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| RangeLogo3D | **Range High School** |  | NQT |  |
|  |  |
| **APPLICATION FOR EMPLOYMENT** |
|  |  | | |
| **CONFIDENTIAL** |

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| **IMPORTANT NOTE:** PLEASE COMPLETE THIS APPLICATION FORM IN BLACK INK OR TYPESCRIPT. **A CURRICULUM VITAE (CV) MUST NOT BE SUBMITTED IN PLACE OF THE COUNCIL’S APPROVED APPLICATION FORM.** |
|  |
| FOR TEACHING APPOINTMENTS |

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| **1. POST DETAILS** |

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| --- | --- |
| POSITION APPLIED FOR: **Teacher of French and Spanish** | POST REF NO. **MFL 2023-02** |
| ESTABLISHMENT/SCHOOL: **Range High School** | |

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| **2. PERSONAL DETAILS** |

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| --- | --- | --- | --- |
| SURNAME: | | FORENAMES: | |
| ADDRESS: | | HOME ADDRESS (if different) | |
| N.I. NO. |  | GTC REF. NO.: | DFES REF. NO.: |
| DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? YES  NO | | HOME TEL: | WORK TEL: |
| CONTACT PHONE NO. | | E-MAIL ADDRESS: | |

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| **3. EDUCATION AND TRAINING** |

|  |  |  |  |
| --- | --- | --- | --- |
| SECONDARY EDUCATION | | | |
| SECONDARY SCHOOL(S) | DATES | | Examinations passed in all subjects (with grades and dates) including GCSE and ‘A’ Levels |
| FROM | TO |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| UNIVERSITY OR COLLEGE ATTENDED | DATES | | DEGREE OR  CERTIFICATION OBTAINED  (If Degree state Honours and Class) | SUBJECT(S) | DATE OF AWARD |
| FROM | TO |
|  |  |  |  |  |  |
| AGE RANGE TRAINED TO TEACH: | | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER QUALIFICATIONS** | | | |
|  | | | |
| QUALIFICATION | AWARDING BODY | SUBJECT(S)  (incl. grades, if applicable) | DATE OF COURSE AND AWARD |
|  |  |  |  |

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| 4. EMPLOYMENT DETAILS |

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| --- | --- | --- |
| PRESENT POSITION HELD: | | |
| NAME AND ADDRESS OF SCHOOL: | | TYPE (including whether single sex): |
| NO. ON SCHOOL ROLL: |
| EDUCATION AUTHORITY: | | LOCAL OFFICE (if applicable): |
| ADDRESS: | |  |
| DATE APPOINTED: |
| SCALE OF POST: | CURRENT SALARY: | EARLIEST COMMENCEMENT DATE: |

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| **PREVIOUS EMPLOYMENT AS A QUALIFIED TEACHER – MOST RECENT POST FIRST** |

PLEASE GIVE DETAILS OF TEACHING PRACTICE IF THIS IS AN APPLICATION FOR A FIRST TEACHING APPOINTMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME AND ADDRESS  OF SCHOOL AND NAME  OF LEA, WHERE APPLICABLE | TYPE OF  SCHOOL AND  NO. ON ROLL | POSITION HELD  AND SCALE OF POST –  (FULL-TIME OR PART-TIME) | DATES  OF  EMPLOYMENT | REASON  FOR  LEAVING |
|  |  |  |  |  |

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| 5. IN-SERVICE COURSES ATTENDED DURING THE LAST THREE YEARS |

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| --- | --- | --- | --- | --- | --- |
| DATE | COURSE TITLE | | COURSE ORGANISER | | |
|  |  | |  | | |
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| **6. EMPLOYMENT HISTORY OTHER THAN TEACHING** | | | | | |
|  | | | | | |
| NAME AND ADDRESS OF EMPLOYER | | NATURE OF EMPLOYMENT  (STATE WHETHER FULL-TIME OR PART-TIME) | | SCALE OF POST AND SALARY | DATES OF EMPLOYMENT |
|  | |  | |  |  |
|  | | | | | |
| **7. SALARY INFORMATION** | | | | | |
|  | | | | | |
| PLEASE GIVE DETAILS OF POINTS AWARDED ON BOTH A MANDATORY AND DISCRETIONARY BASIS | | | | | |

