**TEACHING POST APPLICATION FORM**

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPE FOR EASE OF COPYING

NEWHAM SCHOOLS
HR SERVICE

EASTLEA COMMUNITY SCHOOL, A Technology College

Exning Road, Canning Town,

London E16 4ND.

Tel: 020 7540 0400

Fax: 020 7540 0410

Email: info@eastlea.newham.sch.uk

Application for the post of       at       School / Service. Job reference

Do you wish to job-share?

If you do wish to job-share and have a partner, please give that persons name

**1. PERSONAL DETAILS BLOCK CAPITALS PLEASE**

Surname       Other Names

Previous Name(s)

 (required for verification of qualification, etc., which may not be in your name)

Teacher Reference No       National Insurance No

Registered with GTCE

Address in Full

Address for Correspondence (if different)

Telephone No. (Home)       (Work)       Mobile

Email

**2. SECONDARY EDUCATION**

|  |  |  |
| --- | --- | --- |
| Name and Address of School | DatesFrom To | Qualifications gained e.g.‘O’, ‘A’ G C S E with grades |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**3. FURTHER/HIGHER EDUCATION (Including current study)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of University/College/Polytechnic | DatesFrom To | Full-Time orPart-Time | Subjects studied(indicate main/subsidiary) | Qualifications(with dates and class) |
|        |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Date of recognition by GTCE as a qualified teacher for teaching in the U.K.      Date completed induction if applicable       Age range qualified to teach      Age range which you would prefer to teach       |

**4. TEACHING SERVICE**

|  |
| --- |
| State service in any recognised school/college including any promotions in the same school / college. Applicants for first teaching appointments should list their teaching practices under (b)(a) PRESENT TEACHING POST (If applicable). Please state whether service was with an Agency |
| Name of School / College and Education Authority (full address) | Boys/Girls/MixedNumber on roll, age range | Title of Post and anyTLRs | DatesFrom / To | Total length ofservice in this PostYears / Months |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| (b) PREVIOUS TEACHING EXPERIENCE (most recent first) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**5. RELEVANT PROFESSIONAL DEVELOPMENT** and other courses attended during the past 3 years relevant to this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | From | To | Full-TimePart-TimeDay or Evening | Where held |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**6. NON -TEACHING SERVICE** - (if applicable, most recent first)

|  |  |  |  |
| --- | --- | --- | --- |
| Employerʼs Nameand Address | Post held(state if Full-Timeor Part-Time) | Duties Involved | From To |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**7.** WHAT IS THE EARLIEST DATE YOU COULD COMMENCE YOUR DUTIES IF APPOINTED?

**8. REFEREES:**

|  |
| --- |
| Please state the names, status and addresses of two persons to whom reference may be made,one of whom must be your present Employer, or your present Head Teacher/Principal (or Principal of your college or Head of teaching practice school if first appointment). |
| Name and email address      Job Title (if applicable)      Postal Address (in full)      Tel No. (including Code)       | Name and email address      Job Title (if applicable)      Postal Address (in full)      Tel No. (including Code)       |

9. (a) Have you been accepted under the Teachers’ Superannuation Act?

(b) Have you elected to “opt out” of the superannuation contribution under the Teachersʼ Superannuation Act . If yes, have you elected to pay part-time payments?

(c) Are you in receipt of Pension from the Teachers’ Superannuation Regulations?

if Yes, please specify

10. Please complete a statement outlining how your experience, skills and training gained both inside and outside paid work or through study meet the selection criteria for the post. Please make full use of this section as shortlisting is conducted on the basis of the application form and statement only. A Curriculum Vitae is NOT acceptable.

|  |
| --- |
|       |

**11. Interview and Assessment Arrangements**

Availability - Please give details of dates on which you will not be available for interview. (if these clash with the interview date we will try to rearrange, but cannot guarantee to do this).

|  |
| --- |
|       |

**Facilities for Disabled Applicants**

Please indicate if you would like us to provide you with the following to ensure that you are treated fairly in the selection procedure.

Information on tape, braille and large print Induction loop system

Sign language interpreting Wheelchair/scooter-user access

Other (please specify)

We aim to interview candidates in a wheelchair/scooter user accessible venue. The Council endeavours to ensure that everyone is treated fairly in the selection process.

**12 ASYLUM AND IMMIGRATION ACT**

Before you commence working you **MUST** provide evidence to demonstrate your right to be in or work in the United Kingdom. If you are appointed to a post in the Authority you will receive further guidance.

Have you the right to work in the United Kingdom?

Is this subject to a Work Permit/Visa/Worker Registration Scheme?

(If yes please provide evidence)

**13. REHABILITATION OF OFFENDERS ACT** - Please read carefully

a) Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders (Exceptions) (Amendments) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the Provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will be considered only in relation to any application for positions to which the Order applies. You are asked to note that a check will be carried out in Police records for details of any criminal offence.

b) Have you ever received a conviction, caution or been bound-over?

c) Are you either on List 99, ever been disqualified from working with children or been subject to any sanctions imposed by a regulatory body (e.g General teaching Council)?

**Are you related to any Councillor, Employee, Head Teacher or School Governor of Newham Council?**

(If yes, please give date(s), Department(s) and Position(s) held:

**If you have answered yes to either of the above questions, please provide details on a separate sheet in an envelope marked CONFIDENTIAL**

**13. DECLARATION**

I hereby declare that, to the best of my belief, all the information in this application form is correct.

|  |  |
| --- | --- |
| Signature       | Date       |

**NOTE** - Should any of the particulars furnished in answer to any questions in this form be found to be false within the knowledge of the candidate or should there be any wilful omission or suppression of any material fact, the candidate will, if appointed, be liable to be dismissed. Applicants for employment by the London Borough of Newham may not in any case or in any circumstances canvass Members of the Council or Senior Officers (including Head and Deputy Head Teachers), or members of the relevant Governing Body. To canvass any such indivuals or to obtain from her/him a letter of introduction or recommendation to any officer of the Borough

will disqualify an applicant.

**Equalities and Diversity Monitoring Information**

The London Borough of Newham recognises that everyone in Newham has a right to play a full part in the life of the borough.This means that everyone should have equal access to council services, job opportunities and to having their voices heard.

It is the council’s position that everyone should be treated fairly, without discrimination and with respect of their human rights, regardless of their gender, race, age, disability, sexual orientation, HIV status, religion, natural or social origin or class. The information requested on this form will help us to monitor the Council’ effectiveness in achieving equality for all and valuing diversity.

**The information you give on this form will be treated in the strictest confidence and retained and processed in accordance with the provision of the Data Protection Act. The information will be used for statistical purposes only and is not part of the selection process. This page will be separated from your application prior to shortlisting.**

**1. Where did you see the post advertised/hear about this vacancy?**

**(**Please give the name of newspaper/journal, website etc).

**2. Gender:**

**3. Age:       Date of Birth:**

**4. Do you consider yourself disabled?**

(The Disability Discrimination Act says that this would be “a substantial or long term physical or mental impairment or health issue which could adversely affect your ability to carry on normal day to day activity”)

If yes, please state the nature of your disability:

|  |
| --- |
|       |

**5. Sexual Orientation:**

Which classification best describes your sexual orientation?

**6. Ethnic Origin:**

Please indicate your ethnic origin from the list below which is based on the official 2001 census categories.

THANK YOU FOR YOUR CO-OPERATION.

PLEASE RETURN THE **COMPLETE FORM** TO THE ADDRESS ON THE FRONT PAGE