

TEACHING APPLICATION FORM

The enclosed letter and the notes for the guidance of applicants should be read carefully before completing the form. Please complete the form in black ink, ball point or typescript continuing on a separate sheet if necessary. Completed C.V.'s are not required and will not be considered.

Application for Post of:		Closing Date:	
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1. PERSONAL DETAILS (Block letters please)

Surname		Initials	
DFEE No.		NI No.	
Telephone Number		Email Address	
Home Address			

2. SCHOOL, HIGHER EDUCATION, TEACHING AND ANY POST GRADUATE QUALIFICATIONS

Place of Study (School, University, College, etc)	Date From	Date To	F/T OR P/T	Qualification With Grade, Class/ Division	Subject Specialism(s)	Age Range

DATE OF QUALIFICATION / REGISTRATION

Qualified Teacher Status		GTCW Registration inc number		NPQH	
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3. PROFESSIONAL CAREER - PRESENT SCHOOL (or other place of work)

Name of School		LA	
Address of School			
School Tel No			
Type	No on Roll	Ages	
Date of Appointment	Scale (current)	Salary (current)	

Post, subjects taught and special responsibilities in present post (where appropriate)
Reason for leaving (if applicable)

4. PREVIOUS TEACHING EXPERIENCE (in chronological order). Do not include teaching practice. When detailing supply teaching service, please provide relevant dates/periods for salary assessment purposes. Continue on a separate sheet if necessary.								
Post: Name and Type of School including LA	Date From (ddmmyy)	Date To (ddmmyy)	Scale	No on Roll	Ages Taught	FT or PT	Subjects Taught & Responsibilities	Reason for leaving

5. PARTICULARS OF OTHER QUALIFICATIONS AND MAJOR COURSES YOU HAVE ATTENDED DURING THE LAST FIVE YEARS			
Date	Length of Course	Details	By Whom Organised

6. PARTICULARS OF IN SERVICE COURSES TO WHICH YOU HAVE CONTRIBUTED AS A TUTOR DURING THE LAST 5 YEARS			
Date	Length of Course	Details	By Whom Organised

7. TEACHING PRACTICE (To be completed by candidates for the first appointment only)				
Education Authority	School	Age Range Covered	From	To

8. PROBATION OF TEACHERS/INDUCTION OF NEWLY QUALIFIED TEACHERS (IF APPLICABLE)			
Details of Probation period/Induction		LA with which Probation / Induction undertaken	
Please state period and reason for extension(s), if any.			

9. OTHER PAID EMPLOYMENT (please include all previous employment excluding teaching as detailed above)				
Employer and address	Position	From	To	Reason for leaving

10. Explanation of periods not already accounted for: If there are any gaps in your education/employment/training history please give dates (from – to) and reasons

11. On a separate sheet, please supply supporting information under the following headings by referring to duties in the Job Description and criteria outlined in the Person Specification.
Education, training, professional development and qualifications Experience Skills and abilities Personal attributes Special circumstances

12.SAFEGUARDING/CHILD PROTECTION

The Vale of Glamorgan Council is committed to providing a safe and secure environment for all children and young people who come into contact with Council services. Policies concerned with the recruitment, selection and monitoring of employees positively reflect this commitment.

Are you currently under any safeguarding/child protection investigation?	YES or NO
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Have you ever been subject to disciplinary action in relation to safeguarding/child protection?	YES or No
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If you have answered Yes to either of the above questions, please provide an explanation below, continuing on a separate sheet if necessary.

Please complete the Rehabilitation of Offenders Document attached. Enhanced DBS checks (with a barred list check) are made and a copy retained for all applicants offered a post which require this level of check (s) as determined by the school/council.

13. RELATIONSHIP TO ANY MEMBER OR OFFICER OF THE COUNCIL OR GOVERNING BODY. Please give details if applicable.

14. REFEREES

Head teacher applicants: one referee should normally be a Director of your current LA.

Deputy Head teacher applicants: one referee should be a current Head teacher and the other a Chief Education Officer of your current LA

Teacher applicants: one referee must be your current or most recent Head teacher as your first referee.

College leavers: one referee should be the Principal of your College.

All applicants: The second reference should be a previous employer or your university tutor.

Please note that we may take references from any other previous employer as named on this application form as necessary; unless you have advised to the contrary.

REFEREE 1.		REFEREE 2.	
Name and position held		Name and position held	
Address		Address	
Tel. No.		Tel. No.	
E-mail		E-mail	

15. PLEASE STATE NAME OF PUBLICATION IN WHICH YOU SAW THE ADVERTISEMENT

16. PLEASE ADVISE OF EARLIEST START DATE

17. AVAILABILITY – please state times when you are not available for interviews.

18. WORK PERMITS – do you require a work permit to work in this country? If yes, please provide details, including type of permit and expiry date	YES/NO
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I HEREBY CERTIFY that I have read the notes on this form and that the questions have been accurately answered. I understand that providing false information may lead to withdrawal of offer of employment or immediate termination of employment.

If I am applying for a post requiring registration with the Disclosure & Barring Service and/or a Government Secure Intranet check, I give my permission for the Vale of Glamorgan Council to contact the appropriate body/bodies and to supply relevant documents as required by the Council. I also give my permission for the Vale of Glamorgan Council to retain copies of documents/certificates/Update information from the DBS in line with the DBS Code of Practice.

Please advise if you are registered for the DBS Update service.

Yes/No

(delete as appropriate)

If you are registered, please confirm the workforce you are registered for:

Child workforce

Adult workforce

Child and Adult workforce

Other workforce

(delete as appropriate)

SIGNED		DATED	
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NOTES:

1. Candidates are reminded that canvassing of members of the Council, the Education Committee, the Governing Body concerned or LA officers will disqualify their application.
2. Receipt of this application will not normally be acknowledged.
3. Unless the applicant is invited for interview within six weeks of the closing date, it should be assumed that the application is not successful.
4. On appointment you will be asked to forward a copy of your letter of recognition from the Department for Education itemising your QTS number along with your birth certificate.
5. Closing dates will be strictly adhered to.

This form should be returned to

STRICTLY PRIVATE AND CONFIDENTIAL

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 in accordance with the Rehabilitation of Offenders Act 1974, (Exceptional) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 and as amended by The Police Act 1997 (Criminal Record Certificates: Relevant Matters) (Amendment) England and Wales) Order 2013 ("the Order").

Applicants are therefore not entitled to withhold information about certain cautions and 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 dismissal or other disciplinary action by the School. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

****The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.***

Because of the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of all criminal records in line with "the Order". Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

If you have declared a criminal record and we believe this to have a bearing on the requirements of the post, we will discuss the matter with you at interview if you are shortlisted for the post. If we do not raise the record with you, it is because we have taken the view that it should not be taken into account in deciding your suitability for the post. If you have any concerns about filling in the declaration, please contact our Human Resources Department.

The information you provide will be kept confidential and in line with requirements of the Data Protection Act.

Please answer the following questions

Please print your full name (Block Capitals)	
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Have you been cautioned or convicted of a criminal offence * see above	YES / NO
If yes, please give full details	

Have you used or do you currently use any other surname(s)	YES / NO
If YES, please state name(s)	

Signed		Dated	
Position For	Applied		

EQUAL OPPORTUNITIES MONITORING FORM

The Vale of Glamorgan Council is committed to achieving equality of opportunity. Please complete this form to help us to achieve this aim. It is removed from your application before shortlisting and is not seen by the interviewing panel or service managers.

Post Information

Surname:	First Name (s)	Title:
Position/Post title:	Post ref:	

Gender and Gender Identity

What is your gender?	<input type="checkbox"/> Female
	<input type="checkbox"/> Male
At birth were you described as?	<input type="checkbox"/> Female
	<input type="checkbox"/> Male
	<input type="checkbox"/> Intersex
	<input type="checkbox"/> Prefer not to say

Disability

Are your day-to-day activities limited because of a physical or mental health condition, illness or disability which has lasted, or is expected to last 12 months or more?	<input type="checkbox"/> Yes – limited a lot
	<input type="checkbox"/> Yes – limited a little
	<input type="checkbox"/> No
	<input type="checkbox"/> Prefer not to say

Age

What is your date of birth?:

National Identity

National Identity – how would you describe your national identity?

<input type="checkbox"/> Welsh	<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> Northern Irish	<input type="checkbox"/> British
<input type="checkbox"/> Other (please specify)			<input type="checkbox"/> Prefer not to say	

Ethnic Group

Ethnicity – how would you describe your ethnic group?

