WALSALL COUNCIL
Working Towards Quality Through Equality

APPOINTMENT OF TEACHER

APPLICATION NO. ☐ (OFFICE USE ONLY)

JOB APPLIED FOR: **INSERT POST TITLE**

SCHOOL: **INSERT NAME OF SCHOOL APPLIED TO**

CLOSING DATE: **CLOSING DATE OF POST**

PRESENT APPOINTMENT (OR MOST RECENT):

POST HELD: **INSERT CURRENT/OR PREVIOUS JOB TITLE**

DATE APPOINTED: **INSERT DATE APPOINTED TO POST**

SCHOOL: **INSERT NAME OF CURRENT/OR PREVIOUS SCHOOL**

ADDRESS: **INSERT ADDRESS OF CURRENT/OR PREVIOUS SCHOOL**

GROUP OF SCHOOL: **INSERT GROUP**

LOCAL EDUCATION AUTHORITY: **INSERT LEA**

PRESENT SALARY: **INSERT SALARY**

RESPONSIBILITY POINTS (IF APPLICABLE): **INSERT POINTS**

EARLIEST DATE ON WHICH YOU COULD TAKE UP APPOINTMENT: **INSERT DATE**

EDUCATION AFTER AGE 16:

	NAME OF ESTABLISHMENT	DATES: FROM:	TO:
SCHOOL AND ADDRESS	**INSERT NAME AND ADDRESS OF SCHOOL**	**INSERT START DATE**	**INSERT LEAVING DATE**
UNIVERSITY	**INSERT NAME OF UNIVERSITY**	**INSERT START DATE**	**INSERT LEAVING DATE**
COLLEGE OF EDUCATION	**INSERT NAME OF COLLEGE OF EDUCATION**	**INSERT START DATE**	**INSERT LEAVING DATE**
OTHER ESTABLISHMENT	**INSERT ANY OTHER ESTABLISHMENT**	**INSERT START DATE**	**INSERT LEAVING DATE**
OTHER ESTABLISHMENT	**INSERT ANY OTHER ESTABLISHMENT**	**INSERT START DATE**	**INSERT LEAVING DATE**

QUALIFICATIONS:

EXAMINATION LEVEL EG GCSE, 'A' LEVEL, B.Tec, Degree	SUBJECTS	GRADE
INSERT LEVEL OF EXAMINATION	**INSERT NAME OF SUBJECT TAKEN**	**INSERT LEVEL OF GRADE ACHIEVED**

FIRST TEACHING QUALIFICATION:

UNIVERSITY / COLLEGE	SPECIAL AREAS OF STUDY, INCLUDING AGE RANGE:	DATES:
INSERT UNIVERSITY / COLLEGE	**INSERT DETAILS**	**INSERT DATES**

MAIN IN SERVICE COURSES ATTENDED DURING LAST FIVE YEARS:

INSERT DETAILS OF ANY TRAINING UNDERTAKEN

PREVIOUS TEACHING APPOINTMENTS (in chronological order):

TITLE OF POST	FULL OR PART-TIME	SCHOOL ESTABLISHMENT AND NAME OF LEA / EMPLOYER	SEX & NO. OF PUPILS ON ROLL	AGE RANGE TAUGHT BY YOU	DATES: FROM:	TO:
INSERT TITLE OF POST	**INSERT FULL OR PART-TIME**	**INSERT NAME OF SCHOOL AND LEA / EMPLOYER**	**INSERT SEX AND NUMBER OF PUPILS**	**INSERT AGE RANGE**	**INSERT START DATE**	**INSERT LEAVE DATE**

NON TEACHING APPOINTMENTS (in chronological order):

JOB TITLE	FULL OR PART-TIME	EMPLOYER	SALARY	DATES: FROM:	TO:
INSERT JOB TITLE	**INSERT FULL OR PART-TIME**	**INSERT NAME OF EMPLOYER**	**INSERT SALARY**	**INSERT START DATE**	**INSERT LEAVE DATE**

SUPERANNUATION

ARE YOU IN RECEIPT OF A PENSION (I.E., TEACHERS, LOCAL GOVERNMENT, OTHER FUND)? **INSERT DETAILS**

HAVE YOU ELECTED TO CONTIRBUTE IN RESPECT OF PART-TIME TEACHING SERVICE? **INSERT YES OR NO AND DATE IF APPLICABLE**

HAVE YOU OPTED OUT OF THE TEACHERS' SUPERANNUATION SCHEME? **INSERT YES OR NO AND THE DATE IF APPLICABLE**

OTHER INFORMATION:

Are you currently employed by Walsall Council? ☐ Yes ☐ No
Are you related to any Councillor or Employee of Walsall Council? ☐ Yes ☐ No
If yes state the name and relationship, plus the job title and service area if it is a Council employee.

INSERT DETAILS OF NAME OF RELATIVE, THEIR JOB TITLE AND PLACE OF WORK

Details of the relationships which you are requested to disclose include:-
a) Partners b) Co-habitees and c) 'step' relationships d) Friends. This is not an exhaustive list and is intended for guidance purposes only and there may be other relationships you wish to disclose.

SUPPORTING INFORMATION:

In support of your application you are invited to include a statement giving your reasons for applying for this post. Include any information which you consider relevant to this position. Please do not include you name or any other personal identification but do include the application reference number (from page 1).

