



Ralph Sadleir School

JOB APPLICATION FORM (Teaching Staff in Academy Trust)

Post Applied for:

PLEASE COMPLETE IN BLACK TO FACILITATE PHOTOCOPYING

You are requested to complete this form (using supplementary sheets if there is insufficient space for any entry). Please ensure that you complete all sections of the job application form.

All sections must be completed.

PERSONAL DETAILS	
Surname/Family Name:	Preferred Title:
First Name(s):	Previous Surname:
Date Name Changed:	Date Name Changed:
Home Address:	Present Address (if different):
Post Code:	Post Code:
Telephone (Home):	Telephone (Work):
Telephone (Mobile):	Preferred Method of Contact:
Email:	

CURRENT EMPLOYMENT (If you are not currently employed as a teacher please give details as appropriate)	
Name of Establishment:	Employer:
Employer Address:	
Post Code:	Telephone Number:
Name of Headteacher:	
Type of School:	Key Stage:



Post Held:	Date Appointed:
Date of Continued Service:	Date of Continued Service in Hertfordshire:
Pay Scale:	Total Annual Salary:

If your salary includes additional payments, what are they and what is the value? (e.g. TLR of £4,000)

PREVIOUS EMPLOYMENT DETAILS

Please list in chronological order, with precise dates if possible, as this information may be used to assess salary.

a) In Education (Supply teaching appointments need not be listed individually)

Employer Establishment	and	Post and Grade	Type of School / Key Stage	From	To	Reason for Leaving



b) Outside Education				
Employer	Post	From	To	Reason for Leaving

HIGHER EDUCATION							
Establishment(s)	From	To	Full/ Part-time	Qualification Awarded			
				Degree	Class	Division	Date of award
Degree							
or Cert.Ed							
PGCE				Key Stage			
Other				Subject			



SECONDARY SCHOOL EDUCATION

Establishment(s)	From	To

Examinations (for **first teaching appointment** in a Local Authority / Academies –maintained School in England or Wales please give details of 'A' Levels and GCSEs, or equivalent: i.e. Subject, Date, Results/Grade).

Subject	Date	Results/Grade

OTHER QUALIFICATIONS OBTAINED

Course and Organising Body	Date	Qualification

PERIODS NOT ACCOUNTED FOR IN PREVIOUS SECTIONS SINCE AGE 18 (Please give details)

	From		To	
	Month	Year	Month	Year

LEISURE INTERESTS



Please state briefly what your main leisure interests are, particularly where these are relevant to the work for which you are applying.

REFERENCES

Please give the names, addresses and status of two referees who may be approached now. **References from friends or relatives are not acceptable.** (If you are currently employed as a teacher, one referee **must** be your present Headteacher).

1) Name:	Status:
Address:	
Email:	Telephone:
2) Name:	Status:
Address:	
Email:	Telephone:

If you are known to the referees by another name (e.g. previous name) please inform them of your present name and advise that we may be in contact.

ADDITIONAL INFORMATION

From what source did you learn of this vacancy?

Are you a relative or partner of any employee or governor of the School? Yes/No

If yes, please give details:

Has someone else completed this form on your behalf? Yes/No

If yes, please provide the person's name and an explanation:



Empty rectangular box for additional information.

National Insurance No:	Teacher Reference no(DfES) --/-----
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Date of Recognition*	Date of registration with the GTC:.
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***If this would be your first teaching appointment in a Local Authority / Academy – Maintained School in England or Wales, please attach a copy of your letter from the DFES granting you Qualified Teacher Status.**

PENSIONS

Are you currently in receipt of a pension from Teachers' Pensions?	Yes/No
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Have you elected to OPT-OUT of the Teachers' Superannuation Scheme?:	Yes/No If Yes, please provide date
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Have you elected to participate in the Part-Time Teachers' Superannuation Scheme?	Yes/No If Yes, please provide date
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Have you elected to pay additional Superannuation Contributions through the Teachers' Scheme?:	Yes/No If Yes, please provide date
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If yes, please indicate whether these are:

i) Widower's Contributions	Yes/No	%
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ii) Purchase of Past added Years	Yes/No	%
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iii) Additional voluntary contributions via Prudential Assurance Co.	Yes/No	%
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Please attach a copy of the Teachers' Pensions notification as appropriate.

In the interests of economy, receipt of this application may not be acknowledged unless specifically requested (in which case please enclose S.A.E)

I certify that the information given above and overleaf is correct to the best of my knowledge. I accept that if any of the enclosed information is found to be untrue or misleading after my appointment, I may be liable for dismissal without notice.

Signature:

Date: