

Application form

## **FOR ALL TEACHING POSTS AT WILMINGTON GRAMMAR SCHOOL FOR GIRLS**

*The school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment*

# CONFIDENTIAL Please complete this form in BLACK INK or TYPE

|  |  |
| --- | --- |
| POST APPLIED FOR: | SCHOOL: WILMINGTON GRAMMAR SCHOOL FOR GIRLS |

## PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SURNAME: |  | | | | | PREFERRED TITLE: | | |  | | | PREVIOUS NAMES: | | | |  | | | | |
| FIRST NAMES: | |  | | | | | | DOB: | | |  | | E-MAIL: | | |  | | | | |
| CONTACT ADDRESS: | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| TEACHER REF NO: | | |  | | NATIONAL INSURANCE NO: | | | | |  | | | | QTS OBTAINED: Yes | | |  | No |  |  |
| HOME TELEPHONE: | | |  | | | | MOBILE/WORK TEL: | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

## EDUCATION & TRAINING

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **TRAINING AS A TEACHER**   NAME OF TEACHER TRAINING INSTITUTION: | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Month / Year | | |  | | | Month / Year | | | | | QUALIFICATION  OBTAINED: | | |  | | | | | |
| FROM: |  | |  | TO: | | |  | | |  | |
| SUBJECTS, MAIN AND SUBSIDIARY: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | AGE RANGE OF STUDENTS: | | | |  |
| OTHER SPECIAL INTERESTS: | | | | |  | | | | | | | | | | | | | | | |
| 1. **UNIVERSITY, COLLEGE, OTHER INSTITUTION** (other than initial teacher training)   Give dates and state whether full-time or part-time courses | | | | | | | | | | | | | | | | | | | | |
| NAME OF INSTITUTION (S) | | | | | | | | | | |  | | Month / Year | | | |  | Month / Year | | FULL or PART time |
| 1. | | | | | | | | | | | FROM: | |  | |  | | TO: |  |  |  |
| 2. | | | | | | | | | | | FROM: | |  | |  | | TO: |  |  |  |
| COURSE: Degree / Diploma / Title | | | | | | | | SUBJECTS (Main and subsidiary) | | | | | | HONS **(with class)** OR PASS GRADE | | | | | | DATE OF AWARD |
| 1. | | | | | | | |  | | | | | |  | | | | | |  |
| 2. | | | | | | | |  | | | | | |  | | | | | |  |
| **(C) SECONDARY EDUCATION**  NAME OF INSTITUTION (give dates): | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| ACADEMIC QUALIFICATIONS **(Give Subjects, Grades and Dates)** | | | | | | | | | | | | | | | | | | | | |
| GCE ‘O’ LEVEL, GCSE (or equivalent) | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| ‘A’ level etc | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

## CAREER HISTORY

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| --- |
| Please give details of ALL full and part-time work including particulars of ALL paid and unpaid employment or experience after the age of 18, e.g. commercial experience, raising family, youth work, voluntary work. Complete the columns working backwards from present date.  Please leave NO gaps. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATES | | | | EMPLOYER, ADDRESS  SCHOOL NAME AND ADDRESS  TYPE OF BUSINESS OR ACTIVITY | AGE RANGE | APPROX. SCHOOL ROLL | SALARY SCALE  include Responsibility points | FULL-TIME  PART-TIME  state proportion | REASON FOR LEAVING |
| FROM | | TO | |
| m | y | m | y |
|  |  | Present | |  |  |  |  |  |  |
|  |  |

Continue on a separate sheet if necessary. Put your full name on additional sheets.

