# **Application form**

For all teaching posts in Kent



## Confidential

Post title: School:			
This form is also available in alternative formats (comp	uter disk, audio tape and Braille).		
Please complete using black ink or type.			
selection process. Please refer carefully to the information	bout yourself and will help us make a fair decision in the you have been provided for this post. ation form. Your application will be treated in the strictest		
PART 1 : PERSONAL DETAILS			
Name:	Previous Surname(s):		
Address:	Alternative address:		
Postcode:	Postcode:		
Telephone – Home:	Mobile:		
Work:	Email address:		
DfEs number: /	GTCE full registration? Yes No		
National Insurance Number  (You can obtain this information from the Department of Social Security)			
General Health Declaration			
Removed to comply with the 2010 Equality Act. Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation of appointment.			
Superannuation Scheme			
Do you contribute to the Teacher's Superannuation Scheme?  If you contribute to another scheme please provide details:			
Have you elected to pay Superannuation contributions for part time teaching?  Yes No			

Disclosure of relationship  Are you related to any elected member of the Council, a Senior Officer of the Council or a member of the School Governing Body?  Yes No (If YES, please provide details)			
How did you become aware of this vacancy?			
Media: Date:	Reference:		
Please indicate two people who can provide references employer. Students should include their University/College			
References will be taken up before an offer of employment is made and may be taken up prior to interview.			
Therefore will be taken up before an ener of employment	is made and may be taken up prior to interview.		
1. Name:	is made and may be taken up prior to interview.  2. Name:		
1. Name:	2. Name:		
1. Name: Address:	2. Name: Address:		

# PART 2 : COMPETENCY

### **Education and Training**

Original documentation of qualifications will be required prior to an appointment.

	as a	

Name of Teacher Training Institute		
Dates	From:	То:
Qualification obtained		
Subjects – Main and Subsidiary		
Age Range / Key Stage		
Other special interests		

#### b) University, College, etc (other than initial teacher training)

Name of Institution(s)	Date from	Date to	Full or Part Time
1.	Month Year	Month Year	
2.			
Degree / Diploma / Title	Subjects	Hons or Pass Grade	Date of Award
1.			Month Year
2.			

c)	Seconda	y Education
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Name of School(s) and area	1.
	2.
Qualifications gained (Give subjects, grades, dates)	
'O' Levels, GCSE (or equivalent)	
'A' Levels (or equivalent)	

## **In-Service Training and Development**

Please give details of relevant courses and training undertaken in the last five years.

Dates and duration	Title of Course / Training incl. Home Study & Distance Learning	Name of Provider e.g. LEA, College etc.	Qualification obtained (if any)

#### **Employment History**

Please give details of all jobs held after the age of 18, including part time and unpaid work, starting with your current or most recent employer. Please explain any gaps.

When giving details of school employment please include the age range, approximate school roll number and school type i.e. maintained, independent, foundation.

(Continue on a separate sheet if necessary giving page number and title heading)				
Employer name and details:				
Dates:	Full or Part Time:	Salary upon leaving (and TLR payments):		
Reason for leaving:				
Employer name and details:				
Dates:	Full or Part Time:	Salary upon leaving (and TLR payments):		
Reason for leaving:				
Employer name and details:				
Dates:	Full or Part Time:	Salary upon leaving (and TLR payments):		
Reason for leaving:				

Other Skills and Interests
Please include languages (spoken / written), computers, etc. Please provide details of any community or voluntary work experience.
Applicant Statement In this section you are asked to outline how your knowledge, skills and experiences meet the competencies required
for this post (where set out in the personal specification). Remember to consider experience in previous employment and relevant experience outside of paid work e.g. that gained at home, through the community or through leisure/college activities.
(Continue on a separate sheet if necessary giving page number and title heading)

# Disclosure of criminal background is required of those with substantial access to children. You are required to give details as this post, for which you are applying, 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. A subsequent offer of appointment will be dependent upon the completion of a satisfactory Enhanced Criminal Records Bureau check. Have you ever been convicted or cautioned of a criminal offence? No Yes (If YES, please provide details of the Offence, the Sentence and the Date) Are there any restrictions to your residence in the UK which Yes No might affect your right to take up employment in the UK? (If YES, please provide details) If you are successful in your application, would you require a No Yes work permit prior to taking up employment? **Data Protection Statement** I hereby give my consent for KCC or the school to which this application relates if not a KCC controlled school 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 CRB, 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. **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 Please return your completed application form to: <a href="mailto:personnel@judd.kent.sch.uk">personnel@judd.kent.sch.uk</a>

**Protection of children** 

### PART 3: EQUAL OPPORTUNITIES MONITORING

This section of the form is CONFIDENTIAL and will be detached from your application prior to interview.

Kent County Council recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Ethnic Group (These are approved by the commission for Racial Equality) White			
British	Irish		Any other White background*
Mixed White & Black Caribbean	White & Black African	White & Asian	Any other Mixed background*
Black or Black British Caribbean	African		Any other Black background*
Asian or Asian British  Indian Paki	stani Bangla	adeshi	Any other Asian background*
Chinese or Other Ethnic Gr Chinese  *Please specify	oup		Other Ethnic Group*
Gender  Male Female			
Date of Birth			
If you wish you may disclose	information about yoursel	If in this section a	bout your:
Religion/Beliefs			
Sexual Orientation			

#### **Disability Statement**

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

Please answer the following questions:  1. Do you consider yourself to be disabled?  1. Yes No    If YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?  1. The Disability Discrimination Act?  1. Disability Discrimination Act?  1. Disability Discrimination Act?  2. Is there anything you would particularly like to tell us about your disability?  2. Is there anything you would particularly like to tell us about your disability?  3. Do you wish us to try to arrange for any of the following to be available, if you are called for interview?  Please tick.  Induction loop or other hearing enhancement  Sign language interpreter (please state type)  Keyboard for written tests  Someone with you at the interview (e.g. advocate or facilitator)  Assistance in and out of vehicle  Accessible car parking  Wheelchair access  Accessible toilet  Other assistance (please specify)			
If YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?  The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse affect on an individual's ability to carry out normal day-to-day activities.  2. Is there anything you would particularly like to tell us about your disability?  3. Do you wish us to try to arrange for any of the following to be available, if you are called for interview? Please tick.  Induction loop or other hearing enhancement  Sign language interpreter (please state type)  Keyboard for written tests  Someone with you at the interview (e.g. advocate or facilitator)  Assistance in and out of vehicle  Accessible car parking  Wheelchair access  Accessible toilet	Plea	se answer the following questions:	
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Someone with you at the interview (e.g. advocate or facilitator)  Assistance in and out of vehicle  Accessible car parking  Wheelchair access  Accessible toilet		Sign language interpreter (please state type)	
Assistance in and out of vehicle  Accessible car parking  Wheelchair access  Accessible toilet		Keyboard for written tests	
Accessible car parking  Wheelchair access  Accessible toilet		Someone with you at the interview (e.g. advocate or facilitator)	
Wheelchair access  Accessible toilet		Assistance in and out of vehicle	
Accessible toilet		Accessible car parking	
		Wheelchair access	
Other assistance (please specify)		Accessible toilet	
	Othe	er assistance (please specify)	

The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.

We reserve the right to verify the information supplied on this form.