Teaching Application Form



Name of School: Redbridge Primary School			ool	Candidate ref (office use only)				
Ро	st:							
Ag	e groups for w	hich trained:		Month/Yea	r QTS Awarded or Expected			
1.	Specialist Subjects Offered							
	Main: Other:							
	Teacher Refe	erence Number:	DBS	Certificate N	lumber:			
	National Insu	Do yo	ou require pe	ermission to work in the UK?				
	(An ECT is re	e box if you are an early caree equired to serve a statutory indu may use a continuation sheet	ıction peri	od)	f you are completing your training			
2.	Personal D	etails						
	Title:	Last Name:			First Name(s):			
		Please include fo Permanent Address	rmer nam	es if applical	ble in brackets Temporary Address (if applicable)			
	Post Code:			Post Code:				
	Contact Det	ails:		l				
	Telephone:							
	Mobile:							
		Email:						
3.		Training and Qualification	S					
	Secondary Education Name, location and type of schools		Dates (mm/yyyy)		Secondary Examinations passed List all subjects with grades			
			From	То				
			From	То				
	Higher Education							
	University/College/Organisation/Course			Dates (mm/yyyy)	Qualifications passed List all subjects with grades			
			From	То				
			From	То				
	Initial Teach	er Training (ECTs please include	e ITT cours	es undertakei	n)			
	College/Organisation/Course			Dates (mm/yyyy)	Qualifications (to be)/passed			
			From	То				
			From	То				

4. Present Post

Name of School		School Address			Phase
Salary £	Special Allowance	Point on Scale	Ages Taught	Date of Appointment	When could you commence duty?

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5. Previous Teaching Experience

Please give details of all full and part-time paid teaching experience in schools including periods before date of qualification. ECTs please include college teaching practices if applying for your first appointment (use a continuation sheet if necessary).

Local Education Authority, Gov. Body or Country	School	Full Time or % Part time	Post Held	Ages Taught	Stuc	of paid teaching service. dents give teaching practice dates. (mm/yyyy)
					From	То
					From	То
					From	То
					From	То
					From	То

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6. Previous Industrial, Commercial or Local Government Experience

Please account for any gaps in your employment history

Please give details of experience (e.g. industrial, clerical, social and other gainful employment after the age of 18 years).

Name and Address of Employer(s)	Date (mm/yyyy)		Nature of Employment and position held
Traine and rearises of Employer(e)	From	То	(including an indication of whether full or part time)

7. Declarations
Are you related to a councillor, officer, headteacher or school governor of the London Borough of Redbridge?
If yes, please state their name and the relationship
Note: Canvassing or failure to disclose a relationship to a councillor, officer, headteacher or school governor of the London Borough of Redbridge could disqualify the candidate.
Rehabilitation of Offenders Act
Before completing this part of the form, please read the following notes carefully.
All posts involving direct contact with vulnerable children are exempt from the Rehabilitation of Offenders Act 1974
The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.
Please take a look at the filtering rules using the following link:
Filtering rules for criminal record check certificates
The list of offences that will never be filtered are available through the following link:
Never filtered from a criminal records check
If you have ever been convicted of a criminal offence, which is not 'protected,' you may 'disclose' this separately.
Please ensure that you provide this information as a separate document, which should include your name and the post for which you have applied. The document should be marked 'CONFIDENTIAL - Last Name'.
All information given will be treated in the strictest confidence and will be used for this job application only.
I declare that I have read Section 7 Rehabilitation of Offenders Act as detailed above
I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may after appointment lead to disciplinary action, which could lead to my dismissal without notice.
Name: Date:

Keeping children safe in education – online recruitment checks

In accordance with Safer Recruitment Guidelines and Data Protection Guidelines, we reserve the right to use online searches as part of our recruitment processes.

Further details available from the <u>LGA guidance note</u>.

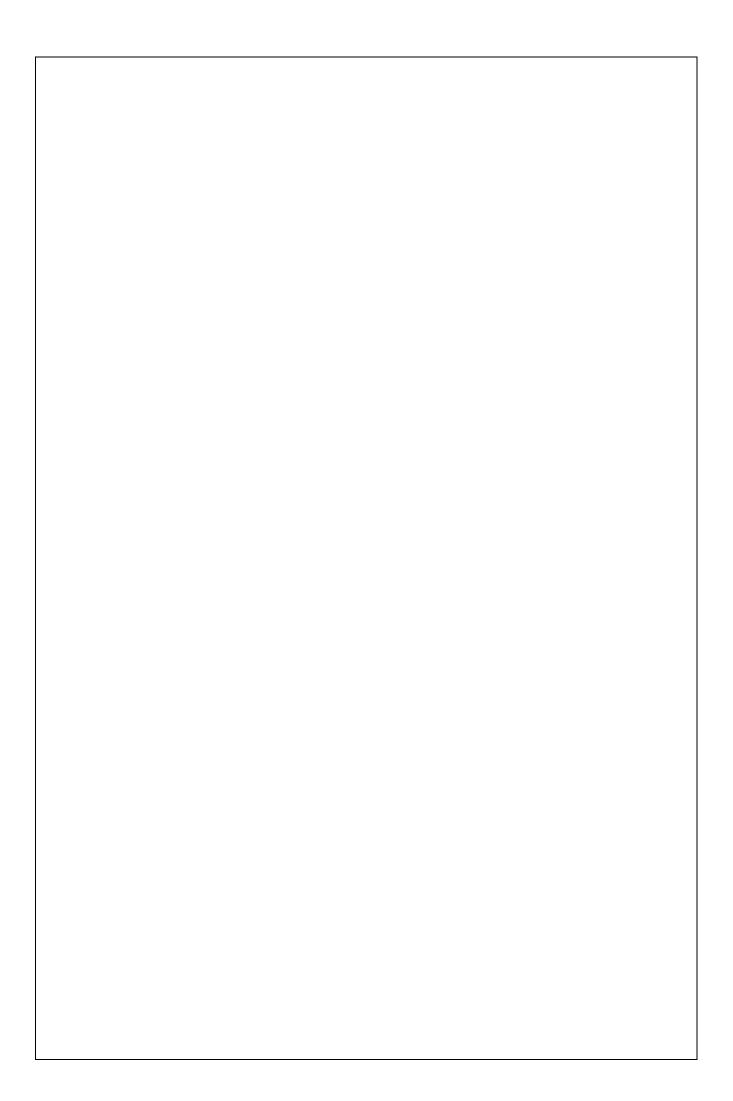
If you would like to discuss this further, please contact the recruiting School.

8.	Please ensure that the Initial Teacher Training information is completed in Section 3.						
	Have you already started your Early Careers Teacher Induction Period? If Yes, date started: DATE:						
	Name of School:						
9.	Other courses attended in the last 5 years - (Including Denominational Qualifications) Please include organising body, title of course, dates and duration (use a continuation sheet if necessary).						
	Course Title and Organising Body						
10.	Special Interests and Relevant Experience Please give details of your recreational and cultural interests, voluntary work and any other special skills you have developed which may be relevant to the post and to your work with children.						

11. Letter of Application or Supporting Statement

application.
You are advised to limit your Statement to the equivalent of 2 sheets of printed A4.

Please include more detailed particulars of your experience, skills and further information in support of your



Refer	ences	
Safer	recruitment guideline	es recommend that references are taken up prior to interview.
Please	e give the names of two	o professional referees. One of these should be your present or
most r	ecent employer. Refe	rences will be requested by email.
ECTs	should provide their	initial teacher trainer and a successful teaching practice school.
Refer	ee 1	
	Title (Mr/Ms/Mrs/	
	Miss/Dr etc) Full Name	
	Status	Other
	School/College	
	Address	
	Post Code	
	Professional Ema	il:
	Telephone:	
Refer	ee 2	
	Title (Mr/Ms/Mrs/ Miss/Dr etc)	
	Full Name	
	Status	Other
	School/College	
	Address	
	Post Code	
	Professional Ema	il:
	Telephone:	
le this		any disability you may have for which a reasonable adjustment may be necess used for short-listing purposes, it will greatly assist in making any interview
ngeme		

Successful applicants must produce original certificates of qualifications upon request.

Declaration

You cannot sign this form on screen. By submitting an e-mail application, you undertake that the information you have provided is true and accurate to the best of your knowledge. You may be required to sign your application at a later stage of the selection process.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may after appointment lead to disciplinary action, which could lead to my dismissal without notice.

Name Date

Redbridge Primary School

Redbridge Primary School, College Gardens, Redbridge, IG4 5HW This application form should be returned to the **Redbridge Primary School** by email.