## IN – SERVICE TRAINING & DEVELOPMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Give details of relevant courses and training undertaken in the last five years | | | |
| DATES AND DURATION | TITLE OF COURSE / TRAINING  (incl. Home Study and Distance Learning | NAME OF PROVIDER  e.g. LEA, College etc. | QUALIFICATION OBTAINED (if any) |
|  |  |  |  |

## APPLICANT STATEMENT

|  |
| --- |
| **Pick out those aspects of your experience or skills that are RELEVANT to this post. Explain how your ability, skills and knowledge match those required for the appointment, where set out, in the personal specification. Remember to consider experience in previous employment and relevant experience outside of paid work, such as that gained at home, in the community or through voluntary/leisure/college activities, and to tell us if you have special requirements to attend for the selection process, e.g. wheelchair access. Give examples where you can in support of your application.** |
|  |

### Continue on a separate sheet if necessary. Put your full name on additional sheets.

**If you include a C.V. ensure its relevance to this appointment.**

## REFERENCES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please give the names and addresses of two referees who can be consulted regarding your professional ability for the post. One of the referees must be your present or most recent employer. If not we reserve the right to request one. Students should include their college Principal. References will be taken up before an offer of employment is made. These may be requested before interviews. | | | | | | | |
| 1 | Name: |  | Position/role: | |  | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  | Email: |  | | Tel. No. | |  |  |
|  | | | | | | | |
| 2 | Name: |  | Position/role: | |  | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  | Email: |  | | Tel. No. | |  |  |
|  |  |  | |  | |  |  |

## PROTECTION OF CHILDREN

|  |  |  |  |
| --- | --- | --- | --- |
| DISCLOSURE OF CRIMINAL BACKGROUND OF THOSE WITH SUBSTANTIAL ACCESS TO CHILDREN IS REQUIRED **HAVE YOU EVER RECEIVED A REPRIMAND, FORMAL WARNING, BEEN PLACED ON A LIST 99, DISQUALIFIED FROM WORKING WITH CHILDREN, RECEIVED A CAUTION OR BEEN CONVICTED OF A CRIMINAL OFFENCE?** Please answer Yes or No in the box  |  |  |  | | --- | --- | --- | |  | Signed: |  |   Answering YES does not necessarily ban you from appointment. If YES, you are required to give details as this post, for which you are applying, is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 (as amended). A subsequent offer of appointment will be dependent upon the completion of a satisfactory enhanced criminal disclosure application form. |

## CRIMINAL CONVICTIONS, CAUTIONS, REPRIMANDS OR FORMAL WARNINGS

|  |  |  |
| --- | --- | --- |
| DATE | OFFENCE | SENTENCE |
|  |  |  |

## SUPERANNUATION SCHEME

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| **Do you contribute to the Teacher’s Superannuation Scheme? YES** **NO** | |  | NO | |  | |  | | | |
| **If you contribute to another scheme give details:** |  | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Have you elected to pay Superannuation contributions for part-time teaching?** | | | | **YES** | |  | | **NO** |  |  |

## DISCLOSURE OF RELATIONSHIP

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Are you related by marriage, blood or as a co-habitee to any elected Member of the School Governing Body?** | | **YES** |  |  | **NO** |  |  |
| **If YES, please state the name, relationship and position held:** |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

## DECLARATION

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| --- |
| **I DECLARE THAT THE INFORMATION I HAVE GIVEN IN SUPPORT OF MY APPLICATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND COMPLETE. I UNDERSTAND THAT IF IT IS SUBSEQUENTLY DISCOVERED THAT ANY STATEMENT IS FALSE OR MISLEADING, OR THAT I HAVE WITHHELD RELEVENT INFORMATION OR CANVASSED MY APPLICATION IT MAY LEAD TO DISQUALIFICATION OR, IF I HAVE BEEN APPOINTED, I MAY BE DISMISSED.**    SIGNATURE DATE |

EQUAL OPPORTUNITY MONITORING FORM

To help us ensure that our recruitment procedures give genuine equality of opportunity please answer the questions below. This document will be kept separate from your application (please tick box where appropriate).

VACANCY INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title: |  |  | School: |  |

|  |  |
| --- | --- |
| Closing date: |  |

PERSONAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | D.O.B: |  |

GENDER

|  |
| --- |
|  |

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|  |

Male Female

ETHNIC ORIGIN

Please tick the box which most closely describes your cultural background

WHITE

|  |
| --- |
|  |

|  |
| --- |
|  |

British Irish

|  |  |
| --- | --- |
| Any other White background (please specify) |  |

MULTI ETHNIC

|  |
| --- |
|  |

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|  |

Black Caribbean and White Black African and White Asian and White

|  |  |
| --- | --- |
| Any other multi ethnic background |  |

ASIAN OR ASIAN BRITISH

|  |
| --- |
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Indian Pakistani Bangladeshi

|  |  |
| --- | --- |
| Any other Asian background |  |

BLACK OR BLACK BRITISH

|  |
| --- |
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| --- |
|  |

Caribbean African

|  |  |
| --- | --- |
| Any other Black background |  |

CHINESE OR OTHER ETHNIC GROUP

|  |
| --- |
|  |

Chinese

|  |  |
| --- | --- |
| Any other ethnic group |  |

DISABILITY

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Do you have a disability in respect of employment in this post? Yes No

