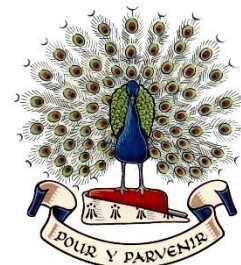


**Chair of Panel Checklist:**

- Application form signed
- Gaps in employment checked
- References checked
- Lived abroad



**Job Reference  
Number  
24/21**

# Lady Manners School

Shutts Lane, Bakewell, Derbyshire, DE45 1JA

Tel: 01629 812671

[www.ladymanners.derbyshire.sch.uk](http://www.ladymanners.derbyshire.sch.uk)

**Confidential**

## Application for the Post of Teacher of Mathematics

**Please complete in black ink**

*The information contained in this form will be used in administering the recruitment process in accordance with the General Data Protection Regulation. Please see the Workforce Privacy Notice at <https://www.ladymanners.derbyshire.sch.uk/news-information/statutory-information/policies/>*

### 1. PERSONAL DETAILS

Surname		Forenames	
Previous Name / Maiden Name (if applicable)			
Title		Teacher Reference Number	
Address			
Post Code			
Home Telephone Number		Mobile Number	
Work Telephone Number		E-mail	

### 2. PRESENT POST

Present Post (Title)		Date Appointed	
		Point on Scale	
Name of School and Address			
Post Code			
Type of School		Age Range	No. on Roll
Single Sex/Mixed		Age Range Taught	
Name of Education Authority or Private Institution			
Reason for Leaving			

### 3. REFERENCES (one of these should be your Headteacher)

Name	Name
Address	Address
Post Code	Post Code
Telephone Number	Telephone Number
Status	Status
Email	Email

#### 4. EDUCATION

##### Secondary Education

Qualification (e.g. GCSE/A-Level)	Subject	Grade	School / College	Date Awarded

##### Higher Education

Qualification	Subject	Grade	University / College	Date Awarded

##### Other post-graduate study

Qualification	Subject	University / Other Provider	Date Awarded

##### Teaching Qualification

Qualification	Subject	University / Other Provider	Date Awarded

##### Teaching subjects offered

Main Subject	Key Stage(s)
Other Subjects	Key Stage(s)

**5. QUALIFIED TEACHER INFORMATION**

Have you gained Qualified Teaching Status?

Yes  No

Date of gaining Qualified Teacher Status

If you qualified after 7 May 1999, have you completed your induction year?

Yes  No

**6. PREVIOUS TEACHING POSTS HELD** (please enter earliest first)

Name of Education Authority and status (Foundation / Community)	Name of School or College (including location)	B, G or Mixed	Roll No.'s	Age Range	Post Title and Scale	Dates		Reason for Leaving
						From	To	

**7. DETAILS OF ANY NON-TEACHING EMPLOYMENT** (including any breaks in service)

Employer	Position Held	Job Description	From	To	Reason for Leaving

**8. RELEVANT IN SERVICE TRAINING**

Title	Organising Body	Duration		Dates
		From	To	

**9. ACHIEVEMENTS WITHIN OR BEYOND SCHOOL**

--

**10. INTERESTS**

--

Please state any dates/times in the next 6 weeks when you will not be available for interview

--

Please note that we will check on the identity of candidates, make overseas checks where relevant and follow up references with referees and scrutinise applications for gaps in employment.

I am / am not* related to any senior member of staff or Governor. If so, who?
I have / have not lived outside the United Kingdom for a period of 6 months or more in one country since my 18 <sup>th</sup> birthday. Please provide details of the relevant countries.
I understand that canvassing, directly or indirectly, will be a disqualification.
I am prepared to undergo a medical examination.

I can produce the original documents of my qualifications.

I understand that providing false information is an offence and, if I am appointed, could result in dismissal and referral to the police.

*\* Please delete as appropriate*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**All candidates applying electronically will be required to sign their form at interview.**

## Equal Opportunities Monitoring Form

This information will be solely used for monitoring and statistical purposes, it will not be seen by those shortlisting or interviewing you. A copy of the School's Equal Opportunities Policy is available on request.

<b>Position Applied For:</b>	Teacher of Mathematics		
<b>Name:</b>			
<b>National Insurance no:</b>			
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Date of Birth:</b>			
<b>Ethnic Origin:</b>	Please tick the category that most represents your race and ethnicity		
White, British	<input type="checkbox"/>	Black or Black British, African	<input type="checkbox"/>
White, Irish	<input type="checkbox"/>	Black or Black British, Caribbean	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Asian or Asian British, Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British, Indian	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
Asian or Asian British, Pakistani	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>
Any other Asian Background	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
Any other Ethnic Background	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>
Do not wish to be recorded	<input type="checkbox"/>		
<b>Religion/Religious Belief/Philosophical Belief:</b>	Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Jew <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Humanist <input type="checkbox"/> Atheist <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Specify.....		
<b>Disability:</b>			
Do you have a disability within the terms of the Disability Discrimination Act 1995 (Defined as a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other Needs:</b>			
Is there anything else you think we need to take into account to deal with you fairly and equally?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state below.
<b>Where did you see the vacancy advertised?</b>			

Signature \_\_\_\_\_

Date \_\_\_\_\_