Yavneh Primary School Teaching Appointment Application Form



Please complete in BLACK ink.

Hillside Avenue, Borehamwood Hertfordshire WD6 1HL 020 8736

Post Applied for:	
PERSONAL DETAILS (Block capitals please)	
Surname:	Mr/Mrs/Ms/Dr/other:
First name:	Date of Birth:
Maiden name (if applicable): Home address:	Present address (if different to home address):
Postcode:	Postcode:
Telephone (home):	
Telephone (work):	
Telephone (mobile):	
e-mail:	
CURRENT EMPLOYMENT	
Name of school:	Employer:
Type of school (e.g. academy/VA/foundation/community/independent; girls/boys/mixed; comprehensive/selective):	Number on roll: Age range:
Post held:	Date appointed:
If you have a TLR, please state what grade it is (e.g. TLR 2a):	Full/Part time (if part time, state what proportion e.g. 0.5):

Please list in reverse chronological order. For periods of part-time employment, the proportion of full-time should be shown e.g. 0.5													
A. IN EDUCA	ATION (Su	pply	teachii	ng appoint	ments	nee	d no	ot b	e liste	d indiv	idually))	
Name of sc	hool	Pc	ost	Type of	No.	Ag		-/T	Fr	om	T	ō	
				school	on roll	rang		or P/T	Month Year		Month	Year	
					1011		<u> </u>	/ '	77101111	T TOOL	741011111	Todi	
B. OUTSIDE E	DUCATIO	ON											
Emplo	oyer			Post			F/T		Fron	n	To)	
					or P/T				Year				
							•						
HIGHER EDUC	CATION												
		Subject Name of institution Qualification awarded											
	(e.g. his	itory)	(e.g. l	Manchester l	Jniversit	y)	Title (e.g.			Class and Division		Date awarded	
									BSc, BA) (e.g. Upp				
First degree						+				2 nd)			
9													
Postgraduate													
degree (if applicable)													
	ii		1			1			1				

PREVIOUS EMPLOYMENT

TEACHING QUAI	LIFICATION											
Title and date of qualification (e.g. PGCE)	Name of institution (e.g. Institute of Education, London University)	ond ted	teaching subject									
SECONDARY SCHOOL EDUCATION												
Name of school (s)					Fro	om	To)				
Post-16 qualification	ns, with grades (e.g. A	level chemistry (grade	B):								
Course and awardi	ing body				Date	Date						
					Fro	om	To	0				
	CCOUNTED FOR IN I Please give details)		TION	S SINCE								
AGE 10 TEARS (I	lease give delails				Month	Year	Month	Year				
			_									
IN-SERVICE TRAIL	NING											
Please give details of three years	of courses relevant to t	this post, attende	ed with	hin the last		Date						

REFERENCES								
	se give the names, addresses and status of two referees who rently employed as a teacher, one referee should normally be							
1.	Name and title:	Status:						
	Address:	Telephone:						
		E-Mail:						
2.	Name and title:	Status:						
	Address:	Telephone:						
		E-Mail:						
	u are known to the referees by another name (e.g. previous neent name and advise that we may be in contact	ame) please inform them of your						
The of Countries	Criminal Convictions The post for which you have applied is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. If you are short listed for this post, you will be required to disclose details of any criminal convictions, cautions or bind-overs on a separate form.							
to c	Please note that an application will not be considered further if the candidate declines to complete the Criminal Records Bureau disclosure form and search application request.							
Health If you are successful in this application your appointment to this post will be subject to medical clearance.								
From what source did you learn of this vacancy?								
	reby declare that the information given above and overl wledge	leaf is correct to the best of my						
SIGN	NATURE:	DATE:						

PERSONAL STATEMENT											
ABILITIES, SKILLS, KNOWLEDGE & EXPERIENCE											
Ise this section to show how you meet all of the shortlisting criteria for the job as set out in the enclosed person specification, drawing on all aspects of your education and experience, including paid employment and unpaid work. (please continue on a separate sheet as equired).											

ADDITIONAL INFORMATION (For Salary and Pension purposes)											
National Insurance Number:											Previous name (if any)
DfE Number:									Registered Disabled Person's Number: (If applicable)		
Date of Recognition*:											
* If this would be your first teaching appointment, please attach a copy of your letter from the DfE granting you Qualified Teacher Status unless you qualified by virtue of Cert. Ed., B.Ed., or P.G.C.E. (not F.E.) gained in England and Wales											

CURRENT (OR MOST RECENT) SALARY										
Main Scale salary:	£	Upper Pay Spine point (if applicable): p.a.	£							
TLR payment (if applicable) p.a.	£	Leadership Spine point (if applicable): p.a.	£							
Other allowances (state which c p.a.	illowance): £	Inner/Fringe London allowance (if applica p.a.	£:(elda							

PENSIONS		
* a) Are you currently in receipt of a pension from the DfE? No		
* b) Have you elected to opt out of the Teachers' Superannuation Scheme? No		
* c) Have you elected to participate in the Part-time Teachers' Superannuatio No	n Scheme?	
* d) Have you elected to pay additional Superannuation Contributions through No	n the teachers' sche	me?
If so, please indicate whether these are:		
* i) Widower's Contributions	YES / NO	%
* ii) Purchase of Past Added Years	YES / NO	%
* iii) Additional Voluntary Contributions via Prudential Assurance Co * Please attach a copy of the DfE notification as appropriate)	YES / NO	%
Social Media As part of our safer recruitment processes all shortlisted subject to a social media search.	l candidates will b	oe