|  |  |  |
| --- | --- | --- |
| **MANDATORY** |  | **SCALE POINT** |
| QUALIFICATION |  |  |
| EXPERIENCE – (TEACHING) |  |  |
| UPPER PAY SPINE |  |  |
| ADVANCED SKILLS TEACHER |  |  |
|  |  |  |
| **DISCRETIONARY** |  |  |
| EXPERIENCE – (NON-TEACHING) |  |  |
|  |  |  |
| **ALLOWANCES** |  |  |
| RECRUITMENT & RETENTION |  |  |
| MANAGEMENT |  |  |
| SPECIAL NEEDS |  |  |
| TOTAL POINTS SCORE | |  |
| APPLICABLE FROM: | | |

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| **8. ADDITIONAL INFORMATION** |
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| THIS SHOULD TAKE THE FORM OF A LETTER OF APPLICATION |
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| Please give on a separate sheet, your reasons for making this application relating your qualifications, experience and personal attributes to the position for which you are applying. You may also wish to outline your leisure and spare time interests. |

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| 9. REHABILITATION OF OFFENDERS ACT 1974 AND DISCLOSURE |

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| This post you are applying for is registered as exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as ‘spent’ under this Act, and any convictions or bind-overs.  Please disclose any convictions under separate cover. Please indicate the box below and attach the details in an envelope stapled to this form. The envelope must state your name and the details of the post.  I have attached details of my convictions separately.  As this position is classed as ‘regulated’ under the Criminal Justice and Court Services Act 1997, the Authority is entitled to check with the CRB for the existence and content of any criminal record, and to check lists held by the Department for Education and Skills and the Department of Health.  Any information will be treated in the strictest of confidence and will be only taken into account in relation to an application where the exemption exists. The disclosure of a criminal record or other information will not necessarily mean unsuitability for employment. All cases will be examined on an individual basis and given full and fair consideration.  It is a criminal offence to apply for a post that you have been disbarred, in law, from applying for. |

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| 10. REFEREES |

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| **PLEASE ENTER THE NAME, ADDRESS, POSITION AND TELEPHONE NUMBER OF 2 REFEREES. REFEREES SHOULD BE YOUR PRESENT/MOST RECENT AND PREVIOUS EMPLOYERS, WHEREVER POSSIBLE.** | |
| **Name**  **Address**  **Tel No**  **Email** | **Name**  **Address**  **Tel No**  **Email** |
| MAY THIS REFEREE BE CONTACTED WITHOUT FURTHER AUTHORITY FROM YOU? YES  NO | MAY THIS REFEREE BE CONTACTED WITHOUT FURTHER AUTHORITY FROM YOU? YES  NO |

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| 11. OTHER INFORMATION |

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| ARE YOU RELATED TO GOVERNOR OF THE SCHOOL OR ELECTED MEMBER, OR OFFICER OF SEFTON COUNCIL? IF SO, PLEASE GIVE DETAILS |

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| 12. DECLARATION |

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| I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT. I UNDERSTAND THAT CANVASSING, EITHER DIRECTLY OR INDIRECTLY, OF ANY GOVERNOR OF THE SCHOOL, COUNCILLOR OR EMPLOYEE OF THE COUNCIL OR THE GIVING OF FALSE OR MISLEADING INFORMATION, MAY LEAD TO DISQUALIFICATION AND, IF APPOINTED, MAY LEAD TO MY DISMISSAL.  SIGNED: DATE: |

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| PLEASE RETURN COMPLETED FORM TO:  CLOSING DATE: |

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|  | EQUAL OPPORTUNITIES IN RECRUITMENT MONITORING FORM |
| EQUAL OPPORTUNITIES IN RECRUITMENT MONITORING | |

