.g. PGCE, School Direct | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Full driving licence: | | | **YES** | | | | | |  | | **NO** | | | | |  |
|  | | | | | | | | | | | | | | | | |
| Are there any restrictions to your residence in the UK  which might affect your right to take up employment? | | |  | | | | | |  | |  | | | | |  |
| **YES** | | | | | |  | **NO** | | | | | |  |
|  | | | | | | | | | | | | | | | | |

**2. PRESENT OR MOST RECENT TEACHING/LEADERSHIP POST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of gaining Qualified Teacher Status: |  | | | |
| DfES reference number: |  | | | |
| Name of employer: |  | | | |
|  | | | | |
| Name and address of current School/College/ Company: |  | | | |
|  | | | |
|  | | | |
|  | | | |
| Telephone number (including code): |  | | | |
| Email address: |  | | | |
| Number on roll (or employees): |  | | | |
| Date of appointment: |  | | | |
| Post Title: |  | | | |
| Grade/Scale:  (please specify salary point) |  | | Allowances  (please specify) |  |
| Upper pay spine: (if applicable) | What date  did you pass  the threshold? |  | What date did  you progress to: | UPS 2: Date |
| UPS 3: Date |
|  | | | | |
| Date of leaving and reason if applicable: |  | | | |
|  | | | |
|  | | | |
|  | | | |
| Description of post held including any secondary and other responsibilities: | | | | |

**3. FULL CHRONOLOGICAL HISTORY**

Please provide a full history in date order, most recent first, since leaving secondary education, including periods of any post-secondary education/training, and part-time and voluntary work as well as full-time employment. Give start and end dates, explanations for periods not in employment or education/training, and reasons for leaving employment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Title** | **Name and address of all previous** | **Dates** | | | | **Reason** |
| **or Position** | **employers, and details of the post** | **From** | | **To** | | **for**  **leaving** |
|  |  | **Month** | **Year** | **Month** | **Year** |  |
| **3.1** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.2** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.3** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.5** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.6** |  |  |  |  |  |  |

**Please enclose a continuation sheet if necessary**

**4. SECONDARY EDUCATION & QUALIFICATIONS (e.g. GCSE, A-Level)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/College** | **From** | **To** | **Qualifications Gained** |
|  |  |  |  |

**5. FURTHER OR HIGHER EDUCATION**

**Any recognised qualifications or courses attended which are relevant to the job application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of FE College or University  or Awarding Body** | **Dates**  **From To** | **Full or  Part-time** | **Qualifications Obtained** |
|  |  |  |  |

**6. CONTINUING PROFESSIONAL DEVELOPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list in chronological order, most recent first, any relevant courses or training you have attended in the last five years indicating the date of attendance. (Please continue on a separate sheet if necessary). | | | |
| **Title of Course:** | **Organising Body:** | **Awards (if any):** | **Date of Attendance:** |
|  |  |  |  |
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**7. HEALTH RECORD**

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| --- | --- | --- | --- | --- |
| Are you registered disabled? (for the purpose of  considering reasonable adjustments) |  |  |  |  |
| **YES** |  | **NO** |  |
| (N.B. The Disability Discrimination Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”).  The Academy operates an interview guarantee scheme for people with a disability who meet the essential criteria of the post. | | | | |
| If you have a disability, are there any arrangements which we can make for you if you are called for interview? |
| **YES** |  | **NO** |  |
|  | | | | |

**8. Please attach a separate letter of application** – of no more than 2 sides of A4 to support your application. Details of the specific topic to be addressed will be found in the recruitment literature.

**9. REHABILITATION OF OFFENDERS ACT 1974**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (ii) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 and you are therefore not entitled to withhold any information about convictions. All criminal convictions, cautions and bind overs must be declared regardless of when they occurred. This information will be treated in confidence.

Do you have a prosecution pending or have you ever been convicted at a court or cautioned by the Police for any offence?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Are you on List 99, disqualified from working with children or subject to sanctions imposed by a regulatory body, e.g. General Teaching Council (GTC)?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

If you have answered yes to either of the above questions, please provide brief details and give date(s) of conviction/caution/sanction(s):

The Academy aims to promote equality of opportunity for all with the right mix of talent, skills, and potential. We welcome applications from diverse candidates, cautions and bind-overs will be taken into account for recruitment purposes only when relevant.

**10. DISCLOSURE AND BARRING SERVICE**

In the event of a successful application an Enhanced Disclosure will be sought from the Disclosure & Barring Service.

**11. NAMES, ADDRESSES, EMAIL AND TELEPHONE NUMBERS OF 2 PROFESSIONAL REFEREES**

Please include your current or last employer or, if not applicable, at least one person able to provide a professional reference. A friend or relative is not suitable. If you are shortlisted, the Academy will take up references before an offer of employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Contact Address: |  | Contact Address: |  |
|  |  |
|  |  |
|  |  |
| Email address: |  | Email address: |  |
| Tel No. (including code) |  | Tel No. (including code) |  |
| Relationship e.g. Headteacher / Head of Department: |  | Relationship e.g. Headteacher / Head of Department: |  |

**12. NOTES**

a) When completed, this form should be returned in accordance with the instruction in the advertisement for the

job or in the applicant’s information pack.

b) Canvassing, direct or indirect of an employee or governor will disqualify the application.

c) Candidates recommended for appointment will be required to complete a pre-employment medical questionnaire and may be required to undergo a medical examination.

d) Please note that if you are shortlisted for the role, we may conduct an online search as part of our due diligence on the shortlisted candidates. This may help identify any incidents or issues that have happened, and are publicly available online, which may indicate that you are unsuitable to work with children, and that we may want to explore at interview.

**13. DECLARATION**

To your knowledge, are you related to any member of staff or trustee of the Academy? If so, please state their name and position held:

**I declare that all the information I have provided is true and I understand that providing information which is untrue or omitting information relevant to my application will disqualify me from the recruitment process and that if such failure/untrue information is discovered after appointment, I may be liable for dismissal without notice.**

**Signed:** \_\_\_ **Date:**

The information given in this form will form part of the Contract of Employment for successful candidates. Under the terms of the Data Protection Act 1998 and GDPR Regulations 2018, the information you provide on this form will be kept confidential and will be used only for the purpose of recruitment to this post. Following shortlisting, if you have not been selected this application form will be destroyed using our confidential waste facility.

**If you need assistance in completing this form, please ask us.**