

**TEACHING**



**SOUTH GLOUCESTERSHIRE COUNCIL  
DEPARTMENT FOR CHILDREN AND YOUNG PEOPLE**

**APPLICATION FOR TEACHING POST (including Head, Deputy & Assistant Headteacher Posts) - CONFIDENTIAL**

Please complete in black ink or typescript as this form may be photocopied. A Curriculum Vitae will not be accepted. You must complete all sections of the application form.

**HEADSHIP APPLICANTS** PLEASE RETURN FORM TO: SCHOOLS' PERSONNEL SECTION  
SOUTH GLOUCESTERSHIRE COUNCIL  
BOWLING HILL, CHIPPING SODBURY  
SOUTH GLOUCESTERSHIRE BS37 6JX

**OTHER APPLICANTS** RETURN FORM TO HEADTEACHER OF SCHOOL

Position applied for: Vacancy Reference Number (e.g. PP100):

School:

Where did you first learn of this vacancy?

**Personal Details**

Title:	Surname:	Forenames (in full):	
Home Address:		Mobile:	
		National Insurance Number:	
		DfES Reference Number:	
		Former Name(s) if applicable:	
City/Town:		Are you registered with the GTC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode:		Do you hold Qualified Teacher Status?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		Do you require a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Daytime Tel:		Do you have a full driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evening Tel:		Do you have regular use of a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Education/Qualifications**

Please state in chronological order. Applicants offered an appointment will be asked to verify their qualifications.

Name of School/College/University	Level	Awarding Body	Subjects	Grade/Result	Year Obtained

## Current Employment

Full details required if your present post is within teaching. Please note relevant contact details must be included.

Date Commenced			Name of School and Local Authority, including relevant contact details (please indicate if Foundation or Independent). If your present post is not within teaching please provide a brief outline of duties	Type and Age Range of School	Age of Children Taught by Applicant	Number on Roll	Allowances or TLRs held (if Head or Deputy, state School Group)	Subject/Special Responsibility/ Senior Post held	Full-Time (F) Part-Time (P) (Please state % of week worked) Supply (S)	Reason for leaving
D	M	Y								

## Previous Teaching Experience

Please put most recent job first. Any dismissal or redundancy must be clearly stated. Please note relevant contact details must be included. Continue on a separate sheet where necessary.

Date Commenced			Name of School and Local Authority, including relevant contact details (please indicate if Foundation or Independent)	Type and Age Range of School	Age of Children Taught by Applicant	Number on Roll	Allowances or TLRs held (if Head or Deputy, state School Group)	Subject/Special Responsibility/ Senior Post held	Full-Time (F) Part-Time (P) (Please state % of week worked) Supply (S)	Reason for leaving
D	M	Y								

## Particulars of School Experience During Training

To be completed only by newly qualified teachers or those with less than three years teaching experience.

Name of School and Local Authority	Type and Age Range of School	Age of Children Taught by Applicant	Number on Roll	Did you have responsibility for a class or tutor group? If so, please describe

### Gap in Employment Details

Please indicate and explain any gaps in employment, including specific dates since first leaving secondary education, using a separate sheet where necessary.

Date from	Date to	Reason for gap

### Other Experience

Please state other experience, voluntary or paid/full-time or part-time (if part-time please state percentage of the week). All experience is valued and should be fully recorded. It may also affect your salary position.

Dates						Position Held (if any)	Employer or Organisation	Nature and brief summary of experience/explanation of gaps in employment
From			To					
D	M	Y	D	M	Y			

## In-Service Studies/Other Training

Please highlight training that you have undertaken which is relevant to the post for which you are applying.

Course Name	Course Provider	Duration	Date(s)

## Membership of Professional Associations (if applicable to the post for which you are applying)

Organisation Name	Level of Membership/Role/Registration No. (if applicable)

## References

Please state below, details of two people to whom reference may be made (family members, ex/current partners, close friends are generally not acceptable referees).

**Reference 1** - Your first referee must be your present or last Headteacher/Employer, if currently or previously employed.

**Reference 2** - Your second referee would normally be another previous employer (ideally where you worked with children and young people) or a University or College Tutor (if no previous employment or as an NQT) or a voluntary organisation.

If you were known to your referee under another name, please state name:

Reference 1 Name:		Reference 2 Name:	
Address:		Address:	
Email:		Email:	
Tel:		Tel:	
Position:		Position:	
Organisation:		Organisation:	

Please note that, in addition to your two nominated referees, any number of previous employers may be contacted without seeking further permission from you in relation to your employment history as part of the vetting process.

Due to safeguarding requirements, references should be obtained prior to interviews for shortlisted candidates, to assist with assessing candidates' suitability to work with children. Can you please confirm below whether or not referees may be contacted prior to interview should you be shortlisted. Please note referees for all Headteacher posts will be contacted prior to the interview by the Local Authority.





How much notice are you required to give?

When are you available to start work?

### **Date of Birth**

To assist with identity and vetting requirements, please provide your date of birth.

### **Data Protection Act 1998**

Under the terms of the Data Protection Act 1998 the information provided on this form will be held in confidence and used for the purpose of Recruitment and Selection and Personnel Administration and no other purpose.

### **General Notes**

1. Any form of canvassing will disqualify the candidate.
2. False or misleading information will disqualify an application or, if appointed, render an applicant liable to dismissal without notice.
3. Please return this form by the closing date to ensure consideration.

### **Declaration**

I declare that to the best of my knowledge the information on this application is true. I understand that if the information I have supplied is false or misleading in any way, I will automatically be disqualified from appointment or dismissed without notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Committed to Equalities - Confidential

The Council is committed to equality of opportunity and as part of this commitment monitors its recruitment and selection process to determine that it is fair to all. Please help South Gloucestershire Council monitor its equalities policies and prevent unfair discrimination by answering ALL of the following questions, ticking the appropriate box.

Name:

School:

Previous Surname:

Vacancy Applied For:

Vacancy Reference No:

### 1. Equalities Information (What is your ethnic group?)

**White**

White – British

White – Irish

White – Other

**Asian**

Asian or Asian British – Indian

Asian or Asian British – Pakistani

Asian or Asian British – Bangladeshi

Asian or Asian British – Other

**Mixed**

Mixed – White and Black Caribbean

Mixed – White and Black African

Mixed – White and Asian

Mixed – Other

**Black**

Black or Black British – Caribbean

Black or Black British – African

Black – Other

**Chinese**

**Other ethnic group**

If other, please specify below:

### 2. Gender/Age

**Gender**

I am: Male

Female

**Age**

I am: Up to 19 years

20-29 years

30-39 years

40-49 years

50-59 years

60+ years

### 3. Disability

Do you consider yourself to be a disabled person?

Yes

No

If employed, please state any specific access requirements and other support you will require to carry out your duties.

Please note: This information will be used to enable us to monitor our performance as an equalities employer effectively, and for that purpose only. This information will be treated in the strictest confidence, and will not be seen at any time by the selection panel.

**PLEASE READ THIS CAREFULLY BEFORE  
ANSWERING QUESTIONS IN SECTION 3**

This form seeks information on whether you consider yourself to have a disability. As the Disability Discrimination Act contains definitions of what is meant by “disability” or a “disabled person” and “substantial adverse effects” the following notes should help you to complete the answers relating to disability

**Defining a disabled person:**

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. People who have had disabilities in the past are included.

**Impairment:**

Covers physical and mental impairment including learning disabilities and hearing and sight impairments. A mental illness could be included if it has a substantial effect on daily life.

**Substantial Ill Effect:**

Something which is more than a minor or a trivial effect and is beyond the normal differences in ability which exist among people

**Long-term Effect:**

One which has lasted or is likely to last for at least twelve months or for the rest of the life of the person. Therefore, loss of mobility due to a broken leg which is likely to heal within twelve months or a long-term illness which a person is likely to recover from within 12 months are not included.

Substantial effects of a disability which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

**Normal day-to-day activities:**

Those carried out by most people on a fairly regular and frequent basis. It does not include activities which are normal only for a particular person or a group of people, such as playing musical equipment or a sport to a professional standard, or performing a skilled or specialist task at work.

Impairment has a substantial adverse effect if it affects

Mobility	Speech, hearing or eyesight (excluding people who wear spectacles)
Manual dexterity	Memory or ability to concentrate, learn or understand
Physical co-ordination	
Continence	
Ability to lift, carry or otherwise move everyday objects	

**Severe Disfigurement:**

Is included without any need to demonstrate that the impairment has a substantial adverse effect on ability to carry out normal day-to-day activities.

**Progressive Illness:**

Such as cancer; multiple sclerosis, HIV infection and muscular dystrophy are covered from the moment of diagnosis.

**Access Requirements**

These may include, for example, requirements relating to physical accessibility of the workplace, accessibility to information in different formats, their support in the way of aids or adaptations of equipment, or external help through work based assessments etc.