

application form



FOR ALL TEACHING POSTS IN MEDWAY

CONFIDENTIAL

please complete this form in **BLACK INK** or **TYPE**

POST APPLIED FOR:	SCHOOL:
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P E R S O N A L D E T A I L S

SURNAME:	PREFERRED TITLE:	PREVIOUS NAMES:
FIRST NAMES:	E-MAIL:	
CONTACT ADDRESS:		
D.F.E.S REF NO. RP:	HOME TELEPHONE NUMBER:	
NATIONAL INSURANCE NO.	WORK TELEPHONE NUMBER:	

E D U C A T I O N & T R A I N I N G

(A) TRAINING AS A TEACHER						
NAME OF TEACHER TRAINING INSTITUTION:						
FROM:	Month	Year	TO	Month	Year	QUALIFICATION OBTAINED
	/			/		
SUBJECTS, MAIN AND SUBSIDIARY:						
AGE RANGE OF PUPILS:						
OTHER SPECIAL INTERESTS:						
(B) UNIVERSITY, COLLEGE, OTHER INSTITUTIONS (other than initial teacher training). Give dates and state whether full-time or part-time courses						
NAME OF INSTITUTION	FROM:	Month	Year	TO	Month	Year
1.		/			/	
2.		/			/	
P.T / F.T. COURSE	SUBJECTS (Main and subsidiary)			HONS (with class) OR PASS GRADE		DATE OF AWARD
Degree / Diploma / Title						
1.						
2.						
(C) SECONDARY EDUCATION						
NAME OF INSTITUTION (give dates):						
1.						
2.						
ACADEMIC QUALIFICATIONS (Give Subjects, Grades and Dates)						
GCE 'O' LEVEL, GCSE (or equivalent)						
'A' level etc						

CAREER HISTORY

Please give details of ALL full and part-time work including particulars of ALL paid and unpaid employment or experience after the age of 18, e.g. commercial experience, raising family, youth work, voluntary work. Complete the columns working backwards from present date.

Please leave NO gaps.

DATES				EMPLOYER, ADDRESS SCHOOL NAME AND ADDRESS TYPE OF BUSINESS OR ACTIVITY	AGE RANGE	APPROX. SCHOOL ROLL	SALARY SCALE include Responsibility points	FULL-TIME PART-TIME state proportion	REASON FOR LEAVING
FROM		TO							
m	y	m	y						

Continue on a separate sheet if necessary. Put your full name on additional sheets.

IN - SERVICE TRAINING & DEVELOPMENT

Give details of relevant courses and training undertaken in the last five years

DATES AND DURATION	TITLE OF COURSE / TRAINING (incl. Home Study and Distance Learning)	NAME OF PROVIDER e.g. LEA, College etc.	QUALIFICATION OBTAINED (if any)

A P P L I C A N T S T A T E M E N T

Pick out those aspects of your experience or skills that are **RELEVANT** to this post. Explain how you ability, skills and knowledge match those required for the appointment, where set out, in the personal specification. Remember to consider experience in previous employment and relevant experience outside of paid work, such as that gained at home, in the community or through voluntary/leisure/college activities, and to tell us if you have special requirements to attend for the selection process, e.g. wheelchair access. Give examples where you can in support of your application.

Continue on a separate sheet if necessary. Put your full name on additional sheets.
If you include a C.V. ensure its relevance to this appointment.

R E F E R E N C E S

Please give the names and addresses of two referees who can be consulted regarding your professional ability for the post. One of the referees must be your present or most recent employer. If not we reserve the right to request one. Students should include their college Principal. References will be taken up before an offer of employment is made. These may be requested before interviews.

1.
.....
.....
.....
..... Tel. No.

2.
.....
.....
..... Tel. No.



EQUALITY & DIVERSITY MONITORING FORM



The information that you provide on this form will be used for monitoring and will not be used for any other purpose or stored electronically. Information will be used in aggregate form only and where there are less 3 people providing a response this will not be reported.

AGE	0-4	<input type="checkbox"/>	20-29	<input type="checkbox"/>
Please choose one option only.	5-7	<input type="checkbox"/>	30-39	<input type="checkbox"/>
	8-10	<input type="checkbox"/>	40-49	<input type="checkbox"/>
	11-9	<input type="checkbox"/>	50-59	<input type="checkbox"/>
	10-13	<input type="checkbox"/>	60-69	<input type="checkbox"/>
	14-16	<input type="checkbox"/>	70-79	<input type="checkbox"/>
	17-19	<input type="checkbox"/>	80 & over	<input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>				

CARING RESPONSIBILITIES			
Do you have caring responsibilities (ie for children, parents or others)? Please choose one option only.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			I prefer not to answer this question <input type="checkbox"/>

DISABILITY STATUS			
Do you consider yourself to be a disabled person i.e. may experience discrimination on grounds of impairment or long-term health condition? Please choose one option only.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			I prefer not to answer this question <input type="checkbox"/>
If yes, please choose all the relevant options.			
Physical impairment	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Learning disability / difficulty	<input type="checkbox"/>
Memory impairment	<input type="checkbox"/>	Visibly different	<input type="checkbox"/>
Long-standing illness or health condition	<input type="checkbox"/>		
Any other impairment <input type="checkbox"/> - please specify below			
.....			
I prefer not to answer this question <input type="checkbox"/>			

LEGAL GENDER			
Please tick one box only	Male	<input type="checkbox"/>	Female <input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>			

MARITAL / CIVIL PARTNERSHIP STATUS			
Please choose one option only (the one that best describes your status).			
Married or in a civil partnership	<input type="checkbox"/>	Divorced or dissolved civil partnership	<input type="checkbox"/>
Widow or widower	<input type="checkbox"/>	Surviving partner from a civil partnership	<input type="checkbox"/>
Single	<input type="checkbox"/>	Separated, but still legally married or in a civil partnership	<input type="checkbox"/>
		Living with someone	<input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>			

POST CODE
Please write your Post Code	

RACE AND ETHNICITY

Please choose one option only (the one that best describes your racial/ethnic origin).

White	British	<input type="checkbox"/>		
	Irish	<input type="checkbox"/>		
	Any other White background	<input type="checkbox"/>	- please specify below	

Multi-Ethnic	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>		
	Any other Multi-Ethnic background	<input type="checkbox"/>	- please specify below	

Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>	- please specify below	

Black or Black British	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>	- please specify below	

Other	Arab	<input type="checkbox"/>		
	Gypsy/Romany/Traveller of Irish Heritage	<input type="checkbox"/>		
	Any other Ethnic background	<input type="checkbox"/>	- please specify below	

I prefer not to answer this question **RELIGION AND BELIEF**

Do you belong to a particular religion or hold a particular belief? Please choose one option only.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I prefer not to answer this question	<input type="checkbox"/>
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If Yes, which option best describes your religion or belief? Please choose one option only.

Agnostic	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Pagan	<input type="checkbox"/>
Atheism	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>		
Christianity (all denominations)	<input type="checkbox"/>	Muslim	<input type="checkbox"/>		

Other religion/belief - please specify belowI prefer not to answer this question **SEXUAL ORIENTATION**

Please choose one option only (the one that best describes your sexuality).

Bisexual	<input type="checkbox"/>	Gay woman/Lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Other	<input type="checkbox"/>	- please specify below	

I prefer not to answer this question **Protecting your personal information**

Medway Council will keep the information provided above as confidential. Access to, retention and disposal of this information will be strictly in accordance with data protection requirements. It will be used solely to ensure that Medway Council meets its obligations under equality legislation. Individuals will not be identifiable in any reporting.