APPLICATION FORM

Post Applied For: Class Teacher

Please Email the Form to: vacancies@nwljds.org.uk

Please read carefully all instructions before completing this form. Please use BLACK ink, ballpoint pen or typescript since it will be necessary to photocopy your application. Please complete in full. You may enclose a curriculum vita for additional information if you wish, but not as a substitute for filling in all sections of the form. Please ensure that the information you provide is correct and accurate. Providing false information is an offence and could result in

* the application being rejected, or
* summary dismissal if you are selected and possible referral to the DfE, and the police (if appropriate).

1 Surname (Block capitals) ……………………………………………………………………………

Other Names ……………………………………………………………………………

2 Home address in full ……………………………………………………………………………

(Block capitals) ……………………………………………………………………………

……………………………………………………………………………

Address for correspondence

if different from above ……………………………………………………………………………

……………………………………………………………………………

Email: ……………………………………………………………………………

Home Telephone No. ……………………………………………………………………………

Work/Mobile Telephone Nos. ……………………………………………………………………………

3 Date of Birth ………………………… Nat. Insurance No: ………………………………………

4 Date of Recognition as a qualified teacher by the

Department for Education ……………………………… DfE No: ……………………………

Do you need a Work Permit? Yes / No

5 a) Are you suffering or have you suffered from any major illness/industrial injury? Yes/No.

If yes, please specify ………………………………………………………………………………………

1. Please state number of days you have been absent from work due to sickness in the past 12 months …………………………………………………
2. How many episodes of absence does this represent of sickness? …………
3. Is this your usual level of sickness? Yes/No

Please give details of any superannuation scheme to which you belong

……………………………………………………………………………………………………………………………………………

# SECONDARY/FURTHER EDUCATION

Name of School/College Subject Qualifications gained Grade Date

# HIGHER EDUCATION/TEACHING QUALIFICATIONS

Name of College/University and address if outside U.K. Qualifications and Subject Grade/Class Date

# OTHER QUALIFICATIONS RELATED TO CURRENT OR PREVIOUS EMPLOYMENT

Was membership gained

Name of professional body Membership Grade by examination? Date

# RELEVANT INSERVICE COURSES IN THE PAST THREE YEARS

Course Qualifications gained (if applicable) Dates showing duration

1. Please give details of your Jewish Education or Experience of Jewish Education

# EMPLOYMENT HISTORY. Please give full details as this section is used for salary assessment purposes. Please explain any gaps in service.

Names and addresses of previous Position held Age range From To Reason for Leaving

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| employers (starting with the most | and allowances | taught | month/yr | month/yr |
| recent) | (if applicable) | (if applicable) |  |  |

1. OUTSIDE INTERESTS AND ACTIVITIES

Voluntary/unpaid work and interests

1. STATEMENT IN SUPPORT OF APPLICATION (You may continue on a separate sheet if you so wish) Please ensure that you have addressed the Person Specification and Job Description
2. REFEREES. Please give the names of two people to whom reference may be made. One referee should normally be the Headteacher of the School in which you have most recently worked. Relatives may not be given as referees.

Referee 1 Referee 2

Name: Name:

Occupation/status ……………………………………………………. Occupation/status ………………………………………………………

Address ………………………………………………………………………. Address …………………………………………………………………………

………………………………………………………………………………………… ……………………………………………………………………………………………

………………………………………………………………………………… ………………………………………………………………………………………… Tel.No & Email: Tel.No & Email:

1. RELATIVES

Are you related to any employees, Trustees or Governors of the School? If so, please give details. If not, please write ‘None’. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there anything you wish to disclose?\_YES/NO If the answer is yes, please state the nature and detail of the disclosure:

Signature of Applicant ……………………………………………………………. Date ……………………………

Please ensure that the application form is signed.