

# membership form

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*'justteachers is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.'*

## your personal details

Title:	Mr   Mrs   Miss   Ms      please circle as appropriate	
Surname:		
Forenames:		
Maiden Name:		
Date of Birth:		
Address:		
Town:	County:	Postcode:
Telephone:	Home:	Work:
Mobile:		
E-mail:		
Nationality:		
NI Number:		
Tax Form enclosed:	P45   P46   P38      please circle as appropriate	
Next of Kin:		
Relationship:		
Telephone:	Home:	Work:
Full Driving Licence:	YES   NO      please circle as appropriate	
Own Transport:	YES   NO      please circle as appropriate	
Distance willing to travel:		

## bank details

Name of Bank or Building Society:	
Address:	
Name of Account Holder:	
Account No:	
Sort Code:	

## 'umbrella company'

Name of Umbrella Organisation:	
Certificate of Incorporation Company No:	
Certificate of registration for VAT Registration No:	
PAYE Reference No:	

## 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:	
Subsidiary Subject(s):	
TRN (formerly DfES) Number:	
Registered with GTC:	YES   NO      please circle as appropriate

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## 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?

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**AGE RANGE** – Please indicate in order of preference the age range (s) you are prepared to teach, 1-6: 1= most preferred, 6= least preferred

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      please circle as appropriate	

## YOUR AVAILABILITY

Full Time:	From:	To:
Part 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

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## 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 please circle as appropriate (If yes, please provide details below)

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

## your references

Please supply the names and addresses of two referees from work undertaken in the last 2 years, one of which should be your current or recent employer. Please do not give the name of a relative or people writing solely in the capacity of friends as a referee. References will be asked about disciplinary offences relating to children, including any for which the penalty is time expired and whether you have been the subject of any child protection concerns.

	Referee 1	Referee 2
Name:		
Dates:	From: To:	From: To:
Position / Title:		
Address:		
Town:		
County:		
Postcode:		
Telephone:		
Fax:		
Email:		

**CRIMINAL CONVICTIONS**

All teaching posts are exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions, bind-overs, pending prosecutions including those considered 'spent', must be declared prior to appointment. Declarations should be made on a separate sheet detailing the nature of the proceedings undertaken, the offence, the authority and country that dealt with the offence and returned in a separate envelope marked 'Private and Confidential'.

The disclosure of a criminal record, or other information, will not necessarily debar you from appointment. Information provided will only be taken into account where the offence is relevant to the post for which you are applying. Failure to declare a conviction, no matter how minor, may require us to exclude you from our register if the offence is not declared but later comes to light.

I understand that I will be classified as having substantial access to children and will be the subject of an Enhanced Disclosure from the Criminal Records Bureau. If you currently hold an original Enhanced Disclosure from the Criminal Records Bureau (CRB) issued within the last 12 months, please bring this to your interview. By signing this form you are providing consent for justteachers to apply for Portability with the Registered Body who has undertaken this Disclosure check.

If you do not hold a valid Enhanced Disclosure, justteachers will apply for an Enhanced Disclosure on your behalf prior to placement. You are required to inform us if you have been or are the subject of any kind of investigation or prosecution by the police after this check has taken place.

I confirm that I am not on the ISA barred lists, disqualified from working with children, or subject to sanctions imposed by a regulatory body e.g. the General Teaching Council (GTC) in the UK or another country.

SIGNED: ..... DATE: .....

**Additional Information:**

Where did you hear about justteachers?

Recommend a teacher and earn £50, simply supply their name and contact details here: .....  
.....  
.....

**Declaration:**

I understand and agree to justteachers obtaining verification of the information provided as part of my registration and agree for the details contained within this application form to be shared with schools within the remit of obtaining placement. I will inform justteachers immediately if there are any changes to the details contained within this application form.

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.

SIGNED: ..... DATE: .....

## medical declaration - private and confidential

Doctor's Name:	
Doctor's Address:	
Have you ever been refused employment on medical grounds?	YES   NO    please circle as appropriate (If yes, please provide details below)
Have you ever been medically examined for employment as a teacher?	YES   NO    please circle as appropriate (If yes, please provide details below)
Are you receiving medical treatment; waiting to attend hospital for treatment or investigation?	YES   NO    please circle as appropriate (If yes, please provide details below)
Do you have any condition that may affect your ability to teach?	YES   NO    please circle as appropriate (If yes, please provide details below)
Are you registered disabled?	YES   NO    please circle as appropriate (If yes, please provide details below)
Have you ever suffered any form of: Tuberculosis, fits, rheumatic fever, chorea (St Vitus' dance), epilepsy, Hepatitis	YES   NO    please circle as appropriate (If yes, please provide details below)
Frequent dizzy spells; fainting attacks	YES   NO    please circle as appropriate (If yes, please provide details below)
Heart disease, circulatory problems, high blood pressure	YES   NO    please circle as appropriate (If yes, please provide details below)
Addiction to alcohol or drugs	YES   NO    please circle as appropriate (If yes, please provide details below)
Nervous/mental/psychiatric illness, any other serious illness	YES   NO    please circle as appropriate (If yes, please provide details below)
Any period of sickness/operation during the last two years	YES   NO    please circle as appropriate (If yes, please provide details below)
Are you taking any prescription medication which will or may affect your working capacity? If so please give details:	YES   NO    please circle as appropriate (If yes, please provide details below)



# SEN questionnaire

justteachers

Name:.....

Subject: Secondary | Primary | Nursery please circle as appropriate

Have you written IEP's? YES | NO please circle as appropriate

Have you written Annual Reviews? YES | NO please circle as appropriate

Type of Special Need	Please tick Interested	Experienced	Age of Pupils/Type of School	Length of Experience
Hearing Impairment				
Partial   Profound				
Language and Communication				
Speech Impairment				
Language Difficulties				
Can you sign? And to what level				
English as an Additional Language				
Reading Recovery				
Visual Impairment				
Blindness				
Emotional Behavioural Difficulties				
Psychological problems				
Adverse Social Problems				
General Special Educational Needs				
Dyslexia   Dyscalculia				
Dyspraxia				
Gifted Children				
Chronic Illness				
Learning Difficulties				
MLD				
SLD				
PMLD				
Down's Syndrome				
Cerebral Palsy				
Autistic Spectrum Disorder				
Physical Impairment				
Numeracy   Literacy Problems				

## work experience

(ie. playgroup, workshops, summer camps) Please give details below of length of experience, types of disability and age groups: