

# TEACHING POST APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPE FOR EASE OF COPYING

NEWHAM SCHOOLS  
HR SERVICE

Newham London

Schools HR,  
3rd Floor, East Wing  
Newham Dockside,  
1000 Dockside Road,  
London E16 2QU.  
Telephone No: 020 - 8430 2000



Application for the post of \_\_\_\_\_  
at \_\_\_\_\_ School / Service \_\_\_\_\_  
Do you wish to job-share? \_\_\_\_\_  
If you do wish to job-share and have a partner, please give that person's name \_\_\_\_\_

## 1. PERSONAL DETAILS BLOCK CAPITALS PLEASE

Surname \_\_\_\_\_ Other Names \_\_\_\_\_  
Previous Name(s) \_\_\_\_\_  
Mr/Mrs/Miss/Ms \_\_\_\_\_  
(required for verification of qualification, etc., which may not be in your name)  
Teacher Reference No. \_\_\_\_\_ National Insurance No. \_\_\_\_\_  
Registered with GTCE: YES/NO \_\_\_\_\_  
Address in Full \_\_\_\_\_  
\_\_\_\_\_  
Address for Correspondence (if different) \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Email) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## 2. SECONDARY EDUCATION

Name and Address of School	Dates		Qualifications gained e.g. 'O', 'A' G C S E with grades
	From	To	



5. **RELEVANT PROFESSIONAL DEVELOPMENT** and other courses attended during the past 3 years relevant to this application.

Course	From	To	Full-Time Part-Time Day or Evening	Where held

6. **NON -TEACHING SERVICE** - (if applicable, most recent first)

Employer's Name and Address	Post held (state if Full-Time or Part-Time)	Duties Involved	From	To

7. **WHAT IS THE EARLIEST DATE YOU COULD COMMENCE YOUR DUTIES IF APPOINTED**

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**11. Interview and Assessment Arrangements**

**Availability** - Please give details of dates on which you will not be available for interview. (if these clash with the interview date we will try to rearrange, but cannot guarantee to do this).

**Facilities for Disabled Applicants**

Please indicate if you would like us to provide you with the following to ensure that you are treated fairly in the selection procedure.



- Information on tape, braille and large print  Induction loop system
- Sign language interpreting  Wheelchair/scooter-user access
- Other (please specify) .....

We aim to interview candidates in a wheelchair/scooter user accessible venue. The Council endeavours to ensure that everyone is treated fairly in the selection process.

**12 ASYLUM AND IMMIGRATION ACT** - Before you commence working you **MUST** provide evidence to demonstrate your right to be in or work in the United Kingdom. If you are appointed to a post in the Authority you will receive further guidance.

Have you the right to work in the United Kingdom?

Yes  No

Is this subject to a Work Permit/Visa/Worker Registration Scheme?

Yes  No  (If yes please provide evidence)

**13. REHABILITATION OF OFFENDERS ACT - Please read carefully**

**a)** Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders (Exceptions) (Amendments) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the Provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will be considered only in relation to any application for positions to which Order applies. You are asked to note that a check will be carried out in Police records for details of any criminal offence.

**b)** Have you ever received a conviction, caution or bind-over?

Yes  No

**c)** Are you either on List 99, ever been disqualified from working with children or been subject to any sanctions imposed by a regulatory body (e.g General teaching Council)?

Yes  No

**If you have answered yes to either of the above questions, please provide details on a separate sheet in an envelope marked CONFIDENTIAL**

## **DECLARATION**

**13. I hereby declare that, to the best of my belief, all the information in this application form is correct.**

**Signature of Applicant**

**Date**

**NOTE** - Should any of the particulars furnished in answer to any questions in this form be found to be false within the knowledge of the candidate or should there be any wilful omission or suppression of any material fact, the candidate will, if appointed, be liable to be dismissed. Applicants for employment by the London Borough of Newham may not in any case or in any circumstances canvass Members of the Council or Senior Officers (including Head and Deputy Head Teachers), or members of the relevant Governing Body. To canvass any such individuals or to obtain from her/him a letter of introduction or recommendation to any officer of the Borough will disqualify an applicant.

## Equalities and Diversity Monitoring Information

The London Borough of Newham recognises that everyone in Newham has a right to play a full part in the life of the borough. This means that everyone should have equal access to council services, job opportunities and to having their voices heard.

It is the council's position that everyone should be treated fairly, without discrimination and with respect of their human rights, regardless of their gender, race, age, disability, sexual orientation, HIV status, religion, natural or social origin or class. The information requested on this form will help us to monitor the Council' effectiveness in achieving equality for all and valuing diversity.

**The information you give on this form will be treated in the strictest confidence and retained and processed in accordance with the provision of the Data Protection Act. The information will be used for statistical purposes only and is not part of the selection process. This page will be separated from your application prior to shortlisting.**

**1. Where did you see the post advertised/hear about this vacancy?**

(Please give the name of newspaper/journal, website etc).....

**2. Gender: (please circle)**

**Male**

**Female**

**3. Age .....**

**Date of Birth .....**

**4. Do you consider yourself disabled? (please circle)**

**Yes**

**No**

(The Disability Discrimination Act says that this would be "a substantial or long term physical or mental impairment or health issue which could adversely affect your ability to carry on normal day to day activity")

If yes, please state the nature of your disability: .....

**5. Sexual Orientation:**

Which classification best describes your sexual orientation?

**Please tick ✓**

Bisexual	
Gay Man	
Gay Woman/Lesbian	
Heterosexual/Straight	
Other	
Prefer Not to say	

**6. Ethnic Origin:**

Please indicate your ethnic origin from the list below which is based on the official 2001 census categories.

Circle one only

WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	CHINESE OR OTHER ORIGIN
British	White and Black Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	Any other ethnic Group
Any other white background	White and Asian	Bangladeshi	Any other black background	
	Any other mixed background	Any other Asian background		

THANK YOU FOR YOUR COOPERATION.

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