



NELT/EASINGTON ACADEMY TEACHING POST APPLICATION FORM

Surname:		Title:			
Previous Surname(s)		Date Of Birth:			
Forename:	National Insurar	nce Nur	mber:		
Address:		Telephone (hon	ne):		
		(mobile)			
Postcode:		Telephone (wor	k) if cor	nvenient:	
Email Address:					
Post Applied For:					
Job Share					
If this job is open to job share, do you w	ish to apply for this p	ost in a job share	capaci	ity?	
Yes:	N	o:		Prefer not to say:	
Please state where you saw the adver	tisoment for this no	net	"		
i lease state where you saw the adver	disement for this po	731			
Durham County Council Website	Northern Ech	10	5	Specific Journal	
Sector 1 Website	Jobcentreplu	s	F	Fish4Jobs Website	
Advertiser Newspaper	Northeastjob	s	Other		
Disability: Do you consider yourself to be a person substantial and long-term adverse effect has lasted, or is likely to last, for over a yessential criteria on the person specification.	on your ability to car ear. Applicants with	rry out normal day	/-to-day	activities. Long-term means that it	
Yes:	No:			Prefer not to say:	
If you have answered yes please detail be make the necessary arrangements.	pelow any specific re	quirements to ass	sist you	with an interview and we will try to	

IMPORTANT INFORMATION						
Criminal Convictions:	e either declare them here, or if you prefer, send details by					
If you have any spent or unspent convictions to declare please either declare them here, or if you prefer, send details by post marked 'For the attention of the Lead Officer, in strict confidence - only to be opened by the addressee' stating the						
post title and post reference number.						
Details:						
Data Protecti	on Statement					
The Academy is committed to confidentiality and complies wi handled and stored sensitively and used only for its intended						
I declare that the information I have given is true in all respec						
for dismissal if I am appointed. I agree to the above statemen record if I am invited for an interview:	at and will sign and date a copy of this application as a true					
Signature:	Date:					

I.B. appointment will only be confirmed subject to receipt of official certificates in support of below. Pease use continuation sheets if required)	Secondary Education:	<u>:</u>						
School Attended Qualifications Subject Date Grade	N.B. appointment will or	nly be confirmed su	bject to receip	t of offi	cial certificates	in suppor	t of below.	
Institution Please indicate institution attended			s	Subjec	et	Date	T	Grade
Institution From To Degree, Diploma Certificate Awarded Division					_	-		
Institution From To Degree, Diploma Certificate Awarded Division								
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Institution From To Degree, Diploma Certificate Awarded Division								
Institution From To Degree, Diploma Certificate Awarded Division								
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Institution From To Degree, Diploma Certificate Awarded Division								
Institution From To Degree, Diploma Date Awarded Division			I					
Institution From To Degree, Diploma Certificate Awarded Division								
Degree Higher/Advanced egree/Diploma/Certifcate NPQH Yes Date Obained: No								
Higher/Advanced egree/Diploma/Certifcate NPQH Yes Date Obained: No Service Training:	igher Education: Ple				Degree Dink	ma	Data	Subject Class
NPQH Yes Date Obained: No Service Training:	·				Degree, Diplo	<u>ma</u>		Subject, Class Division
-Service Training:	Degree				Degree, Diplo Certificate	ma		Subject. Class Division
	Degree Higher/Advanced egree/Diploma/Certifcate				Degree, Diplo Certificate	ma		Subject, Class Division
Name of Establishment From To Course Taken	Degree Higher/Advanced egree/Diploma/Certifcate	Institution	From		<u>Degree. Diplo</u> <u>Certificate</u>		<u>Awarded</u>	Subject, Class Division
	Degree Higher/Advanced gree/Diploma/Certifcate NPQH	Institution	From		Degree, Diplo Certificate		<u>Awarded</u>	Subject, Class Division
	Degree Higher/Advanced egree/Diploma/Certifcate NPQH Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division
	Degree Higher/Advanced egree/Diploma/Certifcate NPQH Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division
	Degree Higher/Advanced gree/Diploma/Certifcate NPQH Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division
	Degree Higher/Advanced egree/Diploma/Certifcate NPQH Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division
	Degree Higher/Advanced egree/Diploma/Certifcate NPQH Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division
	Degree Higher/Advanced gree/Diploma/Certifcate NPQH Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division
	Degree Higher/Advanced egree/Diploma/Certifcate NPQH -Service Training:	<u>Institution</u> Yes	From Date Obained:	То	Certificate		<u>Awarded</u>	Division

Particulars of residence abroad (for modern language posts):

B Employment Details

Present Post (If you are currently u	nemployed please give y	our most recent post wi	th date of finish & reasons for this) F	Please state whe	ther preser	nt appointment is permane	nt or temporary	
Job Title	Full or Part <u>Time</u>	Salary Grade Indicate any allowances	Name of Establishment	Number	on roll	Age Range	L.A.	<u>Date of</u> <u>Appointment</u>
Do you have any	additional employm	ent which you inter	nd to continue if appointed to	this post?				
		Yes					No	
If yes, please det	ail the nature of the	work and the hours): :					
Period of notice r	equired or termination	on date for current	employment:					
Reason for seeki	ng new employment	?						
To which Supera	nnuation Act (if any)	are you now subje	ct? e.g. Local Govt, Teachers	s etc:				
Subject(s) Secon	dary School only:	D	ept of Education Ref No:		Gen	neral Teaching Counc	il No:	
	d in case of applicate of applicate of given notice to you		?	Yes		No		
If yes when will ye	ou be able to comm	ence?		If No how m	uch notic	ce are you required to	give?	

Person Specification
Please use this section to demonstrate that you have the essential and where possible desirable experience, skills and knowledge as stated on the person specification of the post for which you are applying. Candidates who do not evidence that they meet the essential qualifications and experience listed on the person specification will not be
shortlisted. (Please use continuation sheet if required).

C Previous Appointments

Please provide **full** details of all previous posts you have held, starting with the most recent first. You will also need to include any dates (If applicable) when you have not been in employment. (Please continue on continuation sheet if necessary)

	3,						
Job Title	Full or Part Time	Salary Grade Indicate any allowances	Name of Establishment	Number on roll	Age Range	<u>L.A.</u>	Employment Dates
							To From

Job Title	Full or Part <u>Time</u>	Salary Grade Indicate any allowances	Name of Establishment	Number on roll	Age Range	L.A.		oyment ites
							<u>To</u>	<u>From</u>

D Additional Information	
	is considered relevant for this post. This may include any particular skills and
may be made. Referee 1 should be your present (or m	ss of TWO people, who must know you well to whom a reference nost recent) employer. Next of kin or immediate relatives should ons in contact with children and vulnerable adults the Academy has imployers and line managers prior to interview.
Referee 1 Name:	Referee 2 Name:
Job title:	Job title:
Relationship to Referee:	Relationship to Referee:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Email	Email:
N.B. Appointment will only be confirmed subject to	o satisfactory references.

F	Continuation Sheet
Please us	se this space for any other details you could not complete in the rest of the application form

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Please us	se this space for any other details you could not complete in the rest of the application form