

The King David High School – Application Form

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| Position applied for: |  |  |

## Application information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | | |  | | | Phone: |  |  | | |
|  | | | | | | | | | | | | | | |
| Address: |  |  | | | | |  | | | Email: |  |  | | |
|  | | | | | | | | | | | | | | |
| Date Available: |  |  |  | Notice period: |  |  | |  | Current salary | | | |  | £ |

## Secondary, Further and Higher Education

|  |  |  |  |
| --- | --- | --- | --- |
| **School, College, University, or another educational establishment** | **Qualification Obtained** | **Date from** | **Date to** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Employment details (starting with current)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and address of employer** | **Job title** | **Responsibilities** | **Date from and to** | **Salary** | **Reasons for leaving** |
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## Teaching Experience

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| --- | --- | --- | --- | --- | --- | --- |
| DFES Number: |  |  |  | Date and name of qualification (if known) |  |  |

Please list your academic and professional qualifications

|  |  |  |
| --- | --- | --- |
| **Date of Award** | **Qualifications** | **University or College** |
|  |  |  |

Please list all previous teacher training placements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | **Full or Part time** | **Title** | **Ages Taught** | **Subject Taught** | **Start Date** | **End Date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Gaps between education and employments

|  |  |
| --- | --- |
| **Reason for gap** | **Date from and to** |
|  |  |
|  |  |
|  |  |

## References

**Teachers** must name their present or most recent Headteacher as their first referee. University leavers should name their course tutor. One referee should be your current/most recent employer and in the case of NQTs the last school placement.

**Non-teachers** must name their present or most recent employer on their first reference.

**First reference**

Please tick here if you do not want your references to be approached without prior permission

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

**Second reference**

Please tick here if you do not want your references to be approached without prior permission

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Supporting Information

Please use the space below to provide all further details of anything you feel is relevant to the application.

## Declaration

We are committed to safeguarding children and all successful applicants are required to complete Disclosure and Barring Service for an Enhanced Certificate Disclosure. This requires you to provide any information regarding criminal convictions.

Do you have any convictions or conditional cautions which are currently unspent or spent under the Rehabilitation of Offenders Act 1974? No  Yes

|  |  |  |
| --- | --- | --- |
| If yes please provide further information |  |  |

Do you have any access requirements you would like us to be aware of? No  Yes

|  |  |  |
| --- | --- | --- |
| If yes please provide further information |  |  |

Do you require any reasonable adjustments during and following the process (if successful) No  Yes

|  |  |  |
| --- | --- | --- |
| If yes please provide further information |  |  |

## Data Declaration

Personal Data will be collected, recorded and used fairly, stored safely, securely and not disclosed unlawfully to a third party. This also includes sensitive information such as ethnic background, political opinions, religious beliefs, health, sexual health and criminal records.

I confirm that the knowledge provided in this application is correct, accurate and up to date. I acknowledge that if found to have deliberately given false or misleading information I am liable to be disqualified from further consideration or, if appointed, to be dismissed immediately and without notice.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | | |  | Date |  |  |
|  | | |  |