



BRANSTON COMMUNITY ACADEMY

Station Road, Branston, Lincoln LN4 1LH

Tel: 01522 880400 Fax: 01522 880401

Email: enquiries@branstonca.lincs.sch.uk

Website: <http://www.branstonca.lincs.sch.uk>

Principal: Mr P Beighton



APPLICATION FOR EMPLOYMENT – TEACHING STAFF

Please complete this form in black ink or typescript using block letters and return to The Principal. Separate sheets of information may be attached where necessary. CV only accepted with a completed application form.

Post applied for:		
Closing date:		How did you hear of this job?

PERSONAL DETAILS

Surname:	Forenames:	Title:
Address:	DfE reference number:	
	National Insurance number:	
	Current driving licence: YES/NO	
	Superannuation Scheme: Teachers'/Other (please specify)	
	Are you registered with the DBS Update Service? If Yes, do we have permission to carry out an online check?	
Tel Nos. – Home & Work:	Email address:	
Can you confirm that you are eligible to work in the UK YES/NO If Yes is this eligibility temporary YES/NO		

PRESENT TEACHING POST

Present Post:		
Date appointed:	Full-time/part-time:	
Current salary: £_____ p.a.	Spinal Point:	Date achieved threshold:
Name & address of school:	Name & address of Local Authority (if applicable):	
Telephone No:	Telephone No:	
Type of school:	NOR:	
Single Sex/Mixed:	Age range taught:	

TEACHING QUALIFICATIONS

Date qualification awarded: (month and year)
Date of completion of probation:

EDUCATION AND TRAINING

SECONDARY/FURTHER EDUCATION

Name of secondary school/colleges	Dates		Qualifications gained		
	From	To	Subject	Level/Grade	Date

HIGHER EDUCATION/TEACHER QUALIFICATIONS

Name of Colleges/Universities	Dates		F/T or P/T	Qualification gained		
	From	To		Title and subject	Class	Date

MEMBERSHIP OF PROFESSIONAL BODIES

Name of Professional Body	Membership Grade	Was membership gained through examination	Where	Date

IN-SERVICE TRAINING ATTENDED IN THE LAST THREE YEARS

Course	Qualification Gained	Dates:

PREVIOUS TEACHING POSTS HELD

(Please list in chronological order)

Name of Education Authority and Division or Area	Name of school, type of school and whether single sex	Approx no. on roll	Post title, grade or scale – full or part-time	Age range taught	Dates(m&y)	
					From	To

NON-TEACHING EMPLOYMENT

(Please give details of other employment or occupations including HM Forces and present post, if applicable)

CRIMINAL OFFENCES

Please give details of any criminal offence(s) or pending criminal charge(s)

*You will be required to make an application to the Criminal Records Bureau for disclosure under the provisions of the Police Act (1997). If you are appointed, the School will confirm your identity and submit the application to the CRB, paying the necessary fee. The 1997 Police Act allows employers to obtain this information on people who are being considered for appointment to positions involving children, vulnerable adults or other positions of trust. The post you are applying for is subject to an enhanced disclosure and you must provide details of **all** convictions, including those spent under the Rehabilitation of Offenders Act 1974 and Exceptions Order 1975, cautions, reprimands, warnings, investigations or prosecutions pending. Failure to disclose any information required of you may result in disciplinary actions or dismissal from the School. You will not be contracted to commence work until the disclosure record has been received and cleared. Any information disclosed will be treated sensitively and in confidence and will only be used in deciding a candidate's suitability for the post applied for.*

From 12th October 2009, a new duty to share information was introduced under the Vetting and Barring Scheme. From that date employers have to notify the ISA of relevant information so that employees who pose a threat to vulnerable groups can be identified and barred from working with these groups. The School fully supports the ISA and will notify the Vetting and Barring Scheme if we consider it appropriate.

MEDICAL INFORMATION

Note: A successful candidate will complete a pre-employment Fitness for Task form and may be asked to attend for a medical examination

OUTSIDE INTERESTS/ACTIVITIES

**THIS APPLICATION SHOULD BE ACCOMPANIED BY A
LETTER OF APPLICATION**

REFEREES

References will normally be taken up from your present/last Headteacher and/or present employer prior to shortlisting

Name:	Name:
Address:	Address:
Telephone no & Email:	Telephone no & Email:
Status:	Status:

Are you, to your knowledge, related to any employee or governor at the school? YES/NO

NAME:	POSITION:
RELATIONSHIP:	

Providing any misleading or false information to support your application or canvassing governors or staff directly or indirectly will disqualify you from appointment or if appointed will render you liable to dismissal without notice.

DECLARATION

I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph and I agree that the information given on this form may be used for registered purposes under the Data Protection Act, 1984. I have also understood and complied with the provision concerning the disclosure of criminal convictions.

SIGNATURE OF APPLICANT: _____ **DATE:** _____