

BRONDESBUURY COLLEGE



ADMINISTRATION APPLICATION FORM

PLEASE READ CAREFULLY ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PLEASE USE **BLACK INK** ONLY AND COMPLETE IN FULL. YOU MAY ENCLOSE YOUR CURRICULUM VITAE FOR ADDITIONAL INFORMATION IF YOU WISH, BUT NOT AS A SUBSTITUTE FOR FILLING IN ALL SECTIONS OF THIS FORM.

ON COMPLETION, PLEASE RETURN TO: MR A. ALI, HEAD TEACHER, BRONDESBUURY COLLEGE, 8 BRONDESBUURY PARK, LONDON, NW6 7BT.

TITLE AND SCALE OF POST:
WHERE DID YOU HEAR ABOUT THIS JOB?
WHEN COULD YOU TAKE UP DUTIES IF APPOINTED?

MR MRS MISS MS PLEASE CIRCLE	SURNAME:	FORENAME:
DATE OF BIRTH: DD/MM/YYYY	HOME TELEPHONE:	MOBILE TELEPHONE:
HOME ADDRESS: POSTCODE:	EMAIL ADDRESS:	NATIONAL INSURANCE NUMBER:

DO YOU NEED A WORK PERMIT? YES / NO PLEASE CIRCLE	IF YES, PLEASE PROVIDE DETAILS:
DATE OF RECOGNITION AS A QUALIFIED TEACHER (IF APPLICABLE) DD/MM/YYYY	DCSF TEACHER REFERENCE NUMBER: (IF APPLICABLE)
ARE YOU REGISTERED WITH THE GENERAL TEACHING COUNCIL? (IF APPLICABLE) YES / NO PLEASE CIRCLE (EVIDENCE OF THIS WILL BE REQUIRED IF APPOINTED TO THE POST)	

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PRESENT OR MOST RECENT EMPLOYMENT	
NAME OF ESTABLISHMENT	
ADDRESS	
POSITION HELD & MAIN SUBJECTS TAUGHT	
DATE OF APPOINTMENT	

IF YOU HAVE ALREADY HELD A TEACHING POST PLEASE GIVE DETAILS OF YOUR MOST RECENT SALARY ASSESSMENT		
CURRENT PAY SCALE POINT: <small>MAIN SCALE/ PAST THRESHOLD/ ASST/ LEADERSHIP ROLE</small>		DATE OF LAST ASSESSMENT:
TEACHING & LEARNING RESPONSIBILITY POINT TLR:		
ANY OTHER POINTS: <small>EXCELLENT TEACHER/ SEN ALLOWANCE ETC</small>		DATE OF LAST ASSESSMENT:
TOTAL ANNUAL SALARY:		

ADDITIONAL NOTES:

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SUMMARY OF EDUCATION & QUALIFICATIONS				
PERIOD OF EDUCATION DATES		NAME, ADDRESS OF SCHOOL, COLLEGES & HIGHER EDUCATION ESTABLISHMENTS ATTENDED FROM AGE 12	QUALIFICATIONS GAINED & SUBJECT	GRADES
FROM	TO			

PROFESSIONAL DEVELOPMENT/TRAINING COURSES ATTENDED			
FROM	TO	COURSE DETAILS & PROVIDER	QUALIFICATIONS GAINED

IF YOU KNOW ANY OTHER LANGUAGES IN ADDITION TO ENGLISH & WOULD BE PREPARED TO USE THEM AT WORK, PLEASE INDICATE WHICH ONES:

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STATEMENT IN SUPPORT OF APPLICATION

PLEASE STATE HOW YOUR EXPERIENCE, SKILLS AND ACHIEVEMENTS TO DATE, BOTH INSIDE AND OUTSIDE PAID WORK OR THROUGH STUDY, MAKE YOU A SUITABLE CANDIDATE FOR THIS POST. PLEASE ENSURE THAT YOU HAVE READ THE JOB DESCRIPTION FOR THE POST AND HAVE GIVEN US SUFFICIENT INFORMATION TO DESCRIBE HOW YOU MEET EACH OF THE REQUIREMENTS SET OUT IN THE JOB DESCRIPTION/PERSON SPECIFICATION.

PLEASE GIVE DETAILS OF YOUR INTERESTS INCLUDING VOLUNTARY/COMMUNITY WORK YOU HAVE UNDERTAKEN

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INFORMATION FOR MONITORING

PLEASE COMPLETE THIS SECTION, AS THE INFORMATION WILL ENABLE US TO MONITOR THE EFFECTIVENESS OF OUR EQUAL OPPORTUNITIES POLICIES AND THE DDA

ETHNICITY:	GENDER:
DO YOU CONSIDER YOU HAVE A DISABILITY AS IDENTIFIED BY THE DDA? YES / NO PLEASE CIRCLE	IF YES, PLEASE PROVIDE DETAILS:
ARE YOU REGISTERED DISABLED? YES / NO PLEASE CIRCLE	IF YES, PLEASE PROVIDE REGISTERED DISABILITY NUMBER:
ARE YOU SUFFERING OR HAVE YOU SUFFERED FROM ANY MAJOR ILLNESS OR INDUSTRIAL INJURY? YES / NO PLEASE CIRCLE	IF YES, PLEASE PROVIDE DETAILS:

REHABILITATION OF OFFENDERS ACT/DISCLOSURE OF CRIMINAL RECORD

THE APPOINTMENT FOR WHICH YOU ARE APPLYING INVOLVED WORK WITH CHILDREN & IS THEREFORE EXEMPT FROM THE REHABILITATIONS OF OFFENDERS ACT 1974. YOU ARE REQUIRED TO DECLARE ANY CONVICTIONS OR CAUTIONS YOU MAY HAVE EVEN IF THEY WOULD OTHERWISE BE REGARDED AS SPEND UNDER THAT ACT. THE INFORMATION YOU GIVE WILL BE TREATED IN CONFIDENCE. A CHECK WITH THE CRIMINAL RECORDS BUREAU WILL BE CARRIED OUT.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR RECEIVED A CAUTION OR BIND-OVER? YES / NO. IF NO, CIRCLE NO. IF YES, PLEASE LIST ALL CONVICTIONS, CAUTIONS AND BIND-OVER'S INCLUDING ANY WHICH ARE SPENT UNDER THE ACT. FAILURE TO DECLARE A CONVICTION MAY DISQUALIFY YOU FROM APPOINTMENT OR RESULT IN SUMMARY DISMISSAL WHEN THE DISCREPANCY COMES TO LIGHT.

DO YOU HAVE A CURRENT CRB DISCLOSURE/ POLICE CHECK CLEARANCE? YES / NO PLEASE CIRCLE	
<i>THE SUCCESSFUL APPLICANT WILL BE REQUIRED TO PROVIDE TO UNDERTAKE A DBS CHECK</i>	
ARE YOU CLOSELY RELATED OR HAVE A CLOSE RELATIONSHIP WITH ANY MEMBER OF THE GOVERNING BODY, LOCAL COUNCILLORS OR EXISTING EMPLOYEES? ANY CANVASSING DIRECT OR INDIRECT WILL RESULT IN DISQUALIFICATION. YES / NO PLEASE CIRCLE	IF YES, PLEASE PROVIDE DETAILS::

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REFERENCES

PLEASE GIVE NAMES, ADDRESSES AND OCCUPATIONS OF TWO REFEREES. ONE OF WHO SHOULD BE YOUR CURRENT OR MOST RECENT EMPLOYER. REFERENCES WILL NOT BE ACCEPTED FROM RELATIVES OR FROM PEOPLE WRITING SOLELY IN CAPACITY OF FRIENDS. REFERENCES WILL BE SOUGHT PRIOR TO INTERVIEW

1. NAME OF REFEREE:

ADDRESS:

POSTCODE:

TELEPHONE:

MOBILE:

EMAIL:

POSITION HELD:

2. NAME OF REFEREE:

ADDRESS:

POSTCODE:

TELEPHONE:

MOBILE:

EMAIL:

POSITION HELD:

DECLARATION

PROVIDING ANY MISLEADING OR FALSE INFORMATION ON THIS FORM TO SUPPORT YOUR APPLICATION OR CANVASSING DIRECTLY OR INDIRECTLY, ANYONE LIKELY TO BE INVOLVED IN THE APPOINTMENT PROCESS WILL DISQUALIFY YOU FROM APPOINTMENT OR OF THE APPOINTED WILL RENDER YOU LIABLE TO DISMISSAL WITHOUT NOTICE. I DECLARE THAT I AM NOT ON THE BARRED LIST, DISQUALIFIED FROM WORKING WITH CHILDREN OR VULNERABLE ADULTS OR SUBJECT TO SANCTIONS IMPOSED BY REGULATORY BODY SUCH AS THE GENERAL TEACHING COUNCIL. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION ON THIS APPLICATION FORM IS CORRECT. I HEREBY DECLARE THAT I HAVE UNDERSTOOD AND COMPLIED WITH THE REQUIREMENTS LAID DOWN IN THE PREVIOUS PARAGRAPH AND I AGREE THAT THE INFORMATION GIVEN ON THIS FORM MAY BE USED FOR REGISTERED PURPOSES UNDER THE DATA PROTECTION ACT 1984. I HAVE ALSO UNDERSTOOD AND COMPLIED WITH THE PROVISIONS CONCERNING CRIMINAL CONVICTIONS.

APPLICANT SIGNATURE: _____

DATE: _____