

Teaching Application Form



Name of School: Lo		oxford S	School Trust	Candidate ref(office use only)				
Post:				(office use offiy)				
Ag	e groups for wh	nich trained:		Month/Year QT	S Awarded or Expected			
1.	Specialist Subjects Offered							
	Main: Othe							
	Teacher Refe	rence Number:	DBS	DBS Certificate Number:				
	National Insu	rance No:	Do yo	ou require permis	ssion to work in the UK?			
	(An ECT is re	box if you are an early caree equired to serve a statutory indinay use a continuation sheet	uction peri	od)	u are completing your training			
2.	Personal De	etails						
	Title:	Last Name:		Firs	t Name(s):			
		Please include for	ormer name					
		Permanent Address		Ten	nporary Address (if applicable)			
	Post Code:			Post Code:				
	Contact Deta	ails:						
	Telephone:							
	Mobile:							
	Email:							
3.	Education, Secondary E	Training and Qualification ducation	ıs					
	Name, location and type of schools		(Dates mm/yyyy)	Secondary Examinations passed List all subjects with grades			
			From	То				
			From	То				
	Higher Educ	ation						
	University/College/Organisation/Course			Dates (mm/yyyy)	Qualifications passed List all subjects with grades			
			From	То				
			From	То				
	Initial Teache	er Training (ECTs please includ	e ITT cours	es undertaken)				
	College/Orga	nisation/Course		Dates (mm/yyyy)	Qualifications (to be)/passed			
			From	То				

From

То

4. Present Post

Name o	of School		Phase		
Salary £ Special Allowance		Point on Scale Ages Taught Date of Appointment (dd/mm/yyyy)		When could you commence duty?	

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5. Previous Teaching Experience

Please give details of all full and part-time paid teaching experience in schools including periods before date of qualification. ECTs please include college teaching practices if applying for your first appointment (use a continuation sheet if necessary).

Local Education Authority, Gov. Body or Country	School	Full Time or % Part time	Post Held	Ages Taught	Periods of paid teaching service. Students give teaching practice dates. (dd/mm/yyyy)	
					From	То
					From	То
					From	То
					From	То
					From	То

Please account for any gaps in your employment history							

6. Previous Industrial, Commercial or Local Government Experience

Please give details of experience (e.g. industrial, clerical, social and other gainful employment after the age of 18 years).

Name and Address of Employer(s)	Date (dd/mm/yyyy)		Nature of Employment and position held
Traine and rearest of Employer(s)	From	To	(including an indication of whether full or part time)

7. Declarations
Are you related to a councillor, officer, headteacher or school governor of the London Borough of Redbridge?
If yes, please state their name and the relationship
Note: Canvassing or failure to disclose a relationship to a councillor, officer, headteacher or school governor of the London Borough of Redbridge could disqualify the candidate.
Rehabilitation of Offenders Act
Before completing this part of the form, please read the following notes carefully.
All posts involving direct contact with vulnerable children are exempt from the Rehabilitation of Offenders Act 1974.
The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.
Please take a look at the filtering rules using the following link:
Filtering rules for criminal record check certificates
The list of offences that will never be filtered are available through the following link:
Never filtered from a criminal records check
If you have ever been convicted of a criminal offence, which is not 'protected,' you may 'disclose' this separately.
Please ensure that you provide this information as a separate document, which should include your name and the post for which you have applied. The document should be marked 'CONFIDENTIAL - Last Name'.
All information given will be treated in the strictest confidence and will be used for this job application only.
I declare that I have read Section 7 Rehabilitation of Offenders Act as detailed above
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 after appointment lead to disciplinary action, which could lead to my dismissal without notice.
Name: Date:

Keeping children safe in education – online recruitment checks

In accordance with Safer Recruitment Guidelines and Data Protection Guidelines, we reserve the right to use social media as part of our recruitment processes.

Further details available from the <u>LGA guidance note</u>.

If you would like to discuss this further, please contact the recruiting School.

8.	Early Careers Teachers Please ensure that the Initial Teacher Training information is completed in Section 3. Have you already started your Early Careers Teacher Induction Period? If Yes, date started: DATE: Name of School:							
9.	Other courses attended in the last 5 years - (Including Denominational Qualifications) Please include organising body, title of course, dates and duration (use a continuation sheet if necessary).							
	Course Title and Organising Body							
10	Special Interests and Relevant Experience							
	Please give details of your recreational and cultural interests, voluntary work and any other special skills you have developed which may be relevant to the post and to your work with children.							

Please include more detailed particulars of your experience, skills and further information in support of your application.
You are advised to limit your Statement to the equivalent of 2 sheets of printed A4.

11. Letter of Application or Supporting Statement

2. Please bodies		ions or prohibitions placed upon you by the DfE or other disciplinary
3. Refere	ences	
Safer r	ecruitment guideline	es recommend that references are taken up prior to interview.
		o professional referees. One of these should be your present or rences will be requested by email.
ECTs s	should provide their	initial teacher trainer and a successful teaching practice school.
Refere	ee 1	
	Title (Mr/Ms/Mrs/ Miss/Dr etc)	
	Full Name	
	Status	Other
	School/College	
	Address	
	Post Code	
	Professional Ema	il:
	Telephone:	
Refere	ee 2	
	Title (Mr/Ms/Mrs/ Miss/Dr etc)	
	Full Name	
	Status	Other
	School/College	
	Address	
	Post Code	
	Professional Ema	il:
	Telephone:	
	nformation will not be	any disability you may have for which a reasonable adjustment may be necessar used for short-listing purposes, it will greatly assist in making any interview

Successful applicants must produce original certificates of qualifications upon request.

