



Wessex
Learning Trust

We Learn Together!

APPLICATION FOR TEACHING APPOINTMENT

Applicant's Name:

Post Applied for:

Name of School: The Kings of Wessex Academy

The Kings of Wessex Academy

Station Road, Cheddar, Somerset BS27 3AQ Telephone: 01934 742608 Fax: 01934 742757

Email: office@kovessex.co.uk www.kovessex.co.uk

Wessex Learning Trust. Registered in England. Company Number 7348580.

This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process.
 Please refer carefully to the information you have been provided for this post.
 Please ensure you complete all sections of the application form in black print/ink. Your application will be treated in the strictest confidence.

1. PERSONAL DETAILS

Title (e.g. Mr, Mrs, Dr)	
Full Name	
Previous Surname (s)	
Home Address	Alternative Address
Postcode	Postcode
Home Telephone No.	Work Telephone No.
Mobile Telephone No.	Email address
Date of Birth	
National Insurance Number	DfE Number

2. CURRENT TEACHING APPOINTMENT

Name and Address of School/Academy	Date Appointed	Position	Full/Part-Time or Supply	Subject (s) Taught	Age Range	
	(mm/yy)					Current Salary
						Point on Scale
						Allowance (s)

Key Responsibilities**3. SECONDARY EDUCATION**

Please include all public examinations passed. Original documentation of qualifications will be required prior to appointment

Name of Institution	Full/Part-Time	Dates from		To		Qualification	Subjects	Grades	Date of Award
		Month	Year	Month	Year				

4. HIGHER EDUCATION

Please clearly state the month and year you commenced and ended your studies at each institution

Name of Institution	Full/Part-Time	Dates from		To		Qualification	Subjects	Grades	Date of Award
		Month	Year	Month	Year				

5. TRAINING AS A TEACHER

Please clearly state the month and year you commenced and ended your studies at each institution

Name of Teacher Training Provider	Dates from		To		Qualification	Subjects: Main and Subsidiary	Age Range/ Key Stage	QTS Tests you have passed
	Month	Year	Month	Year				Literacy
								Numeracy

6. CONTINUING PROFESSIONAL DEVELOPMENT

Please give details of your Continuing Professional Development over the past two years.

Title of Course/Training	Dates	Name of Provider

7. EMPLOYMENT HISTORY

Please list in chronological order clearly stating the month and year you commenced and ended your employment with each organisation. Please note any gaps in employment should be documented within the chronology including the reason for the gap.

Name and Address of Employer	Dates of Employment <i>(month and year)</i>	Post	Full Time/ Part time or Supply	Age Range	Grade	Reason for Leaving
	From mm/yy To mm/yy From mm/yy To mm/yy From mm/yy To mm/yy From mm/yy To mm/yy From mm/yy To mm/yy From mm/yy To mm/yy					

8. OTHER SKILLS AND INTERESTS

Please provide details of any skills and interests.

9. QUALIFIED TEACHER STATUS

1. Are you recognised as a qualified Teacher? If not, are you eligible for recognition?	Yes No Yes No
2. Have you successfully completed a period of probation?	Yes No

10. DISABILITY

The Wessex Learning Trust aims to be a fair employer and is committed to equal opportunity for people with disabilities. Applications from people with disabilities are welcome. If you are offered an interview, we have a policy of providing appropriate access and equipment to ensure that people with disabilities are considered on an equal basis. If you would like any further assistance or advice about this application we will try to help.

1. Do you consider yourself to be disabled? If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?	Yes No Yes No
The Disability Discrimination Act to Equality Act 2010 defines disability as “A person (P) has a disability if P has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” (Section 6(1), EqA 2010)”	
2. Is there anything you would particularly like to tell us about your disability?	

11. SUPERANNUATION SCHEME

1. Do you contribute to the Teacher’s Superannuation Scheme?	Yes No
2. If you contribute to another scheme, please provide details.	
3. Have you elected to pay Superannuation contributions for part-time teaching?	Yes No

12. PROTECTION OF CHILDREN

You are required to give details of all spent or unspent convictions and cautions, including road traffic offences as this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order 1986. Failure to disclose information will result in your dismissal by the Wessex Learning Trust. *A subsequent offer of appointment will be dependent upon the completion of a satisfactory Enhanced Disclosure & Barring Service check.*

<p>1. Have you ever been convicted or cautioned of a criminal offence? If yes, please provide details of the offence, the sentence and the date.</p>	<p>Yes No</p>
<p>2. Are there any restrictions to your residence in the UK, which might affect your right to take up employment in the UK? If yes, please provide details.</p>	<p>Yes No</p>
<p>3. If you are successful in your application, would you require a work permit prior to taking up employment?</p>	<p>Yes No</p>

13. REFERENCES

Please indicate two people who can provide references – one of whom should be your current or most recent Headteacher.

New entrants to teaching should include their University/College Tutor.

References will be taken up before an offer of employment is made and may be taken up prior to interview.

Name	Name
Address	Address
Telephone number	Telephone number
Email	Email
Position	Position

14. DATA PROTECTION STATEMENT

I hereby give my consent for the Wessex Learning Trust to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. This information may be shared with third party organisations including, but not exclusive to, payroll providers, the DBS, the Police and other third parties as defined by the Data Protection Act 1998 and related legislation. All information will be dealt with in accordance with Data Protection legislation.

15. DECLARATION

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment; OR, if appointed, may result in my dismissal.

Signature:

Date: