# **Rutlish School**



## Confidential

## TEACHING POSITION APPLICATION

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| **APPLICANT DETAILS** | |
| **Post Applied for:** |  |
| **On which website did you see this role advertised?** | Rutlish Website  TES  eTeach  GOV.UK  Other |

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| **PERSONAL DETAILS** | | | |
| **Surname:** |  | **Title:** |  |
| **Forename:** |  | | |
| **Preferred name:** |  | **Previous names:**  ie maiden name |  |
| **Address including postcode:** |  | | |
| **Daytime phone:** |  | **Mobile:** |  |
| **E-mail:** |  | | |
| **National Insurance Number:** |  | **Do you hold Qualified Teacher Status (QTS)?** |  |
| **DfE/Teacher Registration Number:** |  | **Are you an Early Career Teacher (ECT)?** |  |

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| EDUCATION, QUALIFICATIONS AND TRAINING |

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| **Secondary School / College** | **Dates – from / to** | | **Full or**  **Part time** | **Qualifications attained / Subject** | **Grade**  **Attained** | **Year taken** |
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| **Higher Education Institutes** | **Dates – from / to** | | **Full or**  **Part time** | **Qualifications attained / Subject** | **Grade**  **Attained** | **Year taken** |
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| **In-Service Education, Courses and Training (over last 3 years) – if necessary add more rows** | | | |
| **Dates and Duration** | **Title of Course / Training** | **Name of Provider**  **(eg LA, College)** | **Qualification (if any)** |
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| **ELIGIBILITY TO WORK IN THE UK** | |
| **Are you eligible to work in the UK?** | Yes No |

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| **FOR NON-UK APPLICANTS ONLY** | |
| **Do you require sponsorship certificate?** | Yes No |

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| **TEACHING EXPERIENCE – Current place of work** | | | | |
| **Local Authority** | **School / Place of Work** | **Post** | **Period of service**  **from / to** | **Reason for Leaving** |
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| **CURRENT SALARY DETAILS** | | |
| **Grade/Scale** | **Spine Point** | **Allowances** |
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| **TEACHING EXPERIENCE – Other teaching posts** | | | |
| **Details of all other paid or unpaid, employment or experience. It is important that you include periods of break in employment since leaving school. Please give details of these periods and your activities during these times, these might include: career breaks to raise a family, travel, voluntary work, training, long periods of sickness, unemployment detailing which office you may have received benefits from, and if you have been self employed you will need to provide proof.** | | | |
| **Local Authority** | **School / Place of Work** | **Post** | **Period of service**  **from / to** |
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| **OTHER WORK EXPERIENCES (including career breaks)** | | | |
| **Details of all other paid or unpaid, employment or experience. It is important that you include periods of break in employment since leaving school. Please give details of these periods and your activities during these times, these might include: career breaks to raise a family, travel, voluntary work, training, long periods of sickness, unemployment detailing which office you may have received benefits from, and if you have been self employed you will need to provide proof.** | | | |
| **Local Authority** | **School / Place of Work** | **Post** | **Period of service**  **from / to** |
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| **SUPPORTING STATEMENT** |
| **Please concisely explain how your ability, skills and knowledge match those required for the appointment. Please consider all your experience whether paid or unpaid. Give examples (where possible) in support of your application.**  ***NB. The box will expand as you type in your statement*** |
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| **PROTECTION OF CHILDREN (Rehabilitation of Offenders Act 1974)** | | | |
| **We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment. All our posts are subject to a satisfactory Disclosure and Barring Service (DBS) check.**  **The job for which you are applying has substantial opportunity for access to children. Your employment is therefore exempt from the Rehabilitation of Offenders Act 1974. You will be required to complete a Disclosure and Barring Service (DBS) check. You must therefore give details of any convictions or pending prosecutions you have, even if they would otherwise be regarded as ‘spent’ under this Act.** | | | |
| **Have you been convicted of a criminal offence other than a road traffic offence not involving injury to a third party, or a sentence of imprisonment? Yes**  **No**  **If yes, please provide details below:** | | | |
| **Date** |  | **Offence** |  | |
| **Sentence** |  | | | |
| **Please note: All information we receive will be treated as confidential** | | | | |