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| **Please read the Guidance Notes before completing this form and return it with your application form.**  **Why we are asking you to complete this form:**  All applicants for jobs within Sefton Council will receive equal treatment, irrespective of their gender, age, race, religion or belief, sexual orientation or disability.  By completing this form you will be helping us to monitor who is applying for jobs and measure how effectively we are reaching all sections of the community.  There are a range of policies in place that are intended to provide a fair workplace for all.  Please be assured that the information you provide will be treated in **absolute confidence**, and will be used for statistical monitoring purposes only. |

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| POST APPLIED FOR: VACANCY REF NO. |
| HOW DID YOU FIND OUT ABOUT THIS VACANCY? |
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| --- | --- |
| GENDER | AGE |
| MALE | DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FEMALE |  |

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| --- |
| RACE |

WHAT BEST DESCRIBES YOUR ETHNIC ORIGIN?

(Place x in relevant box)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| WHITE | BRITISH | |  | MIXED  **DUAL HERITAGE** | WHITE AND BLACK CARIBBEAN |  |
|  | IRISH | |  | WHITE AND BLACK AFRICAN |  |
|  | POLISH | |  | WHITE AND ASIAN |  |
|  | PORTUGUESE | |  | ANY OTHER MIXED BACKGROUND (please specify) |  |
|  | ANY OTHER WHITE EUROPEAN (please specify) | |  |  |  |  |
|  | ANY OTHER WHITE NON-EUROPEAN (please specify) | |  | **CHINESE OR OTHER ETHNIC GROUP** | CHINESE |  |
|  |  | |  | TRAVELLER |  |
| **ASIAN** | | INDIAN |  | GYPSY |  |
| **OR ASIAN BRITISH** | PAKISTANI | |  | ANY OTHER ETHNIC GROUP (please specify) |  |
| BANGLADESHI | |  |  |  |  |
| ANY OTHER ASIAN BACKGROUND(please specify) | |  | BLACK OR BLACK BRITISH | CARIBBEAN |  |
|  |  | |  | AFRICAN |  |
|  | | |  |  | ANY OTHER BLACK BACKGROUND(please specify) |  |

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| DISABILITY/OTHER INFORMATION |

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| The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse affect on a person’s ability to carry out normal day to day activities. People with HIV, cancer, chronic heart disease and multiple sclerosis are deemed to be covered by the Equality Act effectively from the point of diagnosis.  DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? YES NO |
| IF YES, PLEASE PROVIDE DETAILS OF THE NATURE OF YOUR DISABILITY:  PHYSICAL IMPAIRMENT VISUAL IMPAIRMENT/BLIND  LEARNING DISABILITY MENTAL HEALTH/MENTAL DISTRESS  HEARING IMPAIRMENT/DEAF LONG TERM LIMITING ILLNESS  OTHER (PLEASE SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| ARE YOU APPLYING FOR THIS POST ON A JOBSHARE BASIS? YES NO |
| ARE YOU CURRENTLY UNEMPLOYED? YES NO |

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| RELIGION/BELIEF |

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| --- |
| WHAT IS YOUR RELIGION/BELIEF?  BUDDHIST CHRISTIAN  HINDU JEWISH  MUSLIM SIKH  NO RELIGION ANY OTHER RELIGION OR BELIEF  DO NOT WISH TO DISCLOSE (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SEXUAL ORIENTATION |

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| HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?  BISEXUAL GAY MAN  GAY WOMAN/LESBIAN HETROSEXUAL/STRAIGHT  OTHER DO NOT WISH TO DISCLOSE |

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| GENDER IDENTITY |

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| IS YOUR GENDER IDENTITY OPPOSITE TO THAT ASSIGNED AT BIRTH? YES NO  DO YOU LIVE AND WORK FULL TIME IN THE GENDER ROLE OPPOSITE TO THAT ASSIGNED AT BIRTH? YES NO |

OFFICE USE ONLY

Please tear this slip off before supplying the Application Form to the shortlisting panel. Guidance on collecting monitoring data can be obtained from the Recruitment Monitoring Procedure in the Personnel Policy and Procedures Handbook.

Thank you for completing this form. If you have any queries or comments regarding Equal Opportunities monitoring please contact the Personnel Department, 1st Floor, Merton House, Stanley Road, Bootle, Merseyside L20 3DL. Tel No. 0151 934 3379