Declaration

You cannot sign this form on screen. By submitting an e-mail application, you undertake that the information you have provided is true and accurate to the best of your knowledge. You may be required to sign your application at a later stage of the selection process.

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 after appointment lead to disciplinary action, which could lead to my dismissal without notice.

Name Date

Mrs Anita Johnson OBE CEO/ Headteacher Loxford School Trust Loxford Lane Ilford Essex IG1 2UT

This application form should be returned to the **Loxford School Trust** by email.

Please save this document using your LAST NAME and email to:

iobvacancies@loxford.net

Thank you for your application Your email will be acknowledged

Protection of your Data/Information

The information you supply on this application form is subject to the current Data Protection Regulations and specifically the General Data Protection Regulation (GDPR) 2018.

Privacy Notice: Redbridge Schools use this standard application form for the recruitment and employment of teaching staff in schools. The information will be confidentially shared with administrative and management personnel involved directly in the recruitment process within individual schools and with associated Human Resource and Payroll services outside of the school in the context of your employment application. Anonymous data may be extracted for the purpose of statistical recording.

Please note that we will be sharing your application with people contracted to LBR to carry out initial interviews.

Once the recruitment process has been completed the application form and associated documents for successful candidates will be retained to form the basis of an employment record and stored safely and securely. Unsuccessful candidates' details will be securely disposed of in accordance with the guidelines and erased or destroyed - unless there is specific permission for the information to be retained for future recruitment purposes.

You may update the information should you become aware of any inaccuracies in your submitted application by contacting the email address used to submit the application originally. You can also withdraw your application through the same contact.

For further general information please contact: Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals - ico.org.uk



Recruitment Monitoring

Applicant Ref No

In line with the Codes of Practice of the Equality and Human Rights Commission (formerly Equal Opportunities Commission and the Commission for Racial Equality) and as required by the Audit Commission, Redbridge Council collects and maintains information on gender, ethnic origin and disabilities of its employees. As of April 2009 Redbridge Council will also collect and maintain information on sexual orientation, age and religion or belief of its employees. The information you have supplied will be kept confidential within Human Resources. Departments will only see statistical information and it will only be used to provide an overall profile analysis of Redbridge Council.

Please complete this section of the application form, which will be separated from the rest of the form before shortlist selection takes place.

You can be assured that this information will be treated in confidence and will not be available to short listing officers or interviewers or to future potential managers.

- 1. Where did you see this post advertised?
- 2. What is your Date of Birth?
- 3. What is your Ethnic group?

Please choose one selection from A to E and then tick the appropriate box within your chosen section to indicate your cultural background. If you are ticking one of the 'Any other' boxes please state in the space provided

A. White British	☐ Irish ☐ Any Other White Background Please State
B. Mixed	
☐ White and Black Caribbean☐ White and Black Asian	☐ White and Black African☐ Any other Mixed BackgroundPlease State
C. Asian or Asian British	
☐ Indian ☐ Bangladeshi	☐ Pakistani☐ Any other Asian Background Please State
D. Black or Black British	
Caribbean	AfricanAny other Black BritishPlease State
E. Chinese or other Ethnic Group	
☐ Chinese	

4. G eFem	ender ale 🗌	Male		prefer not to sa	у 🗆		
The disal has l	bled if they have	10 (EA a physi cted to) protects p cal or ment last at least	al impairment, w 12 months) and	hich is sub	EA defines a personstantial and long te verse effect on the	rm (i.e.
5a. [Do you consider	yours	elf to have	a disability acc	ording to	the terms given in	the EA?
Yes	☐ No						
	Council wishes to rell as people with				s are able	to access job oppo	rtunities
the v	•	ent pro	vided it is re	easonable in the		orking arrangement	
	f you have answ port you at the i			ոց a disability, լ	olease let (us know how we c	an
experience your disa L S h	erience more that disability does bility ong-standing illnesensory impairmed aving a serious helphysical impairmensing a wheelchai	ess, suent, such earing ent, such r or cru r, (such ury)	ch as cance h as being l impairment h as difficul tches as Down's	eability, in which se types, please er, HIV, diabetes blind, having a set ty using your arr	n case tick e mark 'Ot , disease o erious visua ns or mobil	to you. People may a all the types that her' and state you or epilepsy al impairment or be lity issues, which monognitive impairment	apply. If r ing deaf, eans
Othe	er (please state)						
6.	What is your re	ligion	or belief?				
	Agnostic Atheist Bahá'í Prefer not to say		Buddhist Christian Hindu	☐ Jain ☐ Jewish ☐ Muslim	□ □ Plea	Sikh No Religion Any other religion ase state	or belief
7.	What is your sex	kual ori	entation?				
	Bisexual Woman/Lesbian Prefer not to say		Gay Man Heterosexu	ual			