



Application Form for Teaching Staff

Post Title:	
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Please complete using black ink or type.

This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process. Please refer carefully to the information you have been provided for this post.

Please ensure you complete **ALL** sections of the application form. Your application will be treated in the strictest confidence.

PART 1 : PERSONAL DETAILS

Surname:	Forename:	
Salutation: Mr / Mrs / Miss / Ms	Previous Surname(s):	
Address:	Alternative address:	
Postcode:	Postcode:	
Telephone - Home:	Mobile:	
Work:	Email address:	
DfEs Number:	GTCE full registration?	Yes / No
National Insurance Number (you can obtain this information from the Department of Social Security)		

General

Health Declaration

This requirement has been removed to comply with the 2010 Equality Act. Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation or appointment.

Superannuation Scheme

Do you contribute to the Teacher's Superannuation Scheme? If you contribute to another scheme please provide details:	Yes / No
Have you elected to pay Superannuation contributions for part time teaching?	Yes / No

Disclosure of Relationship

Are you related to any elected member of the Council, a Senior Officer or the Council or a member of the School's Governing Body? (If YES, please provide details)	Yes / No
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How did you become aware of this vacancy?

Media:	Date:	Reference:
Other:		

Please indicate two people who can provide references - one of whom should be your present/most recent employer. Students should include their University/College tutor.

References will be taken up before an offer of employment is made and may be taken up prior to interview.

Name:	Name:
School/Company Name:	School/Company Name:
Position/Relationship to you:	Position/Relationship to you :
Address:	Address:
Postcode:	Postcode:
Tel. No:	Tel. No:
Email:	Email:
Other Information:	Other Information:

PART 2 : COMPETENCY

Education and Training

Original documentation of qualifications will be required prior to an appointment.

A Training as a Teacher

Name of Teacher Training Institute		
Dates	From:	To:
Qualification obtained		
Subjects - Main and Subsidiary		
Age Range / Key Stage		
Other special interests		

B University, College, etc (other than initial teacher training)

Name of Institution(s)	Date from	Date to	Full or Part Time
1	Month Year	Month Year	
2.			
Degree/Diploma/Title	Subjects	Degree class	Date of Award
1			Month Year
2			Month Year

c) Secondary Education

Name of School(s) and area	1 Secondary School:		
	2 Sixth Form School/College:		
Qualifications gained (Give subjects, grades & dates) 'O' Levels, GCSE (or equivalent)	Subject:	Grade:	Date:

A'Levels (or equivalent)	Subject:	Grade:	Date:
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In-Service Training and Development

Please give details of relevant courses and training undertaken in the last five years.

Dates and duration	Title of Course/Training incl. Home Study & Distance Learning	Name of Provider e.g. LEA, College etc.	Qualification obtained (if any)

Employment History

Please give details of all jobs held after the age of 18, including part time and unpaid work, starting with your current or most recent employer.

Current or most recent Job:

Job title:			
Employer name:			
Address:			
Postcode:			
Dates employed:	From: To: Full or Part Time: Age Range: School Type:	Grade and Salary upon leaving: TLR payment: Title for the responsibility:	
Reason for leaving:			

Previous Posts:

Job title:		
Employer name:		
Address:		
Postcode:		
Dates employed:	From: To: Full or Part Time: Age Range: School Type:	Grade and Salary upon leaving: TLR payment: Title for the responsibility:
Reason for leaving:		

Job title:		
Employer name:		
Address:		
Postcode:		
Dates employed:	From: To: Full or Part Time: Age Range: School Type:	Grade and Salary upon leaving: TLR payment: Title for the responsibility:
Reason for leaving:		

Please continue on a separate sheet if necessary.

Other Skills and Interests

Please include languages (spoken / written), computers, etc. Please provide details of any community or voluntary work experience.

Applicant Statement

In this section you are asked to outline how your knowledge, skills and experiences meet the competencies required for this post (where set out in the job description and/or person specification). Remember to consider experience in previous employment and relevant experience outside of paid work e.g. that gained at home, through the community or through leisure/college activities.

(Continue on a separate sheet if necessary)

Protection of Children

Disclosure of criminal background is required of those with substantial access to children.

You are required to give details as this post, for which you are applying, is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order of 1986. **A subsequent offer of appointment will be dependent upon the completion of a satisfactory Enhanced DBS check.**

Have you ever been convicted or cautioned of a criminal offence? (If YES, please provide details of the Offence, the Sentence and the Date)	Yes / No

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? (If YES, please provide details)	Yes / No

If you are successful in your application, would you require a work permit prior to taking up employment?	Yes / No
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Data Protection Statement

I hereby give my consent for the school to which this application relates if not a KCC controlled school to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. This information may be shared with third party organisations including, but not exclusive to, payroll providers, the DBS, the police and other third parties as defined by the Data Protection Act 2018 and related legislation. All information will be dealt with in accordance with data protection legislation.

Declaration

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.

Signature:	Date:

Please return your completed application form to: Denise Friend at Maidstone Grammar School, Barton Road, Maidstone, Kent, ME15 7BT or email dfriend@mgs.kent.sch.uk

PART 3 : EQUAL OPPORTUNITIES MONITORING
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This section of the form is CONFIDENTIAL and will be detached from your application prior to interview.

Kent County Council recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Ethnic Group (These are approved by the commission for Racial Equality)

White

British	Irish	Any other White background*
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Mixed

White & Black Caribbean	White & Black African	White & Asian	Any other Mixed background*
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Black or Black British

Caribbean	African	Any other Black background*
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Asian or Asian British

Indian	Pakistani	Bangladeshi	Any other Asian background*
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Chinese or other ethnic group

Chinese		Other Ethnic Group*
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* Please specify

Gender

Male:	Female:	Date of Birth:
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If you wish you may disclose information about yourself in this section about your:

Religion/Beliefs

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Sexual Orientation

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Disability Statement

We aim to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you are offered an interview, we have a policy of providing appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like any further assistance or advice about this application we will try to help.

Please answer the following questions:

1 Do you consider yourself to be disabled?	Yes / No
If YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?	Yes / No

The Disability Discrimination Act 1995 defines disability as ‘**a physical or mental impairment which has a substantial and long-term adverse affect on an individual’s ability to carry out normal day-to-day activities.**’

2 Is there anything you would particularly like to tell us about your disability?
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3 Do you wish us to try to arrange for any of the following to be available, if you are called for interview?

Induction loop or other hearing enhancement	✓
Sign language interpreter (please state type)	
Keyboard for written tests	
Someone with you at the interview (e.g. advocate or facilitator)	
Assistance in and out of vehicle	
Accessible car parking	
Wheelchair access	
Accessible toilet	

Other assistance (please specify)

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The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.

We reserve the right to verify the information supplied on this form.