

**TEACHING STAFF
APPLICATION FORM**

Please complete in BLACK ink.

POST APPLIED FOR:			
PERSONAL DETAILS			
Title:		Surname:	
Forename(s):		Date of Birth:	
		Former Surname (if applicable):	
Address:		National Insurance No:	
		Teacher Ref No:	
		QTS Status	Yes/No
		Registered with GTC	Yes/No
		Daytime Tel No:	
		Evening Tel No:	
Post Code:		Mobile Tel No:	
Email:			
If you have been at this address for less than 5 years please provide details of previous addresses covering this period on a separate sheet.			

Please indicate whether you have any family or close relationships with existing employees/employment at Dulwich College or children attending the College (including DUCKS). Yes/No			
ACADEMIC & PROFESSIONAL QUALIFICATIONS			
Name & Addresses of Schools/Colleges	From (Mth/Yr)	To (Mth/Yr)	Qualifications Obtained – please include A Level grades and class of degree

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS Please state whether you are a member of any technical or professional associations, and if so, which:

PERSONAL DEVELOPMENT Have you attended any training courses/seminars to develop your skills. If yes, please list:

Course Title	Date From	Date To	Details of Course
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DETAILS OF PRESENT OR MOST RECENT EMPLOYER

From	To	Position/Job Title
Name and Address		Main duties
Salary £	Responsible to	Reason for leaving

DETAILS OF PREVIOUS EMPLOYERS (in reverse order)

From	To	Position/Job Title
Name and Address		Main duties
Responsible to		Reason for leaving
From	To	Position/Job Title
Name and Address		Main duties
Responsible to		Reason for leaving

From	To	Position/Job Title
Name and Address		Main duties
Responsible to		Reason for leaving
From	To	Position/Job Title
Name and Address		Main duties
Responsible to		Reason for leaving
From	To	Position/Job Title
Name and Address		Main Duties
Responsible to		Reason for Leaving

LEISURE INTERESTS, HOBBIES, MEMBERSHIP OF ORGANISATIONS ETC

HEALTH

Please note that the successful applicant will be required to authorise his/her GP to answer questions from the College's Medical Officer and, if necessary, undergo a medical examination.

How many days sick leave have you taken in the last two years? _____

Do you have any medical condition that is likely to restrict your ability to undertake this job? *Yes/No

If yes, please give details and state any adjustments that you might need in the job to overcome this restriction.

Please provide details of two individuals who we can contact to obtain a reference. One should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed in work with children. **Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends.**

Referee 1		Referee 2	
Name		Name	
Address		Address	
Post Code		Post Code	
Telephone No:		Telephone No:	
Fax No:		Fax No:	
Email:		Email:	

Do you agree to references being taken up if you are short-listed for the appointment? *Yes/No

Do you require a permit to work in the UK? *Yes/No If yes, do you have a current permit to work? *Yes/No

If yes, please provide the original along with originals of any other evidence that you are eligible to work in the UK.

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not named on DfES List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (eg the General Teaching Council) and either:
***I have no convictions, cautions or bind-overs OR *I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked Confidential.**

I understand that the successful applicant will be required to provide an enhanced disclosure from the CRB

To meet our obligations under Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided on this form may be used and processed by Dulwich College for recruitment and personnel administration and for equality monitoring. Such use will be subject to the provisions of the Data Protection Act 1998

I confirm the information given in this form is correct and understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made.

*delete as applicable

Signature:

Date: