

Application form for Curriculum and Courses Developer

Full Name of Applicant:	
<u>IMPORTANT – PLEASE READ BEFORE COMPLETING THIS FORM</u>	
<ol style="list-style-type: none"> 1. Please refer to the Guidance Notes for Applicants when completing this form. 2. Please use the form to demonstrate you meet the requirements of the Person Specification for the role. 3. All applicants must complete all sections, incomplete forms will not be considered. 4. Please do not delete any section of the form as that will invalidate your application. 5. Please return your completed application by email to m.razzak@isfnet.org.uk 6. By submitting the form you are declaring the information you have provided to be true. 	

FOR ADMIN USE ONLY (Please leave blank)			
Date application received		Section E - completed	
Section A - completed		Section F - Appropriate referee details have been provided in relation to employment history?	
Section B - completed		Section F - If NO request appropriate referees from applicant	
Section C - completed		Section F - Reference requests sent	
Section D - A full chronological education and work history since leaving school has been provided?		Section G - Declaration completed	
Section D - Any gaps in history fully explained?			
Section D - If NO, make a note of gaps to be raised at interview			

Call for Interview – YES/NO	
Interview date and time	

Slough School

Cippenham Lodge,
Cippenham Lane,
Slough,
Berkshire,
SL1 5AN
mail-slough@isfnet.org.uk

London School

1st Floor, The
Priory
277 St Ann's Rd
London,
N15 5RG
mail@isfnet.org.uk

Registered Charity No: 1155314

www.isf.education

Section A – Application Details

Please tick the boxes for all posts you are applying for. Please specify which branch of ISF you are applying to work in. For availability please type YES or NO as applicable, and give details as required.

BRANCH APPLIED TO (Please specify your preferred place of work)	
LONDON SCHOOL	
SLOUGH SCHOOL	
REMOTE	

AVAILABILITY FOR TEACHING POSITIONS (Please note these are the contractual hours for teachers)	
Are you available to work from Monday to Friday for at least 30 hours a week?	YES/ NO
NOTICE PERIOD (All applicants must answer)	
Do you have a notice period for your current employment?	YES/ NO
What date can you start work:	

HOW DID YOU HEAR ABOUT ISF (Please tick)							
Word of Mouth	<input type="checkbox"/>	AMS-UK Jobs Board	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>	ISF Website or IELC Platform	<input type="checkbox"/>
OTHER (Please specify)							
RELATIONSHIP TO ISF STAFF OR TRUSTEES:							
ARE YOU RELATED TO OR A FRIEND OF ANY MEMBER OF ISF STAFF ANY TRUSTEE (PAID OR VOLUNTARY)					YES/ NO		
If you answered YES, please include details of ALL staff you are related to below							
Name of Staff	Position in ISF			Relationship to you			

Section B – Identity and Personal Details

Please complete ALL sections providing ALL details requested.

IDENTITY DETAILS			
TITLE:		SURNAME:	

Application form for Employment

FORENAMES:		ANY PREVIOUS NAMES:	
DATE OF BIRTH:		UK NATIONAL INSURANCE NUMBER:	
CONTACT DETAILS			
HOME ADDRESS:			
POSTCODE:			
HOME TEL NO:		MOBILE:	
E-MAIL:			
RIGHT TO WORK IN THE UK			
Do you have the right to work in the UK?			YES / NO
If you answered YES, please give details of the documents you will provide to support this, e.g. British Passport, Work Permit etc. (Please note only valid original documents will be accepted)			

Section C – Supporting Statement

Please read the Job Description and Person Specification, and use this section to demonstrate your suitability in accordance with these requirements. Include details of your relevant education and experience, what led you to apply for this post, what you hope to gain and contribute to ISF and your future ambitions. Applicants should also make specific reference to their reasons for applying to Islamic Shakhshiyah Foundation in particular; an understanding of the ISF ethos, principles and curriculum is preferable. Please visit the ISF website if required to supplement your understanding.

SUPPORTING STATEMENT REGARDING YOUR REASONS FOR APPLYING TO FOR THIS ROLE:

DETAILS OF EXPERIENCE IN DAWA / CHARITY WORK:

DETAILS OF ISLAMIC COURSES ATTENDED OR COMPLETED. PLEASE ALSO INCLUDE ANY TALKS YOU HAVE ATTENDED IN MOSQUES / COMMUNITY CENTRES:

Section D – Education, Employment History and Work Experience

Please provide chronological details of ALL education and courses from GCSE’s and upwards. You must provide the month and the year for start and end dates of each course. If there are gaps between courses please include the dates of the gap in the table and explain the reason for the gap.

