



Appointment of Teachers

When completing this form all entries should be typed or written in black ink or ball point pen to facilitate photocopying. You are advised before doing so to read the notes on Page 6 of this form and any further particulars for the post which have been supplied. Please ensure that you complete Page 5 with signature, date and application reference number shown above.

Joseph Leckie Academy	Closing Date:
Post:	

1. Present Appointment (or most recent)

Post Held:		Date appointed:	
School/Address:		Present Salary:	
Group of School		Allowances (state which) and amount:	
Local Education Authority:		Earliest date on which you could take up appointment:	

2. Education After Age 16

Name of Establishments	(Month & Year)		Full-time or Part-time
	From	To	
(a) School & Address			
(b) University			
(c) College of Education			
(d) Other Establishment			

3: Qualifications

	Univ/College	Degree	Pass/Hons	Cl/Div	Subject(s) etc.	Date awarded
(a) First Degree						
(b) First Teaching Qualification	Univ/College	Special areas of study, including age range				
(c) Other qualifications (a level, diplomas or certificates, further degrees including membership of	Give full details					

professional institutions)		
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4: Main in Service Courses Attended During Last Five Years

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5. Previous Teaching Appointments (in chronological order beginning with the first):

Title of Post	Full-time or Part-time	School Establishment (state age range) and Name of LEA or other Employer	Sex & No. of pupils on roll	Age range taught by you	Period of Service (give day, month & year)	
					From	To

6. Non Teaching Appointments

Nature of Occupation	Salary	Name and Address of Employer	Full-time or Part-time	Period of Service (give, month & year)	
				From	To

7. Superannuation

(a) Are you in receipt of a Pension? YES/NO LOCAL GOVERNMENT / TEACHERS / OTHER SUPERANNUATION FUND

(b) Have you opted out of the teachers' Superannuation Scheme? YES NO Date.....

8. Letter of Application

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

9. Other Information

Are you related to any Employee or Governor of Joseph Leckie Academy? YES NO

If yes, who?

Do you hold a valid driving licence? YES NO If yes, specify type

10. References

Please give names, addresses, telephone numbers, email addresses and status of two referees who have given permission for their names to be used and to whom the appointing body may refer as to your suitability for the post. One reference should be from your current/most recent employer. Referees should not be relatives or friends.

(i)

Name:

Position:

Address:

Telephone Number:

e-mail:

(ii)

Name:

Position:

Address:

Telephone Number:

e-mail:

N.B. If either of your employees know you by a name other than your present one please give that name below:

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11. Criminal Disclosure & Rehabilitation of Offenders Act Exceptions Order 2001

The post you are applying for requires a criminal record check (disclosure) prior to appointment - you are required to declare both 'spent' and 'unspent' convictions. In accordance with the Rehabilitation of Offenders Act 1974 only relevant convictions will be taken into account when assessing your capability.

Convictions YES NO If yes, specify type

Monitoring

Joseph Leckie Academy is committed to a policy of ensuring equality of opportunity in employment for all, and to taking action to avoid discrimination. Job applicants are considered only on their ability to do the job for which they are applying. To see whether this policy is having any effect we need to monitor the sex, marital status, age, ethnic origin and disabilities of job applicants and you are therefore requested to provide personal details on this tear-off slip.

The information will be used ONLY to monitor practices and will be treated confidentially. It will not be revealed outside the Academy except as part of an overall equal opportunities statistical report which could not identify individuals. All unsuccessful application forms are destroyed after six months.

Please tick box as appropriate:

Sex	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Age	Below 26	<input type="checkbox"/>	26 – 35	<input type="checkbox"/>
	36 - 45	<input type="checkbox"/>	46 - 55	<input type="checkbox"/>
	56 - 65	<input type="checkbox"/>		

How would you describe your Ethnic Origin?

White	<input type="checkbox"/> British	Asian or Asian British	<input type="checkbox"/> Indian
	<input type="checkbox"/> Irish		<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Other White		<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian
Mixed	<input type="checkbox"/> White & Black Caribbean	Black or Black British	<input type="checkbox"/> Black Caribbean
	<input type="checkbox"/> White & Black African		<input type="checkbox"/> Black African
	<input type="checkbox"/> White & Asian		<input type="checkbox"/> Other Black
	<input type="checkbox"/> Other Mixed	Chinese or Other Ethnic Group	<input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Group

Do you need a work permit to work in the UK? YES NO

Under the Disability Discrimination Act 1995, the definition of disability is:
 "A person has a disability for the purpose of this Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities"

Do you have such a disability? YES NO

Did you see the job advertised on Walsall Council website/Jobshop? YES NO

Did you see the job advertised in TES/TES website? YES NO

Did you see the job advertised in another publication? YES NO

If yes, state which publication/WEBSITE

Personal Details (Please use block capitals):

Surname (Title: Dr/Mr./Mrs/Miss/Ms)	.....
Forenames	.....
Previous names	.....
Address	..........
Post Code	.....
Date of Birth	.....
National Insurance No.	.....
DCFS Ref. No.	.....
Date of recognition as qualified teacher	.....
Home Tel. No.	.....
School Tel. No.	.....
Mobile Tel. No.	.....
Email Address	.....

Declaration

Having read the contents of this form, I hereby apply for the post at Joseph Leckie Academy 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 shortlisting.

Signature

Date

On completion this form should be returned to the Principal at Joseph Leckie Academy.

Notes for Applicants

Applicants are requested to read carefully the following notes and any further particulars for the post before signing the declaration at the foot of page 5.

(i) Acknowledgement of Applications

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

(ii) Notification of Result

It is the policy of Joseph Leckie Academy that, in order to keep administrative costs to a minimum, notice 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.

(iii) Disclosure of Relationship

A candidate for any post at Joseph Leckie Academy who knows that he/she is related to any governor or Employee of Joseph Leckie Academy, must disclose the relationship. A candidate who fails to disclose such a relationship is disqualified from appointment and if appointed is liable to dismissal without notice (see paragraph 19 on page 3)