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| **APPLICANTS FROM OUTSIDE THE UK** |
| **Applicants from outside the UK need to provide an overseas criminal records check and/or, a certificate of good conduct from their home country.**  **I can provide this information Yes**  **No** |

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| **REFEREES** | | | |
| **We reserve the right to go to any past employer for a reference and will always seek references to cover a full five-year history; these could include time spent in education. Your first referee must be your current or last employer if you have one. Relatives will not be accepted as a referee. If offered the position, in addition to information on ability and performance, we will be seeking information on recent sickness.** | | | |
| **Name** |  | **Name** |  | |
| **Name of Organisation** |  | **Name of**  **Organisation** |  | |
| **Position Held** |  | **Position Held** |  | |
| **Address** |  | **Address** |  | |
| **Email** |  | **Email** |  | |
| **Tel no** |  | **Tel no** |  | |

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| **GENERAL INFORMATION** | |
| **When would you be free to commence duty?** |  | |

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| **DISCLOSURE OF RELATIONSHIP** |
| **Are you related to, or have a close personal relationship with any Merton Councillor, Council Officer or School Governor?** |
| **Yes  No  If yes, state the name, relationship and position held** |

**I declare that the information given on this form is correct to the best of my knowledge and belief and I understand that any false statements on this form will justify dismissal from the Council's service. I hereby give my permission for a DBS check to be carried out.**

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| **Name** |  | **Date** |  |

**By providing my name or email address, I confirm that I have read, understood and agreed to the above**

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| **Your name**  **(Forename and Surname)**  **Title** |  | **Position applied for** |  |

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| **EQUAL OPPORTUNITIES MONITORING INFORMATION** |
| **To make sure we are carrying out recruitment fairly we record the ethnicity, gender and disability of people who apply for jobs. We will treat your answers as strictly confidential and will only use the information you provide for monitoring purposes. We will use the information you provide on this form to produce anonymous statistics to help us with equal opportunities.** |

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| **Sex** | |  |  | | --- | --- | | Male |  | | Female |  | | Non-binary |  | | Prefer not to say |  | | **Date of birth** |  |

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| **How would you describe yourself (categories are based on the 2021 census)?** | |
| **A. White** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | English, Welsh, Scottish, Northern Irish or British |  |  | Irish |  | | Gypsy or Irish Traveller |  |  | Any other White background |  | |
| **B. Mixed or multiple ethnic groups** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | White and Black Caribbean |  |  | White and Black African |  |  | | White and Asian |  |  | Any other Mixed or multiple ethnic background |  |  | |
| **C. Asian or Asian British** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Indian |  |  | Pakistani |  | | Bangladeshi |  |  | Chinese |  | | Any other Asian background |  |  |  |  | |
| **D. Black or Black British, Caribbean or African** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Caribbean |  |  | African |  | | Any other Black, Black British or Caribbean background |  |  |  |  | |
| **E. Other ethnic group** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Arab |  |  | Any other ethnic group |  |  | |

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| **Do you consider yourself to be disabled?**  **(*The Disability Discrimination Act 1995 defines a disabled person as someone with “a physical or mental impairment which has a substantial and long term effect on his or her ability to carry out normal day-to-day activities”.)*** |
| **Yes  No  Prefer not to say**  **If yes, please tick one of the following:**  Hearing impairment  Speech impairment  Visual impairment  Mental health (i.e. depression, stress)  Progressive condition (i.e. cancer, HIV)  Learning difficulties  Dyslexia  Diabetes  Physical disabilities  Other – please specify |

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| **What is your faith/belief ? (categories are based on the 2021 census)** |
| None  Christian  Buddhist  Hindu  Muslim  Jewish  Sikh  Other |
| **How do you describe your sexuality ? (categories are based on the 2021 census)** |
| Bisexual  Gay man or lesbian  Heterosexual  Prefer not to say |