EDUCATION

Start Date		End date		Name of School or Further / Higher Education Institution	Level of course (BA, Level 3, GCSE’s etc.)	Course title or subjects taken	Results / Grades obtained
MM	YYY Y	MM	YYY Y				

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EMPLOYMENT

Please provide chronological details of ALL jobs whether paid or voluntary since leaving school. You must provide the month and the year for start and end dates. Please give reasons for leaving all former posts. If there are gaps between posts please include the dates in the table below this one and explain the reason for the gap.

Start Date		End date		Name of Employer / Organisation	Job Title / Role	Please state if position was paid or voluntary	Reason for leaving
MM	YYY Y	MM	YYY Y				

GAPS IN EMPLOYMENT AND EDUCATION

Please provide details of ALL periods you were not in education or employment since leaving school. e.g. gap year or maternity leave. NB: Details for your employment history are requested in the table following the one below. This information is needed to meet safeguarding of children regulations.

Start Date		End date		Reason for gap in education or employment
MM	YYY Y	MM	YYY Y	

Section E – Details of Prior Relevant Knowledge, Training and Skills

Please complete the section below; delete or tick as applicable and provide any details requested. You may be asked about these at an interview or in a skills test.

DETAILS OF RELEVANT TRAINING FOR WORKING WITH CHILDREN:	
DO YOU HAVE TRAINING IN CHILD PROTECTION AND/OR SAFEGUARDING?	YES / NO
IF YES PLEASE GIVE DETAILS:	
DO YOU HAVE TRAINING IN PAEDIATRIC FIRST AID?	YES / NO
IF YES PLEASE GIVE DETAILS:	
DO YOU HAVE TRAINING IN HEALTH & SAFETY?	YES / NO
IF YES PLEASE GIVE DETAILS:	

PLEASE TICK WHICH OF THE FOLLOWING SKILLS / ABILITIES YOU CONSIDER YOU HAVE:	
Ability to organise time and work effectively	YES / NO
Good listening and verbal skills	YES / NO
Good letter writing skills	YES / NO

Section F - References

Please refer to the guidance notes for applicants for who can be nominated as a referee before completing this section. All applicants must provide details of two referees. If you are not currently working in a school but have previous related experience you should also provide details of the most recent employer from a related field. If you have not worked before please provide details of a referee who knows or has known you in a professional or educational capacity. Alternatively if you do not have any of the aforementioned referees, please provide any other credible referee from the community. We cannot accept your relatives as referees. We normally contact referees prior to the interview. Your consent is needed for us to contact your referees.

REFEREE 1 - (CURRENT/ LAST EMPLOYER IF APPLICABLE)	
FULL NAME :	
JOB TITLE:	
SCHOOL / ORGANISATION:	
ADDRESS:	
TEL NO:	
EMAIL:	
RELATIONSHIP TO YOU:	
CAN WE CONTACT THIS PERSON NOW?	YES / NO
If you answered NO above, please state your reason here:	
REFEREE 2 – (OTHER PREVIOUS EMPLOYER IF APPLICABLE)	
FULL NAME :	
JOB TITLE:	
SCHOOL / ORGANISATION:	
ADDRESS:	
TEL NO:	
EMAIL:	
RELATIONSHIP TO YOU:	
CAN WE CONTACT THIS PERSON NOW?	YES / NO
If you answered NO above, please state your reason here:	

Section G - Declarations

THE POSITION FOR WHICH YOU ARE APPLYING FOR INVOLVES CONTACT WITH CHILDREN AND IS EXEMPT FROM THE REHABILITATION OF OFFENDERS ACT 1974 AND ALL SUBSEQUENT AMENDMENTS (ENGLAND AND WALES). FOR THESE POSITIONS, YOU ARE NOT ENTITLED TO WITHHOLD INFORMATION ABOUT POLICE CAUTIONS, BIND-OVER'S, OR ANY CRIMINAL CONVICTIONS INCLUDING ANY THAT WOULD OTHERWISE BE CONSIDERED 'SPENT' UNDER THE ACT.

PERSONAL DECLARATION 2 (PLEASE READ CAREFULLY):

I understand that to knowingly give false or misleading information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future and possible criminal prosecution.

I understand that if my application is successful I will be required to obtain a DBS check at the appropriate level.

I agree that the information given on this form may be used for registered purposes under the Data Protection Act.

PRINT NAME:

SIGNATURE:

DATE: