

**APPLICATION FOR EMPLOYMENT
(TEACHING AND SUPPORT STAFF POSTS)**

PART A PERSONAL INFORMATION

Pers Info(A)(June 2001)

Application Number

For school use only

DATA PROTECTION ACT This information is being collected for the purposes of the recruitment and selection procedures and if successful, for the purposes of the completion of the input process for salary payment, for the calculation of salary and to produce a Statement of Particulars. When you complete this document you are providing your consent for the employer to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes. If you have a query or concern regarding this, please contact the Head teacher of the school, in the first instance.

Posts in schools are subject to the procedures associated with the Protection of Children and Young Persons. Successful candidates will, as a result, be required to apply for an enhanced disclosure check through the Criminal Records Bureau. Unspent convictions must be disclosed to the Selection Panel. A conviction is not necessarily a bar to employment.

1. **Post applied for** _____

2. **Name of School/Establishment** _____

3. **Personal Details**

(a) **Surname** _____

(b) **Forenames** _____

(c) **Title** Mr Miss Mrs Ms Other _____

(d) **Gender** M / F _____

(e) **Current address** _____

_____ Post Code _____

(f) **Telephone No.** _____

(g) **Previous Names** _____

4. **Are you currently (or have you previously been) employed in any capacity with Gloucestershire Local Education Authority?** YES / NO

If YES, please give details:

Establishment & Capacity in which employed _____

Date of and reason for leaving (if applicable) _____

Employee/Delphi/Personal No. (from payslip) _____

5. **(Teachers Only) DES Ref No.** _____ **Date of Qualification** _____

Have you completed an induction year as a newly qualified teacher? YES / NO

EQUAL OPPORTUNITIES IN EMPLOYMENT

To measure the effectiveness of its equal opportunities policies, the school needs to monitor its recruitment process. You are asked, as a candidate for appointment, to complete **Questions 6 and 7** of the form so that the school can monitor, whether it is, in fact, receiving applications from all sections of the community and also to assist in checking that candidates receive fair and equal treatment at all stages.

6. If you have a disability please tick the box

All shortlisted candidates will be invited to advise the school if they have a disability and whether they require specific arrangements to be made when called for interview.

7. Ethnic Origin

Under the classifications shown below, please tick which box describes your ethnic origin. Please note that one of the boxes below must be ticked

Asian or Asian British	Black or Black British	Chinese or other ethnic group	Mixed	White
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	British <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other* <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Other* <input type="checkbox"/>		White & Asian <input type="checkbox"/>	Other* <input type="checkbox"/>
Other* <input type="checkbox"/>			Other* <input type="checkbox"/>	

I do not wish to disclose

* If you have ticked any of the boxes marked "other" please give details

DECLARATION I certify that the information given by me on this application is true to the best of my knowledge and I understand that if I am appointed and such information is subsequently found to be materially incorrect, the Governors will be entitled to terminate my employment without notice

Signed _____ Date _____

N.B. Canvassing either directly or indirectly will disqualify the candidate

THIS SECTION TO BE COMPLETED BY THE SUCCESSFUL CANDIDATE ONLY ON APPOINTMENT

1. Date of Birth _____ 2. National Insurance No * _____

* This number is essential information. Failure to provide it may result in delayed payment of salary and may also be a breach of the Asylum & Immigration Act.

3. Emergency Contacts Name _____
 Address _____

 _____ Tel No. _____

Doctor's Name _____ Tel No. _____

4. Pension Details

(a) Support Staff Do you wish to contribute to the Local Government Pension Scheme? YES/NO
 If NO, an Opt Out Form must be obtained from the School Secretary/Bursar or the Education Department. **Failure to do this will result in pension deductions being made.**

(b) Full-time teachers Full-time teachers will be made contributory to the Teachers' Pension Scheme unless other instructions are received.

Have you opted out of the Teachers' Pension Scheme? YES/NO

Part-time teachers Have you elected to join the part-time Teachers' Pension Scheme? YES/NO

If NO, do you wish to join? YES/NO (if yes further details will be sent to you)

I certify that the additional information given in this section is true to the best of my knowledge

Signed _____ Date _____