

The Fairway, Cox Green, Maidenhead, Berkshire. SL6 3AR Tel: 01628 671355

Application form for the post of

Class Teacher

SECTION 1

PERSONAL DETAILS

Surname:	Forename(s):
Address:	Title (Mr, Mrs, Miss, Ms, Dr, other):
(Town)	Telephone No (Home):
(County)	Telephone No (Work):
(Postcode)	GTC No//
Date of Birth:(Optional)	GTC Membership? Yes 🗆 No 🗆

SECTION 2						
EDUCATION (post age 16)						
Institution(s) attended	Dates	Qualifications gained				
Please include any higher degrees in this section						

SECTION 3				
PROFESSIONAL TRAINING AND DEVELOP	PMENT (Please include details of any relevant tra	ining or staff development)		
Institution Attended	Course	Date		
INTERESTS (e.g. hobbies, sports, voluntary w	vork)			

SECTION 4

Employers Name:	Position:
Employers Address:	Grade/Salary:

Employers Address:	Grade/Salary:
(Town)	Date Commenced:
(County)	Date of Leaving if applicable:
(Postcode)	Period of Notice:

School Name.....

(if applicable)

Brief description of duties/responsibilities:

Number of additional sheets used.....

DETAILS OF ALL TEACHING EXPERIENCE – Most recent first.					
Name, Type, Location of School & LEA	Date Employ From		Boys, Girls or Mixed & No. on Roll	Ages Taught	Subjects Taught - Grade and Salary if applicable

Age range you are qualified to teach (Please circle)	Subjects qualified to teach:
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Main
Preferred Age-range	
Date of Award of Qualified Teacher Status//	Subsidiary:
Date of completion of NQT Induction Period or stage reached if not complete//	
	Additional subjects which you would be willing to teach:
With which LA	

Employers Name & Address	Dates	Position	Brief outline of responsibilities
			Number of additional sheets used.

SECTION 5 PERSONAL STATEMENT

YOUR PERSONAL STATEMENT SHOULD PROVIDE EVIDENCE/EXAMPLES OF HOW YOU MEET THE PERSON SPECIFICATION AND YOUR ABILITY TO CARRY OUT THE JOB DESCRIPTION.

It is recommended that you use the headings provided to structure your statement. Please use a separate sheet if required.

Number of additional sheets used.....

SECTION 6

REFEREES

Please give the names, addresses and occupations of two referees, one of whom should be your present or last employer				
First Referee	Second Referee			
Name:	Name:			
Address:	Address			
(Town)	(Town)			
(County)	(County)			
(Postcode)	(Postcode)			
Occupation	Occupation			
Please note that all references will be taken up prior to interviews.				

CRIMINAL CONVICTIONS OR CAUTIONS

Do you have any criminal convictions, cautions or warnings Yes \Box No \Box

A check as to the existence and content of a criminal record will be requested from the Criminal Records Bureau after a person has been selected for appointment. Refusal to agree to a check being made could disqualify you from being considered for the appointment.

Under the Rehabilitation of Offenders Act 1974, you have the right not to disclose details of 'spent' convictions. However,
for certain jobs, employers are allowed to ask about these offences. The Rehabilitation of Offenders Act 1974 (Exception
Amendment) Order 1986 sets out details of all jobs to which this applies and the job you have applied for is included in the
list.

Please give details of any criminal convictions that you may have. The disclosure of a criminal record may not necessarily prevent you from being appointed. The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered 'spent' under the terms of the Act.

Please give details of ALL convictions, cautions, reprimands or warnings (whether spent or not).

Number of additional sheets used.....

The Criminal Records Bureau helps employers check records, which were previously held by the police, the Department of Health and the Department for Children, Schools and Familes.

Different levels of disclosure can be provided, according to the type of work applied for. The job for which you have applied necessitates an Enhanced disclosure.

Enhanced disclosures are for positions which have contact with children or vulnerable adults. They contain details of all convictions, cautions, reprimands or warnings on record.

отн	IER DECLARATIONS
1	Have you ever been convicted of a criminal offence (subject to the Rehabilitation of Offenders Act)?
	Yes 🗆 No 🗆
2	Are you related to any member of the governing body (any canvassing direct or indirect will disqualify)
	Yes 🗆 No 🗆
	If yes, please give details:
2	
3	To the best of my knowledge and belief, the information on this application form is correct.
	Signed
	Date
	Discourse this second stad and listing in an angular second d Drivets 9. Coefidential to
	Please return this completed application in an envelope marked Private & Confidential to:
	Mrs Louise Berry
	Lowbrook Academy, The Fairway,
	Cox Green,
	Maidenhead, Berkshire.
	SL6 3AR
	Tel: 01628 671355
	Email: <u>lowbrook@lowbrookacademy.co.uk</u>

EQUAL OPPORTUNITIES MONITORING FORM

	vide will only be used for r	nonitoring purposes. Ho	ated in the strictest confidence w you complete this form has no
ost Applied For:		Which age group do you	apply to:
urname:		Under 20	
orename(s):		21 - 29	
		30 - 39	
		40 - 49	
		50 - 59	
		60 and over	
British Irish Other		White & Black Caribbean White & Black African	
	—	White & Black African	
ounci		White & Asian	
Black or Black British:		Other Mixed Group	
Caribbean	\Box	Asian or Asian British	:
African		Indian	
Ancan		Pakistani	
		Pakistani Bangladesh	
Other Black background			
Other Black background	_	Bangladesh Other Asian	
	_	Bangladesh Other Asian If "other" please specify:	