

Application for Employment



Interview Conducted By:
Date:

All information provided will be treated in confidence and will not be passed to any third parties. All details must be completed as required by law in the UK.

| YOUR PERSONAL DETAILS | | | | |
|--|----------|---------------|---------------------------------|----------|
| Title: | MR | MRS | MISS | MS |
| Surname: | | | DOB: | |
| Forenames | | | Maiden Name | |
| Address: | | | | |
| Town | County | | Postcode | |
| Telephone | Home: | | Work: | |
| Mobile | | | | |
| E mail | 1 | | 2 | |
| Nationality | | | NI Number | |
| Full Driving Licence | YES / NO | Own Transport | | YES / NO |
| Distance willing to travel | | | | |
| Current CRB Issue Date | | | Date justteachers CRB Completed | |
| CONTACT IN CASE OF EMERGENCY | | | | |
| Name | | | | |
| Address | | | | |
| Telephone | | | | |
| Mobile/Other | | | | |
| Relationship | | | | |
| YOUR QUALIFIED TEACHER STATUS | | | | |
| Qualifications Obtained | | | | |
| Date Obtained | | | | |
| Teacher Training Institution | | | | |
| Date Induction Completed | | | | |
| Student Placement Schools | | | | |
| School(s) where Induction completed | | | | |
| Subject Key Stage Specialism | | | | |
| Subsidary Subject(s) | | | | |
| DfES Number | | | Registered with GTC: YES / NO | |
| YOUR PROFESSIONAL DETAILS | | | | |
| <p>PROFILE STATEMENT - Please give a brief overview of your work experience that includes the age ranges that you have worked with, SEN experience, your strengths in the classroom and the type of role you are looking for. What makes you a good teacher and how would you make a positive contribution to the school?</p> | | | | |
| | | | | |

| AGE RANGE - Please indicate in order of preference the age range (s) you are prepared to teach | | | | |
|--|--|--------------------------|---|--------------------|
| NURSERY / RECEPTION | KEY STAGE ONE - (Y1 Y2) | | | |
| KEY STAGE TWO - (Y3 Y4 Y5 Y6) | KEY STAGE THREE (Y7 Y8 Y9) | | | |
| KEY STAGE FOUR (Y10 Y11) | A LEVEL (Y16 PLUS) | | | |
| SUBJECTS - Please indicate which subjects you are prepared to teach | | | | |
| 1. | 2. | | | |
| 3. | 4. | | | |
| 5. | 6. | | | |
| SEN - EBD,MLD,SLD,ASD | | | | |
| General Cover - YES / NO | | | | |
| YOUR AVAILABILITY | | | | |
| FULL TIME FROM | TO | | | |
| MINIMUM PAY RATE AGREED: | | | | |
| AREAS LOOKING FOR WORK | | | | |
| EDUCATIONAL QUALIFICATIONS - Please list in chronological order | | | | |
| School/ College/ University | Qualification | Grade/Result | Period of study | |
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| YOUR TRAINING | | | | |
| Courses attended (e.g. Numeracy/ Literacy/ First Aid/ Behaviour management) | Location | Date Attended / Duration | Qualification/Certificate of Attendance | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| YOUR EMPLOYMENT HISTORY - please list chronologically providing a complete employment history since school and explain any breaks in employment | | | | |
| Employers Name/Address | Position Held (Please give a brief outline of your responsibilities, Key Stages worked with, any SEN experience, type of school etc) | From | To | Reason for leaving |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever faced disciplinary action as an employee? YES/NO (If yes, please provide details below)

Have you ever been dismissed or suspended from employment? YES/NO (If yes, please provide details below)

YOUR REFERENCES

It is our policy to take up references. Give the names and addresses of two referees from work undertaken within the last 2 years, one of which should be your most recent employer. If you are known to your referee by a former name please supply the name by which you were known. If you have not previously been employed, give the name of someone who knows you well. Please do not give the name of a relative as a referee.

| | Referee 1 | Referee |
|------------|-----------------------|-----------------------|
| | Dates From | Dates From |
| | To | To |
| Name: | _____ | _____ |
| Position/ | _____ | _____ |
| Title: | _____ | _____ |
| Address: | _____ | _____ |
| | _____ | _____ |
| Town: | _____ Postcode: _____ | _____ Postcode: _____ |
| County: | _____ | _____ |
| Telephone: | _____ | _____ |
| Fax: | _____ | _____ |
| E-mail: | _____ | _____ |

justteachers Medical Declaration - Private & Confidential

Doctor's Name: _____ Doctor's Telephone: _____

Doctor's Address: _____

Please answer all of the following questions. If you answer 'yes' please give details below. Please delete or circle as appropriate.

| | | |
|---|-----|----|
| Have you ever been refused employment on medical grounds? | YES | NO |
| Have you ever been medically examined for employment as a teacher? | YES | NO |
| Are you receiving medical treatment; waiting to attend hospital for treatment or investigation? | YES | NO |
| Do you have any condition that may affect your ability to teach? | YES | NO |
| Are you registered disabled? | YES | NO |
| Have you ever suffered any form of: | | |
| Tuberculosis, fits, rheumatic fever, chorea (St Vitus' dance), epilepsy, Hepatitis | YES | NO |
| Frequent dizzy spells; fainting attacks | YES | NO |
| Heart disease, circulatory problems, high blood pressure | YES | NO |
| Addiction to alcohol or drugs | YES | NO |
| Nervous/mental/psychiatric illness, any other serious illness | YES | NO |
| Any period of sickness/operation during the last two years | YES | NO |

Are you taking any prescription medication which will or may affect your working capacity? YES NO
If so please give details:

Additional Information:

Declaration:

I declare that the information set out in this application form is, to the best of my knowledge, true in all respects. I understand that by giving false information or omitting to give information, I may be removed from placement and this may result in further legal investigation. I have read and understood justteachers Limited Terms of Engagement and teacher booklet.

I understand that I will be classified as having substantial access to children and will be the subject of an 'enhanced criminal record disclosure'. Prior to appointment I am required to disclose any conviction, caution or binding over including 'spent convictions' under the Rehabilitation of Offenders Act 1974.

SIGNED: _____ Date _____