



# DENEFIELD SCHOOL

## APPLICATION FORM

Teacher

Please complete in black ink

### 1. PERSONAL DETAILS

Surname		Forenames	
Previous name (if applicable)		DoB (for List 99)	
Title	NI number:	DfES no	
Address			
Post code	Mobile	Fax	
Home telephone	E-mail	Work telephone	

### 2. PRESENT TEACHING POST (if applicable)

Present post (Title)	Date appointed	
	Point on scale	
Name of school and address		
Post code		
Type of school	Age range	No on roll
Single sex/mixed	Age range taught	
Name of education authority or private institution		

### 3. REFERENCES (One of these should be your present employer)

Name	Name
Status	Status
Address	Address
Post code	Post code
Telephone number	Telephone number
Fax number	Fax number
Email address	Email address

/continued



**4. EDUCATION**

	Dates		Qualifications
	From	To	
School, College, Further Education			
Higher Education			
Further post graduate study			
Main teaching subjects offered		Additional subjects offered	

**5. PREVIOUS TEACHING POSTS HELD (Please enter earliest first)**

Name of education authority	Name of school or college	B G or mixed	No on roll	Age range	Post title and scale	Dates	
						From	To

Please explain any breaks in service

**6. RELEVANT IN SERVICE TRAINING**  
**Courses attended during last three years**

Title	Organising body	Dates		Duration
		From	To	

**7. PROFESSIONAL EDUCATIONAL ACHIEVEMENTS WITHIN OR BEYOND SCHOOL**

**8. DETAILS OF ANY NON-TEACHING EMPLOYMENT**

Employer	Position held	Job description	From	To

**9. INTERESTS**

**REHABILITATION OF OFFENDERS ACT 1974**

This post is exempt from the Rehabilitation of Offenders Act 1974. Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 you are required to declare any information about convictions, past cautions or prosecutions pending. If after interview it is decided to offer you the post a check will be undertaken with the police prior to confirmation of your appointment. *Please detail the offence(s), including spent convictions, in a sealed envelope and staple it to this application.*

**10. MEDICAL INFORMATION**

Are you a registered disabled person? YES/NO. Registration number .....

Have you suffered from any medical condition which has affected (or might in the future affect) your performance as a teacher? YES/NO. Please give details on separate sheet.

Please give details of any absence through ill health requiring certification over the past twelve months.

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11. 

Please state where you saw the advert for this post.

**12. APPLICANT'S DECLARATION**

I certify that the information given on this form is correct and complete to the best of my knowledge. I am/am not related to any senior member of staff or governor. I have not canvassed either directly or indirectly any member of the governing body in connection with this appointment. I am aware that canvassing or giving false information will be a disqualification or if appointed may lead to dismissal. I can produce the original documents of my qualifications and am prepared to undergo a medical examination.

I also understand that, on appointment, information from this form may be computerised for personnel purposes in accordance with the Data Protection Act 1984.

Signature .....

Date .....