

THE COTSWOLD SCHOOL

Confidential Application for a Teaching Appointment

Working for equality in employment

Post applied for: Start date:

1. Surname: Former Name:

2. Forenames:

3. Title: 4. Date of birth: Age:

5. Address for correspondence:

..... Tel No:

6. (a) DES Reference No: (b) NI No:

(c) Date of qualification

7. SECONDARY EDUCATION

School Name/address	Dates From - To	Examinations (subject/result etc)	Date

8. FURTHER EDUCATION AND TRAINING

University/College name	Dates of Entering : Leaving	Subjects	Qualifications or class of degree	Date

9. TRAINING

(a) Age range qualified to teach (b) Subjects qualified to teach

..... (c) Have you satisfactorily completed a first year of teaching? YES/NO

10. TEACHING SERVICE - Full time, part time and supply

Name of school and Name of Authority	F/T,P/T or S	Type of School (Primary, Co-Ed, Secondary Special etc)	Number on Roll	Subjects/Age range taught	Grade/Scale	Period of Service From - To
1. Current post						
2. Previous post						

11. PROFESSIONAL MEMBERSHIPS

College/Institute or other name	Dates From - To	Qualification	Date of Award

12. COURSES, SEMINARS AND IN SERVICE TRAINING

Dates	Duration	Organising Body	Qualifications Gained

13. COMMERCIAL AND INDUSTRIAL EXPERIENCE

Name of Employer	Nature of Employment	Dates of Employment

14. OTHER EDUCATIONAL/SPECIAL INTERESTS OR SKILLS AVAILABLE IF APPOINTED eg MUSIC, SPORTS etc

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16. REHABILITATION OF OFFENDERS ACT 1974, AND EXCEPTION ORDER 1975

Because of the nature of the work for which you are applying you must provide information about convictions, under the provisions of the Rehabilitation of Offenders Act (Exceptions Order 1975). In the event of being employed by this Authority any failure to disclose such convictions could result in dismissal or disciplinary action. The information given will be completely confidential. Please list details (ie type of offence, date, sentence, fine imposed etc) below or place in sealed envelope and attach, if preferred.

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17. REFERENCES - One should normally be your present employer or Headteacher

Name	Address	Telephone No:	Fax No:
A:			
B:			

Salary in last/current post: £

Superannuation fund to which you contribute TEACHERS / LGO / OTHER

Are you a disabled person? YES/NO

If YES are you registered? YES/NO

If YES what is your RD no?

I certify that the statements I have made above are correct in every respect.

Signed: Date: