

Part one

Application form (teaching)

Please refer to the guidance when completing this form. If not completing on line, use **BLACK INK** or type as it will be copied.

Position applied for:	
Name of School/Centre	

PERSONAL INFORMATION

Name:		Title: Miss/Mr/Mrs/Ms/Other (please state)	
Address:			
	Post Code:		

Contact Details - please give details of how you would like us to contact you

Telephone	Home:	
	Work:	
	Mobile:	
Email	Home:	
	Work:	

National Insurance Number	
----------------------------------	--

References

Please give contact details of two people who can provide references – one of whom should be your present or most recent employer or ITT employer

Name:		Name:	
Title: Miss/Mr/Mrs/Ms/Other:		Title: Miss/Mr/Mrs/Ms/Other:	
Job Title:		Job Title:	
Address:		Address:	
Post Code:		Post Code:	
Telephone:		Telephone:	
Email:		Email:	
Occupation:		Occupation:	
Relationship to you:		Relationship to you:	

I *give/do not give permission for you to contact the above prior to an offer being made *(delete clearly as appropriate)

I *give/do not give permission for you to contact the above prior to an offer being made *(delete clearly as appropriate)

EDUCATION, TRAINING AND QUALIFICATIONS

Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post.

Name of school University / Training Institution	From-to (mth/year)	Qualifications Inc grades	Date obtained
Secondary schools			
Further or Higher Education (full and part time)			
Teaching qualifications		Age range	
		DfES reference no.	
		GTC Membership Yes <input type="checkbox"/> No <input type="checkbox"/>	
NPQH (date achieved / registration accepted)			
Professional development (relevant courses and other, including dates)			
Membership of professional bodies (excluding Teachers' Professional associations)			

Applicants invited for interview will be required to produce documentary evidence of their qualifications

Provide details here of your employment history starting with your current or most recent employer. You can include any voluntary or unpaid work that you may have done, that is relevant to the role.

Current/most recent school or other employer (with address)	Post held	Point on pay spine (indicate responsibility points)	Date Started	Full or part time	Reason for leaving
Duties and responsibilities					
Employing Authority					
Age range	Boys/girls/mixed		Approximate no. on roll		

Continue on another sheet if needed

Application for employment

Previous schools or other employers and employing authority	Age range & boys / girls / mixed	Approx number on roll	Position held and responsibilities (and full or part time)	Dates from / to month / year	Reason for leaving

Continue on another sheet if needed

SUPPORTING STATEMENT

Please use this space to give information in support of your application for this post. You may wish to include details of any interests, experience, responsibilities or educational philosophy, which you may consider relevant.

(You may continue on additional sheets, subject to an absolute maximum of 4 sides of A4)

AVAILABILITY

If you are shortlisted for interview, may we contact you at work? Yes No

JOB SHARING

Jobs which are currently full-time posts may be considered appropriate for candidates to apply for on a job-share basis. Are you applying as a job sharer? Yes No

CANVASSING

Are you related to a *Councillor or * employee of Herefordshire Council?
 Yes No

If yes please state relationship:

Name: Position: Relationship:

***Please note that canvassing of Councillors or employees of Herefordshire Council in relation to this application will disqualify any applicant. If evidence is discovered after your appointment, you may be dismissed without notice.**

PENSION

Are you in receipt of a Teacher's Pension? Yes No

If yes, please specify reason and start date:

REDUNDANCY – (ASSIST IN DETERMINING CONTINUOUS SERVICE DATE)

Have you ever received a redundancy payment? Yes No

Date of redundancy?

HEALTH

If you are offered a post within Herefordshire Council it will be subject to a medical check

CRIMINAL RECORDS BUREAU DISCLOSURES

If you have been convicted of any offence, you must disclose it, unless it is 'spent' under the Rehabilitation of Offenders Act 1974. However, having a criminal record will not necessarily bar you from employment with the Council (see guidance note 6). Any information revealed here or as a result of a Disclosure will be considered in light of the responsibilities of the post. If the post you are applying for is in a school, or has substantial access to children, the vulnerable, elderly, or is within Social Care working directly with clients then you **MUST** state any convictions, bind over orders or cautions whether current or spent. In the event of employment, any failure to disclose these and/or pending investigations could result in disciplinary action and/or dismissal. All posts with access to children, the vulnerable or elderly, will be subject to a Criminal Records Bureau Disclosure. Please give details of:

a) any convictions (including driving offences)

b) disqualifications from driving, or performance of professional duties

DECLARATION

I declare that the information I am giving in this application is accurate and true. I understand that providing misleading or false information may disqualify me from appointment or may result in my dismissal.

Name:

Signature: Date:

DATA PROTECTION

All information given on this form will be treated in strict confidence. If you are appointed, this application will form the basis of your personal file and information on this form may be held on computer. We will observe strict confidentiality and disclosures will only be made for payroll, employment administration and statistical purposes. If your application for this post is unsuccessful your details will be kept for a period of 7 months and will then be destroyed.



Part two

diversity monitoring form

Please return this form in a sealed envelope with your application form

The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you.

The Diversity Monitoring form will not be seen by the selection panel. It will be detached and the information used for monitoring purposes only.

Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

Your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other, please specify:
-------------------------------	---------------------------------	---

Your date of birth

Your age category:

<input type="checkbox"/> 0-15 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 65-74 years
<input type="checkbox"/> 16-24 years	<input type="checkbox"/> 45-64 years	<input type="checkbox"/> 75+ years

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do or you have been diagnosed with a condition such as HIV, cancer, multiple sclerosis which is deemed to be covered from point of diagnosis rather than from when the condition may affect ability to carry out normal day to day activities.

<input type="checkbox"/> Yes – please specify below (tick all that apply):	<input type="checkbox"/> No
<input type="checkbox"/> Deaf/hard of hearing/acute hearing	
<input type="checkbox"/> Blind/partially sighted/sensitive to light	
<input type="checkbox"/> Learning disability or difficulty	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Progressive/chronic illness (e.g. MS, cancer)	
<input type="checkbox"/> Mobility difficulties	
<input type="checkbox"/> Other (please specify):	

Your sexual orientation (please tick one only):

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
---------------------------------------	------------------------------

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Prefer not to say	

Your religion/belief (please tick one box only):

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist
<input type="checkbox"/> None		
<input type="checkbox"/> Other (please specify):		

Your ethnicity (please tick one box only):

<input type="checkbox"/> WHITE	<input type="checkbox"/> British	<input type="checkbox"/> Irish Traveller
	<input type="checkbox"/> Romany/Gypsy	
<input type="checkbox"/> Other White background (please specify):		

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

<input type="checkbox"/> ASIAN	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Other Asian background (please specify):		

<input type="checkbox"/> CHINESE	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Chinese background (please specify):	

<input type="checkbox"/> MIXED	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Black Caribbean	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Chinese
<input type="checkbox"/> Other Mixed background (please specify):		

<input type="checkbox"/> OTHER	<input type="checkbox"/> Any other background (please specify):
---------------------------------------	---

Your national identity (please tick one box only):

<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> British
<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Other (please specify):

Disability

We guarantee to interview any applicant with a disability, who meets the requirements of the post. Do you consider yourself to have a disability? (Please refer to the Application Guidance)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Where did you see this role advertised? (Please tick one box only):

<input type="checkbox"/> Journal	<input type="checkbox"/> Herefordshire Council website
<input type="checkbox"/> Job Centre	<input type="checkbox"/> Other newspaper/journal – please state:

New Deal and other opportunities

Are you applying as a New Deal applicant? (please tick):

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------