Please save this document using your LAST NAME and email to:

admin.redbridgeprimary@redbridge.gov.uk

Thank you for your application Your email will be acknowledged

Protection of your Data/Information

The information you supply on this application form is subject to the current Data Protection Regulations and specifically the General Data Protection Regulation (GDPR) 2018.

Privacy Notice: Redbridge Schools use this standard application form for the recruitment and employment of teaching staff in schools. The information will be confidentially shared with administrative and management personnel involved directly in the recruitment process within individual schools and with associated Human Resource and Payroll services outside of the school in the context of your employment application. Anonymous data may be extracted for the purpose of statistical recording.

Please note that we will be sharing your application with people contracted to LBR to carry out initial interviews.

Once the recruitment process has been completed the application form and associated documents for successful candidates will be retained to form the basis of an employment record and stored safely and securely. Unsuccessful candidates' details will be securely disposed of in accordance with the guidelines and erased or destroyed - unless there is specific permission for the information to be retained for future recruitment purposes.

You may update the information should you become aware of any inaccuracies in your submitted application by contacting the email address used to submit the application originally. You can also withdraw your application through the same contact.

For further general information please contact: Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals - ico.org.uk



Recruitment Monitoring

Applicant Ref No

In line with the Codes of Practice of the Equality and Human Rights Commission (formerly Equal Opportunities Commission and the Commission for Racial Equality) and as required by the Audit Commission, Redbridge Council collects and maintains information on gender, ethnic origin and disabilities of its employees. As of April 2009 Redbridge Council will also collect and maintain information on sexual orientation, age and religion or belief of its employees. The information you have supplied will be kept confidential within Human Resources. Departments will only see statistical information and it will only be used to provide an overall profile analysis of Redbridge Council.

Please complete this section of the application form, which will be separated from the rest of the form before shortlist selection takes place.

You can be assured that this information will be treated in confidence and will not be available to short listing officers or interviewers or to future potential managers.

- 1. Where did you see this post advertised?
- 2. What is your Date of Birth?
- 3. What is your Ethnic group?

Please choose one selection from A to E and then tick the appropriate box within your chosen section to indicate your cultural background. If you are ticking one of the 'Any other' boxes please state in the space provided

A. White British	☐ Irish ☐ Any Other White Background Please State
B. Mixed White and Black Caribbean White and Black Asian	☐ White and Black African ☐ Any other Mixed Background Please State
C. Asian or Asian British Indian Bangladeshi	Pakistani Any other Asian Background Please State
D. Black or Black British ☐ Caribbean	☐ African ☐ Any other Black British Please State
E. Chinese or other Ethnic Group Chinese	Any other Background Please State

4. Gender Female
5. Do you have a disability? The Equalities Act 2010 (EA) protects people with disabilities. The EA defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.
5a. Do you consider yourself to have a disability according to the terms given in the EA?
Yes No No
The Council wishes to ensure that people with disabilities are able to access job opportunities as well as people without disabilities do.
If we know you have a disability we will make adjustments to the working arrangements and/or the working environment provided it is reasonable in the circumstances to do so. We will also make appropriate arrangements for your interview.
5b. If you have answered yes to having a disability, please let us know how we can support you at the interview stage
5c. Please tick if any of the following types of disability apply to you. People may experience more than one type of disability, in which case tick all the types that apply. If your disability does not fit any of these types, please mark 'Other' and state your disability Long-standing illness, such as cancer, HIV, diabetes, disease or epilepsy Sensory impairment, such as being blind, having a serious visual impairment or being deaf, having a serious hearing impairment
Physical impairment, such as difficulty using your arms or mobility issues, which means using a wheelchair or crutches
Learning disability, (such as Down's Syndrome or Dyslexia) or cognitive impairment (such a autism or head-injury)
☐ Mental health condition, such as depression
Other (please state)
6. What is your religion or belief?
☐ Agnostic ☐ Buddhist ☐ Jain ☐ Sikh ☐ Atheist ☐ Christian ☐ Jewish ☐ No Religion ☐ Bahá'í ☐ Hindu ☐ Muslim ☐ Any other religion or belief ☐ Prefer not to say Please state
7. What is your sexual orientation?
☐ Bisexual☐ Woman/Lesbian☐ Prefer not to say