|  |  |  |
| --- | --- | --- |
| To be completed and returned to:Mr. Matthew EvansPontarddulais Comprehensive SchoolCaecerrig RoadPontarddulaisSwanseaSA4 8PDEvansM701@hwbcymru.net | Swansea CouncilCyngor AbertaweStriving to become an Equal Opportunities EmployerEDUCATION COMMITTEE | For Office Use OnlyReceived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### PRIMARY, SECONDARY, SPECIAL TEACHERS

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| Application for appointment as | Welsh Teacher | Range | **MPS/UPS** |
| at | Pontarddulais Comprehensive School |

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| --- | --- | --- | --- |
| 1. Surname |  | Initials |  |
|  Home Address |  |
|  | Post Code |  |
| Home Tel No |  | Mobile Tel No |  |
| E Mail Address |  | N.I. No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Present Post |  | Date appointed |  |
|  Establishment |  | LEA |  |
|  Present Salary | **£** | Salary Grade |  |

3. **Previous employments - All previous employment must be specified and any employment gaps explained**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designation of Post (with salary grade) | Name and address of School/Institution/Company(where applicable) | Primary, Secondary or FE(where applicable) | Name of Employing Authority or Employer | Duration of Employment |
| From | To | Total |
| yrs | mths |
|  |  |  |  |  |  |  |  |  |
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4a. **Qualifications and Training - including Teaching Qualifications**.

 *(please give the fullest possible details, including subject, class/division, age range etc.)*

|  |  |  |
| --- | --- | --- |
| Qualification gained, including class and subject of final qualification | Where Obtained | Date |
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| --- | --- |
| 4b. **Qualifications and Training** |  |
|  Details of other subjects which you are qualified to teach: |  |
|  |
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| 5. **Other experience, skills or interests you consider relevant, including voluntary work** *(Music, cultural and sporting activities, hobbies, etc)* |
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| --- | --- |
| 6. **Secondary Education** |  |
|  a) Schools at which educated (with dates): |  |
| **School** | **Dates** | **Education Authority** |
|  | From | To |  |
|  |  |  |  |
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| b) Particulars of examinations passed *(state type, examining board, subjects grade and date of pass):* |
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| 7. **In-Service Training** Outline of courses attended during the last three years: |
| **Name of Course** | **Organising Body** | **Date** | **Duration of Course** |
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8. **A Confidential Report, one of which will be obtained from your present or last employer, where appropriate. Two references are required.**

|  |  |
| --- | --- |
|  Name: |  |
| Address of Present/Last Employer |  |
|  |
| Telephone No: |  |  | E mail: |  |

|  |  |
| --- | --- |
|  Name: |  |
| Address of Present/Last Employer |  |
|  |
| Telephone No: |  |  | E mail: |  |

9. **Additional Personal Information**

 Are you recognised by the Department for Yes If Yes Date of Recognition \_\_\_\_\_\_\_\_\_\_\_\_

 Education and Employment as a qualified Teacher? No Teacher Reference No: \_\_\_\_\_\_\_\_\_

 Are you registered with the Education Workforce Council Yes

 Wales

 No

|  |  |
| --- | --- |
| If No, please give period(s) of extension(s) and details of extension: |  |
|  |
|  |
|  |

 Are you in receipt of Ill-Health benefits (Pension) Yes No

 from the Teachers Pensions Agency?

####  Car Owners

 a) Are you a car owner? Yes No *Please tick () the appropriate boxes*

 b) Do you possess a valid driving license? Yes No

10 **Letter of Application**

 Applicants are invited to write a letter in support of their application on pages 4 & 5 of this form.

11. **Canvassing**

 Applicants are required to state below whether they are related to members of Swansea Council, of the Governing Body, or senior members of staff of the School/College. CANVASSING MEMBERS OR OFFICERS OF THE COUNCIL OR GOVERNING BODY, OR SENIOR MEMBERS OF STAFF OF THE SCHOOL/COLLEGE AND/OR GIVING FALSE OR MISLEADING INFORMATION WILL DISQUALIFY YOUR APPLICATION.

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**LETTER OF APPLICATION (Use this page)**

**Applicants are invited to submit a letter below in support of their application.**

**LETTER OF APPLICATION (Continued)**

12. **This post, due to its nature, duties and responsibilities requires an Enhanced Level of DBS. The successful candidate will need to complete a satisfactory DBS check. Further information about the Disclosure Scheme is available at https://ccos-powyscountycouncil.employmentcheck.org.uk/ or from the Personnel/HR section from Civic Centre, Swansea.**

 Have you ever been bound over, cautioned or cautioned in respect of any criminal offence (s) YES / NO

 If yes please give details (with dates if possible) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 This post is exempt from the rehabilitation of offenders act 1974

**CONFIDENTIAL**

13 **Classification of Employees**

 Swansea Council is an Equal Opportunities Employer. Our policy is to ensure that all applications are treated fairly, regardless of gender, marital status, ethnic origin, or disability. The information from this form helps us monitor the effectiveness of our policy. In addition to the details that you have already provided, you are invited to indicate your ethnic origin, gender and any disability by ticking the boxes below.

 **Section a Ethnic Origin**

 I consider my ethnic origin as (Please tick (*) appropriate box):*

 a) Black-African



 b) Black - British



 c) Black - Caribbean



 d) Black - Other





 e) White - European UK

 f) White - European Other\*



 g) White - Other



 h) Indian



 i) Pakistani



 j) Bangladeshi



 k) Chinese



 l) Other\* (*Please specify below*)

 \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section b** **Nationality**

 What nationality do you consider yourself to be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section c Sex**

 My sex is (*Please tick () appropriate box*): Male Female

 Section d Age

 My date of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section e Registered Disabled Persons**

 Under the Disability Discrimination Act 1995 disability is defined as: ‘ Having a physical or mental

 Impairment which has a substantial and long term adverse effect on your ability to carry out normal

 Day to day activities.

 In the light of the DDA 1995 definition or any other, do you consider that you have a disability: YES / NO

 If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Additional Information

 How did you find out about the vacancy, e.g. Eteach, Internal Bulletin

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|  |  |  |  |
| --- | --- | --- | --- |
|  Surname: |  | Maiden Name: |  |

|  |  |
| --- | --- |
|  Forename(s): |  |