Elizabeth College Junior School



APPLICATION FOR THE POST OF

TEACHING ASSISTANT

When completed this form should be returned to:

## Mr J Walton, Headteacher, Elizabeth College Junior School,

## The Queen’s Road, St Peter Port, Guernsey, GY1 1PU.

no later than Tuesday 26th September 2017.

1. **Contact details**

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| --- |
| Full Name:(please underline the name (s) by which you like to be known) |
| Former Surnames:(e.g. maiden name or where there has been any previous change of name) |
| Current Address:Postcode: |
| Previous address: (if resident at current address for less than five years, please provide previous  addresses during this period) |
| Current Salary: | DfES reference No: |
| 2nd Teaching Subject: |  |
| DoB: | Marital Status: Married /Single | Number/ages of children if any: |
| Tel. No: | Mob. No: | E-mail address:  |
| Do you have Qualified Teacher Status (QTS)? **YES / NO** | Do you have any long-term disability or illness? YES / NO |
| Residency: are you “island qualified?” YES / NO if YES please state how: |
| How much notice do you have to give your current employer? |

**2**. **Details of all academic/vocational qualifications (GCSE/O level grades are *not* required from applicants for teaching posts)**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Subject/area of study | Awarding body/institution | Class/grade awarded |
|  |  |  |  |

**3**. **Further education and career history**

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| --- |
| Please supply in chronological order details of all further/higher education, training, employment, self-employment and any periods of unemployment *since the age of sixteen*. Please give in each case the reasons for leaving each employment. Please provide where appropriate explanations for any periods not in employment, self-employment, training or further/higher education. ***Please use the continuation sheet at the back if necessary***.For any teaching posts held please give information about age range, subject(s) taught and the title of any posts held. |
| Start date | Details of education, training, employment or unemployment | Reason for leaving | End date |
|  |  |  |  |

1. **Professional development and training**

|  |
| --- |
| Please give details of any relevant training you have undertaken in the past three years |
| Date (m/y) | Course title or description | Course provider |
|  |  |  |

1. **Other interests and activities**

Please give information about any interests, hobbies or activities in which you are involved.

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1. **Your interest in this post**

Using the job specification that you have been sent with your application pack, please demonstrate using examples, your suitability for the position you are applying. Please include your reasons for applying for and interest in this position.

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1. **Health Declaration**

How many days absence due to illness have you had in the past 12 months?­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the table below to indicate any significant illnesses or period of absence from work you have had in the past 10 years.

|  |  |  |
| --- | --- | --- |
| Date | Nature of illness | Duration |
|  |  |  |

Do you know of any reason, on the grounds of physical or mental health, why you will not be able to discharge the responsibilities of this post? **YES NO** (Please delete as appropriate)

|  |
| --- |
| If yes, please indicate the reason in the space below. |
|  |

**8. The welfare, protection and safety of pupils**

Elizabeth College is committed to safeguarding and promoting the welfare of children. The successful applicant will be required agree to a DBS Check. As part of our selection process candidates should expect us to seek to clarify any anomalies or discrepancies in the information provided by them or arising from their references. The interview process will explore candidates’ suitability for working with children and their previous experience in such roles.

**REHABILITATION OF OFFENDERS**

The post for which you are applying involves substantial opportunity of access to children, which as in the UK is exempt from the *Rehabilitation of Offenders Legislation*. We therefore require you to declare any convictions, cautions or bind-overs you may have had, regardless of how long ago and even if they would otherwise be regarded as "spent". You are also required to declare any outstanding case(s) against you. You should be aware that the School will institute its own checks. Please submit information in confidence, enclosing details in a separate sealed envelope. Failure to declare a conviction may disqualify you from appointment or result in summary dismissal if a discrepancy comes to light.

I have nothing to declare I enclose a confidential statement

 (Please delete one of the statements as appropriate.)

**CHILD PROTECTION**

Elizabeth College has a statutory obligation to safeguard and promote the welfare of its pupils. Accordingly, we require all new appointees to answer the following question. Has the Secretary of State for Education ever issued you with a personal warning or caused your name to be included on List 99 which names those who may not be employed in schools?

**YES / NO** (Please delete as appropriate)

***I hereby certify that the statements on this form are correct and that no material information is omitted.***

**Signed**..................................................................... **Date** .................................................

**9.** **Referees**

Please give the contact details of two referees - one should be your current / 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 with whom you most recently worked with children. Note that references will not be accepted from relatives or from referees writing solely in the capacity of friends. Note that referees may be contacted by telephone and will be invited to submit confidential written references.

**First referee**

Name:

Job title:

Address:

 Post code

Telephone number: Mobile number:

E-mail address:

**Second referee**

Name:

Job title:

Address:

 Post code

Telephone number: Mobile number:

E-mail address: …………………………………………………………………………………………………………………………………………….