Please describe any special adaptations or arrangements you may require to undertake the duties of the post, these can be discussed with you at the interview:-

ADDITIONAL INFORMATION

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Are you applying as part of a Job Share? Yes No

|  |  |
| --- | --- |
| Where did you see the advertisement for this position? |  |

Rehabilitation of Offenders Act 1974

We ask for details of any unspent criminal convictions you may have. If you have an unspent criminal conviction we will look at it in relation to the job you have applied for before making a decision. We will treat it in the strictest confidence. Failure to disclose any ‘unspent’ or ‘spent' (if relevant) convictions may result in the offer of employment being withdrawn. If already appointed you could be dismissed without notice.

There are specific job categories which are exempt under the provisions of the Act. This means that you must declare ‘spent’ or ‘unspent’ convictions for work in these categories. If you are applying for a job in any of the following categories, you MUST disclose all details of any caution or criminal offence:

* Work involving access to children, for example, school based staff, Youth Service etc.
* Work involving the provision of services to persons under the age of 18 which includes social services, care, leisure and recreational facilities and the provision of accommodation
* Work involving the provision of social services to persons:
* over the age of 65
* suffering from serious illness or mental disability of any description
* addicted to alcohol or drugs
* who have a sensory impairment
* who are substantially and permanently disabled by illness, injury or congenital deformity.

Any information you give will be strictly confidential.

# Rehabilitation Periods

The following sentences are deemed as never being ‘spent’ and MUST be declared:

* imprisonment for life;
* imprisonment, youth custody, detention in a young offender institution, or corrective training for a term exceeding 30 months;
* preventive detention;
* detention during Her Majesty’s pleasure or for life or under s.205(2) or (3) of the Criminal Procedure (Scotland) Act 1975, or for a term exceeding 30 months passed under s.53 of the Children and Young Persons Act 1993 (young offenders convicted of grave crimes), or under the Act of 1975 (detention of children convicted on indictment), or a corresponding court martial punishment;
* custody for life

The following list includes sentences which are subject to rehabilitation under the Rehabilitation of Offenders Act :

|  |  |
| --- | --- |
| For a sentence of imprisonment, or youth custody or detention in a young offenders’ institution, or corrective training for a term exceeding 6 months but not exceeding 30 months | 10 years |
| For a sentence of imprisonment, or youth custody or detention in a young offenders’ institution, or corrective training for a term not exceeding 6 months | 7 years |
| For a sentence of imprisonment of 6 months or less | 7 years |
| For a sentence of borstal training | 7 years |
| For a fine or other sentence (eg a community service order) for which no other rehabilitation period is prescribed | 5 years |
| For an absolute discharge | 6 months |
| For a probation order, conditional discharge or bind over; and for fit person orders, supervision orders or care orders under the Children and Young Person Acts (and their equivalents in Scotland) | 1 year, or until the order expires (whichever is the longer) |
| For detention by direction of the Home Secretary:  From 6 months to 2.5 years  From 6 months or less  For a detention centre order not exceeding 6 months  For a remand home order, an approved school order, or an attendance order | 5 years  3 years  3 years  The period of the order and a further year after the order expires. |
| For a hospital order under the Mental Health Acts | The period of the order plus a further two years after the order expires five years from the date of conviction whichever is the longer |
| The following rehabilitation periods are for specific types of military punishment, with these rehabilitation periods being halved for offenders under the age of 17 at conviction. | |
| For cashiering, discharge with ignominy or dismissal with disgrace | 10 years |
| For simple dismissal from the service | 7 years |
| For detention | 5 years |