



I am a qualified teacher	
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APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

**IMPORTANT NOTE: PLEASE COMPLETE THIS REGISTRATION FORM IN BLACK INK OR TYPESCRIPT
IF YOU HAVE QUALIFIED AS A TEACHER AT ANY POINT YOU MUST INCLUDE YOUR TEACHER REFERENCE NUMBER**

FOR SUPPORT STAFF APPOINTMENTS

1. POST DETAILS

POSITION APPLIED FOR:	JOB REFERENCE NO:
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2. PERSONAL DETAILS

SURNAME:		FORENAMES:	
ADDRESS:		HOME ADDRESS (if different)	
DATE OF BIRTH:	N.I. NO.	HAVE YOU EVER QUALIFIED AS A TEACHER AND ISSUED WITH A DFE NUMBER?	IF YES PLEASE GIVE YOUR TRN NO.:
DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK?		HOME TEL:	MOBILE./CONTACT PHONE NO.
HAVE YOU EVER WORKED OUTSIDE OF THE UK?		E-MAIL ADDRESS:	

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	FROM	TO	DEGREE OR CERTIFICATION OBTAINED (If Degree state Honours and Class)	SUBJECT(S)	DATE OF AWARD

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AGE RANGE TRAINED TO TEACH:

OTHER QUALIFICATIONS

QUALIFICATION	AWARDING BODY	SUBJECT(S) (incl. grades, if applicable)	DATE OF COURSE AND AWARD

4. EMPLOYMENT DETAILS

PRESENT POSITION HELD:

NAME AND ADDRESS OF SCHOOL

TYPE (including whether single sex): Mixed

NO. ON SCHOOL ROLL:

EDUCATION AUTHORITY:

ADDRESS:

DATE APPOINTED:

SCALE OF POST:

CURRENT SALARY:

PREVIOUS EMPLOYMENT AS A QUALIFIED TEACHER

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

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

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. ADDITIONAL INFORMATION

THIS SHOULD TAKE THE FORM OF A LETTER OF APPLICATION

8. REHABILITATION OF OFFENDERS ACT 1974 AND DISCLOSURE

This post 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 now classed as 'regulated' under the Criminal Justice and Court Services Act 1997, the school is entitled to check with the DBS for the existence and content of any criminal record, and to check lists held by the Department for Education 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 registration. All cases will be examined on an individual basis and given full and fair consideration.

It is a criminal offence to register for a post that you have been disbarred, in law, from applying for.

- I HAVE A CURRENT ENHANCED DBS CERTIFICATE AND HAVE NOT HAD A 3 MONTH BREAK IN EMPLOYMENT SINCE I RECEIVED MY DBS CERTIFICATE

CERTIFICATE ISSUE DATE: _____ CERTIFICATE NUMBER: _____

- I HAVE A CURRENT ENHANCED DBS CERTIFICATE WITH THE ON LINE SERVICE WHICH REQUIRES A STATUS CHECK
- I DO NOT HAVE A CURRENT ENHANCED DBS CERTIFICATE

I UNDERSTAND THAT I WILL BE REQUIRED TO SHOW MY DBS CERTIFICATE TO THE HR OFFICER AT KING'S LEADERSHIP ACADEMY LIVERPOOL FOR VERIFICATION

9. REFEREES

PLEASE ENTER THE NAME, ADDRESS, POSITION AND TELEPHONE NUMBER OF 2 REFEREES. REFEREES SHOULD BE YOUR PRESENT/MOST RECENT AND PREVIOUS EMPLOYERS, WHEREVER POSSIBLE.

Titles:	Titles:
Full name:	Full name:
Address:	Address:
Post Code:	Post Code:
Tel:	Tel:
Email:	Email:
Professional <input type="checkbox"/> Personal <input type="checkbox"/>	Professional <input type="checkbox"/> Personal <input type="checkbox"/>

10. OTHER INFORMATION

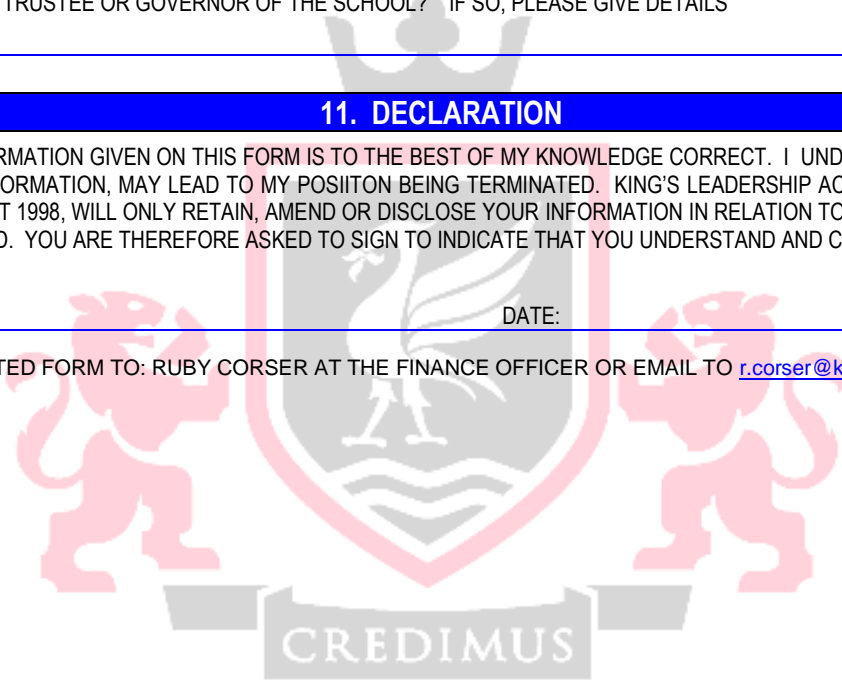
ARE YOU RELATED TO ANY TRUSTEE OR GOVERNOR OF THE SCHOOL? IF SO, PLEASE GIVE DETAILS

11. DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT. I UNDERSTAND THAT THE GIVING OF FALSE OR MISLEADING INFORMATION, MAY LEAD TO MY POSIITON BEING TERMINATED. KING'S LEADERSHIP ACADEMY IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998, WILL ONLY RETAIN, AMEND OR DISCLOSE YOUR INFORMATION IN RELATION TO THE PURPOSES FOR WHICH IT WAS ORIGINALLY OBTAINED. YOU ARE THEREFORE ASKED TO SIGN TO INDICATE THAT YOU UNDERSTAND AND CONSENT TO THIS.

SIGNED: _____ DATE: _____

PLEASE RETURN COMPLETED FORM TO: RUBY CORSER AT THE FINANCE OFFICER OR EMAIL TO r.corser@kingsliverpool.com



KING'S LEADERSHIP
ACADEMY LIVERPOOL