White	
<input type="checkbox"/> Welsh/English/Scottish/Northern Irish/British	<input type="checkbox"/> Irish
<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Any other white background (please specify):

Mixed/multiple ethnic groups

<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other Mixed/multiple ethnic background (please specify):		

Asian/Asian British

<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background (please specify):			

Black/African/Caribbean/Black British

<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other Black/African/Caribbean background (please specify):	

Other ethnic group

<input type="checkbox"/> Arab
<input type="checkbox"/> Any other ethnic group (please specify):
<input type="checkbox"/> Prefer not to say

Welsh Language				
Please describe your Welsh language ability by ticking the relevant box(es) below.				
	Understand	Speak	Read	Write
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Identity				
Which of the following options best describes how you think of yourself?				
<input type="checkbox"/> Heterosexual/straight		<input type="checkbox"/> Gay or lesbian	<input type="checkbox"/> Bisexual	
<input type="checkbox"/> Other		<input type="checkbox"/> Prefer not to say		
Religion				
What is your religion?				
<input type="checkbox"/> No religion	<input type="checkbox"/> Christian (all denominations)		<input type="checkbox"/> Buddhist	
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	
<input type="checkbox"/> Any other religion (please specify):		<input type="checkbox"/> Prefer not to say		
Pregnancy and Maternity				
Are you currently pregnant or have you been pregnant within the last year?		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
		<input type="checkbox"/> Prefer not to say		
Have you taken maternity leave within the past year?		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
		<input type="checkbox"/> Prefer not to say		
Marriage and Civil Partnership				
What is your legal marital or same sex civil partnership status?		<input type="checkbox"/> Single, that is never married and never registered in a same sex civil partnership		
		<input type="checkbox"/> Married and living with husband/wife		
		<input type="checkbox"/> Separated but still legally married		
		<input type="checkbox"/> Divorced		
		<input type="checkbox"/> Widowed		
		<input type="checkbox"/> In a registered same-sex civil partnership and living with your partner		
		<input type="checkbox"/> Separated, but still legally in a same-sex civil partnership		
		<input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved		
		<input type="checkbox"/> Surviving partner from a same-sex civil partnership		
		<input type="checkbox"/> Prefer not to say		

Your personal information will not be disclosed without your prior written consent. Your personal information will only be monitored in order to assist statistical analysis, and to help us to develop our policies and practices so that they include all sections of the community. For example it will help the council to identify whether our recruitment and selection strategies are succeeding in providing a workforce that is representative of the Vale of Glamorgan. Your information will not be given to external organisations.

Signature: _____ Date: _____

Important -Teachers Pension Information

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION FORM

You will be automatically enrolled in the Teachers Pension Scheme.

In order to ensure that we are able to administer your contributions correctly, you must provide the following information. Failure to do so may affect your entitlements under the Scheme.

For further information on the Scheme, please refer to www.teacherspension.co.uk

1. Please advise us of any AVC or any other pension arrangements/provisions which you would wish to continue if you are appointed.

2. Are you a part-time teacher under the age of 60 who retired on the grounds of ill-health prior to 1 April 1997 and still in receipt of your ill-health pension?

No

Yes

3. Do you currently have another post with another Council/establishment where you are making contributions to Teachers Pension scheme?

No

Yes (please answer question below)

- 3a). If you are successful with your application, are you going to continue to hold this post?

No

Yes

If yes, what percentage of full time contract will you continue to work?

Please note that if you are not eligible to join Teachers Pension under their scheme rules, you will automatically be enrolled in the Local Government Pension Scheme.

IN ORDER TO ENSURE YOU ARE MAKING THE CORRECT CONTRIBUTIONS IN FUTURE YOU MUST INFORM US IMMEDIATELY IF THERE ARE ANY CHANGES TO YOUR CONTRACTUAL/EMPLOYMENT POSITION.

TO DO THIS PLEASE CONTACT: EMPLOYEE SERVICES - PAYROLL 01446 709206/532

PLEASE REMEMBER THAT WE NEED TO HAVE CORRECT INFORMATION IN ORDER TO ENSURE YOUR ENTITLEMENTS UNDER THE SCHEME ARE NOT ADVERSELY AFFECTED.

SIGNED:

NAME:

DATE: