

CONFIDENTIAL



Application for Teaching Appointment

(including Vice-Principal/Deputy Head Teacher)

Leicester City Council - Maintained Schools

The information provided on this form will be processed in accordance with the Data Protection Act 1998

Please return your completed application directly to the school/college

If you require this application form in a different format, please contact the school/college

Please read the enclosed guidance notes before completing your application

Please complete the form in BLACK ink or electronically

1. Vacancy Details

School / College Name	
Post Title	
Vacancy Number	
Closing Date	(DD/MM/YY)

Media Source

Where did you see / hear about this post	
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For Office Use Only

To be completed prior to removal of personal information and before submitting for short listing

Candidate ID Number	
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Leicester City Council is an Equal Opportunities Employer

2. Personal Information

Personal details which may identify protected characteristics under the Equalities Act 2010 i.e. age/gender/race, are contained in a detachable section at the end of the application. Only personal details required for processing your application are contained in this section.

Eligibility to work in the UK

Do you have permission to work in the UK?

Y N

National Insurance Number

Unique Teacher Numbers

Teacher Reference No.

Qualified Teacher Status (QTS)

Do you have QTS?

Y N

If YES, date obtained

(DD/MM/YY)

If obtained after 7/5/99, have you completed the statutory induction period?

Y N

If NO, please state:

a) how long left to complete
and

b) contact name where part completed

a)
and
b)

National Professional Qualification for Headship (NPQH)

Do you hold NPQH?

Y N

If YES, date obtained

(DD/MM/YY)

If partially complete, please state how long left to complete

Driving Licence

You are only required to complete this section if a driving licence is an essential requirement for the post

Do you hold a full UK driving licence?

Y N

Job Share

Are you applying for this post as a job share?

Y N

Please continue to the Employment History section on the following page

3. Employment History

Please give details of your current employer, or last employer if you are not currently employed.

School / College or Employer Name	
Address	
Postcode	
Telephone	

Job Title		
Date appointed	(DD/MM/YY)	
Responsible to	Name	
	Position	

Salary £	Point	Full / Part Time		
MPS <input type="checkbox"/>	UPS <input type="checkbox"/>	UNQ <input type="checkbox"/>	AST <input type="checkbox"/>	ET <input type="checkbox"/>
Leadership <input type="checkbox"/>	Points Range	to	Other Grade <input type="checkbox"/>	(please specify)
Allowances £	TLR <input type="checkbox"/>	Retention <input type="checkbox"/>	Other <input type="checkbox"/>	(please specify)

a) Notice required or b) Date left	a) or b) (DD/MM/YY)
a) Reason for seeking alternative employment or b) Reason for Leaving	a) or b)

Brief description of duties and responsibilities	
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For school/college based posts, please also complete the following

Local Authority		
School Type (i.e. Community, VA, Trust, Free School, Academy)	Age Range	
Group Size	NOR (approx.)	
Key Stage	Subject	

Please give details here of all previous periods of employment starting with the most recent.

Employer <i>(Please state LA and School/College or other employer as applicable)</i>	NOR and Group Size <i>(if applicable)</i>	Post Title	Area of responsibility <i>(if applicable)</i>	Grade /Scale and Salary	Full or Part Time	Dates (DD/MM/YY)		Reason for Leaving
						From	To	

Please continue on a separate sheet if necessary, and attach securely to the back of the application

Gaps in Employment History

Please detail any gaps in your employment history, starting with the most recent

Dates (DD/MM/YY)		Reason
From	To	

Please continue on a separate sheet if necessary, and attach securely to the back of the application

Other Relevant Experience

Please tell us about any relevant unpaid work or voluntary experience

Organisation	Role / Experience	Dates (DD/MM/YY)	
		From	To

Please continue on a separate sheet if necessary, and attach securely to the back of the application

4. Education

a) Secondary / Higher

School / College (Please give address)	Dates (DD/MM/YY)		Full or Part Time
	From	To	

Examinations Passed	Date Awarded (DD/MM/YY)	Subjects	Grades
GCE 'O' level / GCSE or equivalent (inc. NVQ Level 2)			
GCSE 'A' level or equivalent (inc. NVQ Level 3)			
Other (please specify examinations passed)			

Please continue on a separate sheet if necessary, and attach securely to the back of the application

(b) University / College / Professional qualifications

Including in-service courses leading to recognised qualifications (e.g. NPQH)

College / University / Institute	From (DD/MM/YY)	To (DD/MM/YY)	Qualifications obtained	Classification	Date Awarded (DD/MM/YY)

Please continue on a separate sheet if necessary, and attach securely to the back of the application

5. Membership of Professional Bodies/Institutions

You are only required to complete this section if a qualification and/or membership of a professional or technical body is an **essential/desirable** requirement on the Person Specification (comparable overseas qualifications should be included)

Institution / Association	Class of membership	Year of election

Please continue on a separate sheet if necessary, and attach securely to the back of the application

6. Continuing Professional Development

In-Service Courses attending during the past three years, including details of course/activities towards which you have contributed

Activity	Organising Body	Outcome	Duration

Please continue on a separate sheet if necessary, and attach securely to the back of the application

Other relevant interests and abilities

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7. Supporting Evidence

Please provide details of how you meet the criteria detailed in the person specification for this role. You should give as much relevant evidence in support of each criteria.

Please do not complete this section.

Please provide no more than 2 sides of a4 (font 12) outlining how you meet the person specification for this role under the following headings:

Experience

Ability, Skills and Knowledge

Personal Qualities

Please continue on a separate sheet if necessary, and attach securely to the back of the application

8. Referees

Please provide the name of two referees; one referee should be your current or most recent employer. Where you are not currently working with children, but have done so in the past, one referee must be from the employer by whom you were most recently employed in work with children. References will not be accepted from relatives or from people writing solely in the capacity of friends. As part of our commitment to safeguarding children and safer recruitment, references will be requested for short-listed candidates prior to interview.

Reference 1

Name	
Position	
Relationship to you	
Organisation	
Address	
Postcode	
Telephone	
Fax	
Email	

Reference 2

Name	
Position	
Relationship to you	
Organisation	
Address	
Postcode	
Telephone	
Fax	
Email	

9. Verification Information

Answering YES to the following questions will not necessarily prevent you from being considered for the post

Relationships

Are you related to, or have a close relationship with any Member of the City Mayor Team, Committee Member or Employee of the City Council or Employee or Governor of the school/college?

Y N

If YES please give brief details

Disciplinary

We may discuss the reasons for this with you and your current or previous employer should you be called for interview.

1. For reasons other than health, have you been the subject of a formal disciplinary sanction in your current employment?

Y N

2. For reasons other than health, are you in the process of on-going disciplinary proceedings in your current employment?

Y N

3. For reasons other than health, have you been the subject of a formal disciplinary sanction in any previous employment?

Y N

Criminal Records and Sanctions

The Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 does not allow employees with access to children and young people under the age of 18 years the right to withhold information regarding previous criminal convictions, as well as cautions, warnings, reprimands and bind-overs, for any offence (not just those involving children e.g. motoring convictions) which for other purposes are 'spent' under the provisions of the Act. You should disclose in this section any previous convictions, cautions, warnings, reprimands and bind-overs. Failure to do so could result in dismissal.

1. Do you have any criminal convictions, cautions, warnings, reprimands or bind-overs?

Y N

2. Are you on the Independent Safeguarding Authorities (ISA) Barred List of individuals considered to be unsuitable for working with Children?

Y N

3. Are you on the Independent Safeguarding Authorities (ISA) Barred List of individuals considered to be unsuitable for working with Vulnerable Adults?

Y N

4. Are you subject to sanctions imposed by the General Teaching Council (GTC)?

Y N

5. Are you aware of any Police Investigation of which you are the subject?

Y N

If you have answered **YES** to any of the above questions, please give details of offences, penalties, dates and country in which they occurred, or of allegations made against you. Please put this information in a sealed envelope marked 'Confidential' with your name and the post number you have applied for, and attach this to your completed application form. If you are emailing your application form to us, please attach this information as a separate document.

Any information given, either when returning this application form or at interview will be entirely confidential and will be considered only in relation to this application.

11. Declaration

By submitting this form either by post, online or as an email attachment, you are confirming the following:

I declare that all information submitted in this application form is true, and that I have not deliberately withheld any relevant information. I understand that deliberate falsification or failure to disclose relevant information may lead to my application being rejected, any offer being withdrawn or employment being terminated without notice.

I confirm that I have provided my complete employment history.

I confirm that I have not canvassed any Member of the City Mayor Team, Committee Member or Employee of the City Council or Employee or Governor of the school/college either directly or indirectly, in connection with this application and will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose my relationship with any Member of the City Mayor Team, Committee Member or Employee of the City Council or Employee or Governor of the school/college may also disqualify me and that if such failure is discovered after appointment I will be liable to dismissal without notice.

I confirm that I have read and understood the information relating to the Rehabilitation of Offenders Act, and understand that failure to disclose any information in this section may disqualify me as a candidate, and where such failure is discovered after appointment I may be liable to dismissal without notice.

I understand that it would be a criminal offence for me to apply for a post that involves working with children, young people and/or vulnerable adults if my name is included on the Independent Safeguarding Authority's List of those barred from working with such groups.

I understand that this post is subject to satisfactory Disclosure and Barring Service and Occupational Health clearances, and acceptance of any offer is deemed as acceptance to undertake an Enhanced DBS disclosure check and Health Assessment. I understand that if such clearances are unsatisfactory this may result in dismissal without notice.

I understand that references will be obtained prior to interview, and consent to any information provided in this application being verified with previous employers and/or education establishments.

I give consent for the information provided on this form and in connection with my application to be held on computer and/or other relevant filing systems and be processed and verified in accordance with the Data Protection Act 1998. I understand that if successful this information will become part of my personal record and if unsuccessful the information will be held confidentially and destroyed 12 months from the closing date, in accordance with the Data Protection Act 1998.

Signed	
Print Name	
Date	(DD/MM/YY)

PERSONAL DETAILS SECTION

**THIS SECTION WILL BE REMOVED BEFORE THE START OF THE SELECTION PROCESS
AND REATTACHED FOLLOWING THE SHORT LISTING STAGE**

PLEASE DO NOT DETACH FROM YOUR APPLICATION FORM

PLEASE COMPLETE THE DETAILS ON THE REVERSE OF THIS PAGE

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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To be completed prior to removal of personal information and before submitting to the recruitment panel

Candidate ID Number	
Post Title	
Vacancy Number	

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Personal Details

Please ensure you complete this section in full

Title Mr / Mrs / Ms / Miss / Other (Please state)	
Forename(s)	
Surname	
Any Previous Name(s) including maiden name if applicable	
Postal Address	
Postcode	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email	
Date of Birth	(DD/MM/YYYY)
Nationality	

Please continue to the equality monitoring section

For Office Use Only - For completion after appointment made

Short listed <input type="checkbox"/>	Not Short listed <input type="checkbox"/>
Appointed <input type="checkbox"/>	Not Appointed <input type="checkbox"/>

EQUALITY MONITORING SECTION

**THIS SECTION WILL BE REMOVED BEFORE THE START OF THE SELECTION PROCESS
AND WILL NOT BE MADE AVAILABLE TO THE RECRUITMENT PANEL
AT ANY STAGE OF THE RECRUITMENT PROCESS**

PLEASE DO NOT DETACH FROM YOUR APPLICATION FORM

PLEASE COMPLETE THE DETAILS ON THE REVERSE OF THIS PAGE

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To be completed prior to removal of personal information and before submitting to the recruitment panel

Candidate ID Number	
Post Title	
Vacancy Number	

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Equality Monitoring

In order to help the Council monitor the effectiveness of the Equal Opportunities Policy you are asked to complete this information, however, completion of this is voluntary.

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>
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Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (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.

Do you consider yourself to have a disability, or a long term illness, physical or mental health condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>
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Ethnic Origin

White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	European <input type="checkbox"/>	Other <input type="checkbox"/>	
Black	British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Somali <input type="checkbox"/>	Other <input type="checkbox"/>
Asian	British <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>
Mixed	White / Black Caribbean <input type="checkbox"/>	White / Black African <input type="checkbox"/>	White/Chinese <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Other <input type="checkbox"/>
Chinese	British <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>		
Gypsy, Romany, Irish Traveller	Please specify				
Other Ethnic Group	Please specify				
Prefer Not to Say	<input type="checkbox"/>				

Religion and Belief how would you describe your religion or belief?

Atheist <input type="checkbox"/>	Bahai <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jain <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other (please specify)	None <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>

Sexual Orientation how would you describe yourself?

Bi-sexual <input type="checkbox"/>	Gay woman <input type="checkbox"/>	Gay man <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Other (please specify)	Prefer Not to Say <input type="checkbox"/>
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Signed	
Print Name	
Date	(DD/MM/YY)