INSERT INFORMATION

REFEREES:

PRESENT/MOST RECENT EMPLOYER

1. NAME **INSERT NAME OF FIRST REFEREE**

   OCCUPATION **JOB TITLE OF THE REFEREE**

   ADDRESS **INSERT WORK/PRIVATE ADDRESS OF REFEREE**

   TELEPHONE NO. **INSERT CONTACT NO.**

   E-MAIL ADDRESS **INSERT EMAIL ADDRESS**

PREVIOUS EMPLOYER

2. NAME **INSERT NAME OF SECOND REFEREE**

   OCCUPATION **JOB TITLE OF THE REFEREE**

   ADDRESS **INSERT WORK/PRIVATE ADDRESS OF REFEREE**

   TELEPHONE NO. **INSERT CONTACT NO.**

   E-MAIL ADDRESS **INSERT EMAIL ADDRESS**

PLEASE MAKE SURE YOU ASK REFEREES FOR THEIR PERMISSION.

OTHER INFORMATION:

DO YOU HOLD A VALID DRIVING LICENCE ? YES☐ NO☐

IF YES, PLEASE SPECIFY TYPE **INSERT DETAILS FROM DRIVING LICENCE**

Permission to work in the UK

Employers need to know if it is legal for you to work in the UK. You will need to show proof of your right to work.

Do you need permission to work in the UK? □ Yes □ No

EQUAL OPPORTUNITIES MONITORING

APPLICATION NO. ☐ (OFFICE USE ONLY)

Walsall Council is committed and working towards equal opportunity in employment.

In order to monitor the progress of our recruitment and selection practices we need from you the
personal details asked for on this page.

This personal information will be kept securely in Human Resources and not made available to anyone before or during short listing to ensure that only your abilities, experience and qualifications are considered.

You must use a Walsall Council application form. A Curriculum Vitae will not be accepted, however if you have a disability that means you cannot easily complete an application form then we will accept your application in some other suitable medium, i.e. on audio tape.

Please Note: This authority is under a duty to protect the public funds it administers, and to this end may use information you have provided on this form within this authority for the detection and prevention of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

PLEASE REMEMBER TO:

1. CHECK THAT YOU HAVE COMPLETED ALL THE PAGES OF THE
2. APPLICATION FORM.

3. SIGN THE DECLARATION.

4. RETURN THE FORM ON OR BEFORE THE CLOSING DATE.

PLEASE TICK

DATE OF BIRTH: INSERT DATE OF BIRTH

SEX: FEMALE ☐ MALE ☐

AGE: 16-18 ☐ 19-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

☐ WHITE BRITISH
☐ WHITE IRISH
☐ WHITE OTHER
☐ WHITE AND BLACK CARIBBEAN
☐ WHITE AND BLACK AFRICAN
☐ WHITE AND ASIAN
☐ OTHER MIXED

☐ INDIAN
☐ PAKISTANI
☐ BANGLADESHI
☐ OTHER ASIAN
☐ BLACK CARIBBEAN
☐ BLACK AFRICAN
☐ OTHER BLACK
☐ CHINESE
☐ OTHER ETHNIC GROUP

Under the Equality Act 2010 a person has a disability if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-today activities.

Do you have such a disability? YES ☐ NO ☐

Where did you see the job advertised? ☐ Jobshop ☐ Walsall Council website ☐ WMJobs ☐ Jobcentre ☐ Other

If other, please state which publication/website

How did you request this form: ☐ Internet ☐ SMS ☐ Telephone ☐ Other

If other, please specify **INSERT NAME OF PUBLICATION / INTERNET SITE**

OFFICE USE ONLY

JOB APPLIED FOR: **INSERT POST TITLE**

SCHOOL: **INSERT NAME OF SCHOOL APPLIED TO**

CLOSING DATE: **CLOSING DATE OF POST**

SURNAME: **INSERT SURNAME**

FIRST NAMES: **INSERT FIRST NAME(S)**

PREFERRED TITLE (Mr/Mrs/Miss/Ms) **INSERT PREFERRED TITLE**

ADDRESS: **INSERT HOME/CORRESPONDENCE ADDRESS**

POST CODE: **INSERT POST CODE**

HOME TEL NO: **INSERT HOME TELEPHONE NUMBER**

WORK TEL NO: **INSERT WORK TELEPHONE NUMBER**

E-MAIL ADDRESS: **INSERT EMAIL ADDRESS.**

NATIONAL INSURANCE NUMBER: **INSERT N.I. NUMBER**

TEACHER REF. NUMBER: **INSERT REFERENCE NUMBER**

DATE OF RECOGNITION AS QUALIFIED TEACHER: **INSERT DATE**

DECLARATION:

Having read the contents of this form, I hereby apply for the post within the Walsall Council named on the top of page 1 of this form in accordance with the conditions stated therein. I declare that information I have given on this form is correct and I understand that failure to complete the form fully and accurately could result in an incorrect assessment of salary and/or exclusion from short listing.

SIGNATURE _____

DATE **INSERT THE DATE**

On completion this form should be returned to the Head Teacher at the School/Establishment concerned unless otherwise stated in the advertisement.

NOTES FOR APPLICANTS

Applicants are requested to read carefully the following notes and any further particulars for the post before signing the declaration.

Acknowledgement of applications
Your application for this post will only be acknowledged if you enclose with it a stamped addressed envelope.

Notification of result
It is the policy of Walsall Council that, in order to keep costs to a minimum, notification of the result of an application shall not be sent to an unsuccessful candidate who is not called for interview for any post. If, therefore, you do not hear within 6 weeks of the closing date for applications for this post, you should normally assume that an appointment has been made.

Disclosure of relationship
A candidate for any post under the Walsall Council who knows that he/she is related to any Councillor or employee of that Council or member of the appointing school's Governing Body, must disclose the relationship. A candidate who fails to disclose such a relationship is disqualified and if appointed is liable to dismissal without notice.

Disclosure and Barring Services
The successful candidates for jobs working with children or adults will be asked to apply for a criminal disclosure check through the Disclosure and Barring Services vat the appropriate level prior to appointment. A conviction may not exclude candidates from these jobs but will be considered as part of the recruitment process.