



APPLICATION FOR A TEACHING APPOINTMENT AT ETZ CHAIM JEWISH PRIMARY SCHOOL

- Please read carefully all instructions before completing this form.
- Please use BLACK ink if you are completing by hand.

Do not submit a Curriculum Vitae (CV) as an alternative to any part of this form.

1 DETAILS OF JOB APPLIED FOR

Post applied for:	<p>Please return the completed form to: Etz Chaim Jewish Primary School 20 Daws Lane Mill Hill London NW7 4SL www.admin@etzchaim-primarieschool.org.uk</p>
-------------------	---

2 PERSONAL DETAILS

Last name			
First and other name(s)			
Title	Please select: Mr/Mrs/Miss/Ms/Other		
Previous last names used			
National Insurance Number			
Address			
	Post Code		
Address for correspondence if different from above			
	Post Code		
Email address			
Telephone numbers	Home	Work	
	Fax Number	Mobile	
DfE Reference No.			
Do you have a current clean driving licence			
Are you subject to any conditions relating to your employment in this country?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please give full details with dates	

Under the Asylum and Immigration Act 1996 (Section 8 Amended 1 May 2004) all successful applicants will be required to produce evidence of their right to work in the United Kingdom.

Please note, a successful candidate may be required to complete a medical questionnaire and will also be subject to an enhanced Criminal Records Bureau Check

3 EMPLOYMENT HISTORY

Please give details as this section is used for salary assessment purposes

CURRENT OR MOST RECENT EMPLOYER (if applicable) - Please state name of school, pupil roll and type (e.g. primary; secondary; special; academy)

Name and address					
		Post Code			
Job Title			Type of School		
Date appointed		Main Scale Salary Point p.a.		Other allowances p.a.	
Reason for leaving					
Notice Required		Date of Leaving (if not current employer)			
Brief Description of Duties					

PREVIOUS EMPLOYMENT – List in date order (most recent first) including temporary work. Please account for all gaps in employment history since leaving full time education.

Name and address of previous employers. Please state name of school / college and pupil roll if applicable.	Position held and grade if applicable	From Month / Year	To Month / Year	Reason for leaving

Please continue on a separate sheet if necessary

4 EDUCATION / QUALIFICATIONS

Please state name of Secondary School/College/University attended, professional qualifications and in-house courses. List membership of professional institutes if required.

POST 16 QUALIFICATIONS e.g. A Level or equivalent

Name of school / college	Subject	Qualifications	Grade	Dates attended

HIGHER EDUCATION AND PROFESSIONAL QUALIFICATIONS

Name of College / University	Qualification	Grade / Class if applicable	Date

IN-SERVICE TRAINING

Please give details of relevant training which supports your application.

Dates	Duration	Title of training programme / course and brief description

5 SUPPORTING INFORMATION

Please include your supporting statement here and/or attach separate sheets in support of your application. Your supporting statement should address all of the selection criteria for this post, and should be no more than two additional sides of A4 paper. We would welcome you sharing with us any experience and skills that you may have gained outside of a school environment.

Please note we do not accept CVs.

Please continue on separate sheets of paper if necessary

6 REFERENCES

Please give the name and address of two people who can provide a reference for you. These should be your current or most recent employer (include your own school or college staff if you have no previous employment history). Please do not give friends or relatives as referees. If we receive references that are not satisfactory, we will contact you to request additional referee details.

Name _____	Name _____
Job Title _____	Job Title _____
Capacity in which known to you _____	Capacity in which known to you _____
Organisation _____	Organisation _____
Address _____ _____	Address _____ _____
Telephone No. _____	Telephone No. _____
Fax No. _____	Fax No. _____
E-mail address _____	E-mail address _____

References will be taken up before interview. We may follow up and ask for an additional reference if required.

Please note that online searches may be carried out on shortlisted candidates as part of due diligence checks.

DECLARATION

<p>All applicants are required to declare personal relationships with existing members of school governing bodies or its employees. Canvassing members of committees or school governing bodies directly or indirectly will automatically disqualify the applicant.</p> <p>Are you related to any member of school governing bodies or its employees Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state their name and your relationship with them: Name: Relationship:</p>	<p>Any financial interests that applicants may have in contracts with the school or governing bodies must be declared.</p> <p>If yes, specify the contract details:</p>
---	---

I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice.

Signed:

Date:

Please note that you will be asked to sign this application form if you are invited to an interview.

Do you have any requirements to aid you at interview	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have any requirements to aid you at interview, please specify (e.g. sign language, brailled/taped recruitment literature, etc):		

Are you required to have a UK work visa/permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, do you have a valid visa/permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when does it expire?		

Do you have a full current driving licence valid in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have access to some form of personal transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7 To be completed only by candidates shortlisted for interview
DECLARATION OF CRIMINAL OFFENCES
For jobs involving substantial access to children and vulnerable people which are subject to Disclosure and Barring Service (DBS) disclosure

Do you have any unspent conditional cautions of convictions under the Rehabilitation of Offenders Act 1974	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

'Filtering' is similar to the rehabilitation periods under the Rehabilitation of Offenders Act 1974. However, instead of establishing what is 'spent' and doesn't get disclosed on a basic check, 'filtering' establishes what doesn't get disclosed on a standard or enhanced DBS check.

Information that is filtered will be removed from a DBS check automatically at the point you apply for one. However, cautions and convictions do not get 'removed' or 'wiped' from the Police National Computer (PNC)

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. See [DBS filtering guide](#)

DECLARATION OF CRIMINAL OFFENCES (for shortlisted candidates)

Please list all your cautions and criminal offences that are not 'Protected' under filtering rules. Do not forget to include any pending convictions and indicate that they are pending in the column 'Place & date of judgement(s)'. If you have no convictions, please write none and sign the form.

Nature of Offence	Details of Offence(s)	Place and date of judgements(s)	Sentence(s)

SELF DECLARATION (for shortlisted candidates)

- Are you included on the barred list Yes No
- Are you prohibited from teaching Yes No
- Are you prohibited from taking part in the management of an independent school Yes No
- Are you aware of any criminal offences committed in any country in line with the law as applicable in England and Wales, not the law in their country of origin or where you were convicted Yes No
- Are you aware of any other overseas information Yes No
- Are you known to the police and children's social care Yes No
- Have you been disqualified from providing childcare Yes No

Please provide further information including dates, if you answered yes to any self-declaration questions or if there is any other relevant information

I understand I may be subject to an online check during the recruitment process. Keeping Children Safe in Education, statutory guidance, under S175 Education Act 2002 states, 'schools and colleges should consider carrying out an online search as part of their due diligence on the shortlisted candidates'

All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to instant dismissal without notice.

SIGNED:

Please note that you will be asked to sign this application form and complete the declaration of criminal offence section, if you are invited to an interview.

NAME: (PLEASE PRINT)

DATE:

JOB APPLIED FOR:

REF NO:

9 DIVERSITY MONITORING FORM

Disability (Optional Information)

Disability under the Equality Act 2010 defines a disability as, 'A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer, a breathing condition that develops as a result of a lung infection or mental health problems.

Do you consider that you have a disability under the Equality Act definition? Yes No

If you have answered 'Yes', please select the definition/s from the list below that best describes your disability/disabilities:

Hearing (such as: deaf, partially deaf or hard of hearing) <input type="checkbox"/>	Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) <input type="checkbox"/>
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) <input type="checkbox"/>	Severe disfigurement <input type="checkbox"/>
Speech (such as impairments that can cause communication problems) <input type="checkbox"/>	Learning difficulties (such as dyslexia) <input type="checkbox"/>
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) <input type="checkbox"/>	Mental illness (substantial and lasting more than a year, such as severe depression or psychoses) <input type="checkbox"/>
Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy) <input type="checkbox"/>	Other disability Please specify

Ethnicity (Optional information):

Asian or Asian British Bangladesh <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/>	Black or Black British African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/>	Mixed Asian and White <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Other <input type="checkbox"/>	Other Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>	White British <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Irish <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Other <input type="checkbox"/>
--	--	--	--	--

If you selected any of the 'Other' categories, please tell us how you would further describe yourself

Faith: (Optional information):

Agnostic <input type="checkbox"/>	Atheist <input type="checkbox"/>	Baha'i <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>
Hindu <input type="checkbox"/>	Humanist <input type="checkbox"/>	Jain <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>			

Other Faith **Please specify**

Gender at birth (Optional): Female Male

Pronoun (Optional): She/Her He/Him They/Them Prefer not to say

In addition, if you prefer to define your pronoun in terms of other than those used above, please let us know.

Sexuality: (Optional Information)

Bisexual: Gay Heterosexual Lesbian

In addition, if you prefer to define your sexuality in terms of other than those used above, please let us know.

Declaration:

I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 2018.

Signature

Date