Date Received

Application Number

Confidential Teaching Application Form



I wish all communication to be through the medium of Welsh Yes No						
Post applied for	Name of School					
Reference Number	Closing Date					
Personal Details						
Title: Forename(s):						
Surnames (inc any previous):						
Address:						
	Postcode:					
Telephone No. (Daytime):	(Evening):					
Mobile:	E-mail:					
Next of Kin:						
Relationship:	Telephone Number:					
Do you own a car? Yes No Do you hold a full licenc	e? Yes No					
Do you require a work permit? Yes No National Ins	urance Number:					
Have you ever resided outside the UK? Yes No						
Are you recognised as a teacher by the Department for Educ	ation? Yes No No					
DfE. No.:	Date of registration:					
Have you successfully completed your induction year? Yes	No No					
Are you registered with the GTCW? Yes No						
Please indicate the sector(s) in which you are experienced/q	ualified to teach					
Foundation Phase Junior Secondary Special						
Main Subjects	Subsidiary Subjects					
Present or Most Recent Employment						
Name and address of present or most recent employer (To include, if newly qualified, details of teaching practice):						
	Postcode:					
Post Title:	: Date Appointed:					
Date of leaving (if applicable):						
Reason for leaving (if applicable):						
alary Scale: Allowances:						

Previous Teaching Experience					
Please continue on a separate	e sheet if necessary	or if you ha	ave any pr	evious non t	teaching employment
Name and Type	Name of LA	Date		No. on	Subjects Taught &
of School		From	То	roll	Responsibilities
	+				
Please give an explanation for	r any gaps in employ	vment histo	ory (please	continue o	n a separate sheet if necessary)
Trease give an explanation to	any gaps in employ	,	, (picase		The separate sheet in necessary,
To be completed by Interview					
I certify that the reason for ar					
Signed:		Headt	eacher/Ch	air of Gove	rnors/Manager/
Date:					

Place of Study From T	Da	Date F		Qualification	Subject	Age range wher
	То	or P/T	with Class/Division	Subject Specialism(s)	appropriate	

In Service Training (Please start with most recent)						
Date	Title of course	Provider	Duration	Qualification		

Reasons For Applying For This Post					
Please demonstrate your suitability by relating your application to any skills, qualifications, training and experience (both through paid employment or otherwise) you have which are relevant to the job for which you are applying.					
N.B.: Please continue on separate sheets and attach securely.					

References					
Please provide the names and addresses of two people, who should not be related to you, from whom references can be obtained. One should be your most recent employer (or teacher / tutor in the case of a college / school leaver) and the other, preferably, a previous employer.					
-	· · · · · · · · · · · · · · · · · · ·	erees by another name.	- Chipioyei.		
Name:		Name:			
Address:		Address:	Address:		
Telephone No.:	Occupation:	Telephone No.:	Occupation:		
Capacity in which know	i to you:	Capacity in which kno	wn to you:		
May reference be taken to interview? Yes \(\text{N} \)	up prior	May reference be take to interview? Yes	May reference be taken up prior to interview? Yes No		
We reserve the right to take up references with any previous employer.					
Please give dates on which you would be UNAVAILABLE for interview.					
Are you related to any elected councillors or senior officers of Merthyr Tydfil County Borough Council or to a governor of the school to which you are applying for a post? Failure to disclose this may disqualify you for the appointment or, if appointed, render you liable to dismissal without notice.					
Yes No No					
If YES, please give details					

Criminal Record				
Have you ever received any criminal convictions, warnings, reprimands or cautions?	Yes No			
If yes please provide details including dates	Date			
N.B.: It is the policy of this Authority that ALL APPLICANTS, for types of exempt from the Rehabilitation of Offenders Act, 1974 under the (Exc WILL be subject to a criminal record check.				
Disciplinary				
Are you currently under a disciplinary investigation/ or warning? Yes] No [
If yes please provide details below and continue on separate sheet if necessary				
N.B.: Any previous disciplinary warnings will not automatically disbar	applicants.			
Declaration				
I understand that canvassing of officers, headteacher of school and councillors of the Council, or any school governors directly or indirectly, for any appointment shall disqualify my application. I hereby declare that the information provided on this form is correct to the best of my knowledge. I accept that the Council can terminate my employment if I willfully neglect or misdirect the Council in submitting this application.				
I also understand that the Council is committed to safeguarding and promoting the welfare of vulnerable groups in the community. I confirm that I fully share this commitment and will abide by local safeguarding protocols. I give express consent that the Council can undertake additional Merthyr Tydfil County Borough Council electronic systems checks in regards to the safeguarding of vulnerable groups and I agree to undertake a Disclosure and Barring Check.				
Signature of Applicant: Date:				