



Teaching Application Form

All Bournemouth Septenary Trust schools seek to ensure that all existing and potential employees are given equal opportunities. They are committed to the elimination of unlawful or unfair discrimination on the grounds of gender, age, marital status, colour, race, nationality or other ethnic or national origin, disability, sexual orientation, transgender and religious background. The School will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

POSITIVE ABOUT DISABILITY



Bournemouth Septenary Trust schools are positive about disability and encourage applications from disabled people. The ✓✓ symbol means that all disabled applicants who satisfy the minimum criteria will be offered an interview. If you consider that the provisions of the Disability Act 1995 apply to you, please put a tick here.

If you require assistance at any stage of the process, please contact the School.

Position applied for:

Job Title: School:

PERSONAL DETAILS

Surname: Forenames: Address: Preferred title: Phone no: Postcode: Email:

NATIONAL INSURANCE NUMBER: [grid]

ELIGIBILITY TO WORK IN UK?

Do you have permission to work in the UK? Yes [] No []

If you are not a British National or the holder of an EU or EEA passport, please indicate in what capacity you are in the UK

REFERENCES

Referees named on this form must be your present (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course tutor(s) / Head Teacher or a suitable professional. It is our policy to contact referees prior to interview. If you wish to be contacted prior to your references been taken up, please tick in the box.

PRESENT (MOST RECENT) EMPLOYER PREVIOUS EMPLOYER Name Capacity known to you Organisation Telephone No e-mail



EMPLOYMENT HISTORY

CURRENT/MOST RECENT EMPLOYMENT:

Job title:	Date appointed:
Current salary:	Scale/Point:
Age range taught:	Full-time/Part-time:

Additional responsibilities

Reason for leaving

May we contact you at work if necessary? Yes No Contact No:

PREVIOUS EMPLOYMENT

Please indicate with a ✓ in the last column, your consent for additional references to be taken up at the discretion of the School.

Employer's/LEA Name and Address	Job title and responsibilities	Age range taught	Date from/to	Reason for leaving	✓

Please continue on a separate sheet if required.



SCHOOL EDUCATION

Date	Name of School/awarding Body	Qualifications obtained	Subject

FURTHER/HIGHER EDUCATION

Dates	Name of university/college	Qualification obtained	Specialism / age range

OTHER TRAINING

Dates	Organisation	Details of training



SUPPORTING STATEMENT

Please use the space below write your supporting statement. The job description and person specification will give you some guidance for your statement.



Continue your supporting statement here.



REGISTRATION

Do you hold Qualified Teacher Status?	Yes		No	
If 'yes' please give the date of the award.				
QTS certificate number (if available)				
Have you successfully completed a period of induction as a qualified teacher in this country?	Yes		No	
Are you subject to any conditions or prohibitions placed on you by the NCTL?	Yes		No	
If 'yes', please give full details.				
Are you related to, or well known to a Member, Governor/Director or senior employee of the Academy Trust?	Yes		No	
If 'yes', please provide name.				
All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a Member, Governor/Director or employee of the Academy Trust to use their influence to help you get a job.				

DATA PROTECTION LEGISLATION

The information you have provided will be held in compliance with the Data Protection Act 1998.

If you have previous teacher service or other service that counts as continuous service, the Academy Trust will seek confirmation from your previous employer for continuous service purposes, in the event of you being offered a post. The Academy Trust will also seek details of the number of days sickness absence in the last 12 months, for the purpose of administering the School Teachers' Sick Pay scheme. You are deemed to have given your consent by signing this application form.

CERTIFICATION OF INFORMATION

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure and Barring Service checks.

Signature:	Date:
------------	-------

Please type your name if completing electronically

Please return your completed application to:

By email: office@stmichaelsprimary.bournemouth.sch.uk

By post: St Michael's Church of England Primary School
Somerville Road
Bournemouth
BH2 5LH

Thank you for your application



Continuation sheet

A large, empty rectangular box with a thin black border, intended for writing or drawing. It occupies the majority of the page below the header.



Continuation sheet