

Post ..... School/Service .....

If part time or job share, state preferred days/times .....

**Personal Details** (Please complete in BLOCK CAPITALS)

Surname	Previous Surname(s)
First name(s)	Title (Mr/Mrs/Ms/Miss/Other)
Home address	Date of birth:
	Do you consider that you have a disability?
	(Tick as applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>
Tel:	If yes, as an employer we are keen to support the careers of disabled people. Please let us know of any adaptations or special conditions that you would require at interview:
Mob:	
E-mail:	
Teacher Ref. Number:	
<b>GTC(E) Registration (Tick as applicable)</b>	
Do you have <b>FULL Registration</b> (Qualified Teachers)?	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If No, has Registration been applied for? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have <b>PROVISIONAL Registration</b> (Trainees and Unqualified Teachers)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If No, has Registration been applied for? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Permission to work in the United Kingdom (UK)</b>	
Are there any restrictions on your rights to work in the UK? (Tick as applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please note: Permission to work with a previous employer or in a previous post is not transferable	
NI Number:	<input type="text"/>

**Qualifications, Training and Statutory Induction Period**

Details of teaching qualification obtained or in progress					
Full name and address of College, University or other Institution	Inclusive dates Month & Year		Degree/PGCE/ Other	Grade/Class (or state if still in progress)	Main subject and age range
	From	To			

**Skills tests (Teachers qualifying on or after 1<sup>st</sup> May 2000 only)**

If you have passed any of the skills tests, please state dates

Date Numeracy passed	Date Literacy passed	Date ICT passed

**Qualified Teacher Status**

Please provide the date when Qualified Teacher Status in England or Wales was obtained, if applicable:

**National Professional Qualification for Headship (NPQH) (tick as applicable)**

Do you hold the NPQH? No  Yes  If **Yes**, date awarded .....

If **No**, are you working towards the NPQH? No  Yes  If **Yes**, expected completion date .....

Details of degrees/diplomas and any other qualification obtained or in progress					
Full name and address of College, University or other Institution	Inclusive dates Month & Year		Degree/Course title	Grade/Class (or state if still in progress)	Main subject
	From	To			

Secondary School(s) or equivalent					
Full name and address of School/College	Inclusive dates Month & Year		Examinations passed		Grades
	From	To	Subject	Date	

**Induction Period**

Have you satisfactorily completed the Statutory Induction Period? Yes  No  (Tick as applicable)

If 'No', please tick ONE box below to indicate the reason:

Induction Period not applicable (e.g. QTS obtained on or before 7.5.99, unqualified teacher)  or

Induction Period not yet started (applying for first post as a qualified teacher)  or

Induction Period partially completed  or

Induction Period extended  or

Induction Period failed

**Details of any Relevant Short Courses Attended in the past five years**

Course Title and Organiser	Dates Attended	Any Other Relevant Information

Please continue on a separate sheet if necessary

**Details of Most Recent Teaching Appointment**

Full name and address of Authority and School/College (or state if independent)	Type and size of school	Position held	Full time/Part time	Inclusive dates Month & Year		Reason for leaving (if applicable)
				From	To	

Current salary, scale and point on pay scale. Also indicate any allowance(s) awarded and level of payment .....

Have you passed the Threshold Assessment? Yes  No  Applied for  Not Applicable  (Tick one box)

State number of sick days in the past 12 months .....







## Referees

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Please list referees who can comment on your skills and abilities to carry out the duties of the post for which you are applying. One of these must be your current or last employer. (NB. If you are not currently working with children but have done so in the past, the second referee should be the employer by whom you were most recently employed in work with children). You should be aware that referees will be asked about disciplinary/capability investigations or warnings, as well as any child protection concerns, including any in which the penalty is time expired.

(a) Name

Address

Tel:

Fax:

E-mail:

Status:

Our normal practice is to take up references prior to interview. Are you willing to allow us to contact referee (a)?

YES

NO

(b) Name

Address

Tel:

Fax:

E-mail:

Status:

Our normal practice is to take up references prior to interview. Are you willing to allow us to contact referee (b)?

YES

NO

(Please note: If you do not allow us to take up references prior to interview, you should be aware that you may not be shortlisted).

State any date(s) inconvenient for interview: .....

### Declaration

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Are you, to your knowledge, related to any elected Member or Senior Officer of the Council, or Governor or Senior member of staff of a school in the London Borough of Enfield?

YES

NO  (Tick as appropriate)

If YES, state details .....

I understand that canvassing elected members of the Council, School Governors or School staff, directly or indirectly, for any appointment, will disqualify my application.

I confirm that I am not barred, either totally or to a limited extent, from employment involving regular contact with children, young persons or other vulnerable people, nor subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, the Secretary of State or a regulatory body.

I understand that failure to disclose any relevant information, or the provision of false information, could result in the withdrawal of any offer of appointment, or my dismissal without notice at any time in the future, and possible criminal prosecution.

In accordance with the Data Protection Act 1998, I agree that information I have provided may be held and used for personnel reasons.

I hereby declare that information given on this form is complete and accurate.

Signature: ..... Date: .....

Please return form to: