

## APPLICATION FORM (Teaching Post) Please complete in BLACK ink.

POST APPLIE	D FOR:					
PERSONAL DI	ETAILS					
Title:		Surname:				
Forename(s):		1	Date of Birth (for purposes): Former Surname			
			applicable): National Insuran	ce No:		
			Teacher Ref No:			
Address:			QTS Status		Yes/No	
			Daytime Tel No:			
			Evening Tel No:			
Post Code:			Mobile Tel No:			
Email:			I.	L		
If you have been at this address for less than 5 years please provide details of previous addresses covering this period on a separate sheet.						
		you have any family or close relation employment at Lockers Park.	onships 	Yes/No		
ACADEMIC & PROFESSIONAL QUALIFICATIONS (proof of relevant qualifications will be required before appointment)						
	Name & Addresses of Schools/Colleges From (Mth/Yr)		To (Mth/Yr)	Qualifications Obtained		
MEMBERSHIP						

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PERSONAL DEVE	ELOPMEN	T Have you a	ıttended a	any training courses/seminars to develop your skills? If yes, please
list: Course Title		Date From	Date To	o Details of Course
DETAILS OF PRE	SENT OR	MOST RECF	INT EMP	LOYER
From	From To			Position/Job Title
Name and Addres	;S	<u> </u>		Main duties
Solomo	Door "	alo to		Reason for leaving
Salary £	Responsible to			Reason for leaving
DETAILS OF PRE				se order) ous employer may be approached by the school).
From	,	To		Position/Job Title
Name and Address				Main duties
Responsible to				Reason for leaving

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From	То	Position/Job Title	
Name and Address		Main duties	
Responsible to		Reason for leaving	
From	То	Position/Job Title	
Name and Address		Main duties	
Responsible to		Reason for leaving	
From	То	Position/Job Title	
Name and Address		Main duties	
Responsible to		Reason for leaving	
LEISURE INTERESTS, HOBBIES, MEMBERSHIP OF ORGANISATIONS ETC			

Please provide details of two individuals whom we can contact to obtain a reference. One should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed in work with children. Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends.					
	Referee 1	Referee 2			
Name		Name			
Address		Address			
Post Code		Post Code			
Telephone No:		Telephone No:			
Fax No:		Fax No:			
Email:		Email:			
Do you agree to	references being taken up if you are sho	t-listed for the app	oointment? •Yes/No		
Do you require a permit to work in the UK? ●Yes/No If yes, do you have a current permit to work? ●Yes/No If yes, please provide the original along with originals of any other evidence that you are eligible to work in the UK.					
I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not named on the Barred List or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (please select as appropriate):  • I have no convictions, cautions or bind-overs  OR					
• I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked Confidential.					
I understand if my application is successful an enhanced DBS check will be carried out. I understand if my application is successful I will complete a medical declaration.					
To meet our obligations under Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided on this form may be used and processed by Lockers Park for recruitment and personnel administration and for equality monitoring. Such use will be subject to the provisions of the Data Protection Act 1998					
I confirm the information given in this form is correct and understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made.					
		•delete as	applicable		
Signature:			Date:		