

<b>POST APPLIED FOR</b>	
-------------------------	--

**PLEASE COMPLETE IN BLACK INK TO FACILITATE PHOTOCOPYING.**

You are requested to complete this form (using supplementary sheets if there is insufficient space for any entry). If you wish to submit a curriculum vita in addition, please do so.

<b>PERSONAL DETAILS</b> (block capitals please)	
Surname/Family Name	Preferred Title
First Name(s)	Date of Birth    /    /    Age
Home Address	Present Address (if different)
Post Code	Post Code
Home Telephone	Home Telephone
Work Telephone	

<b>CURRENT EMPLOYMENT</b> (If you are not employed as a teacher please give details as appropriate)	
Name of Establishment	Employer
Type of School*	Number on Roll      Age Range
Post held	Date appointed
Total annual salary	Full/Part time
Grade or Allowance	(If P/T show decimal equivalent or full-time e.g. .4, .8)
* e.g. Primary, Voluntary Aided, Girls/Boys, Comprehensive, Independent, Grammar, Secondary Modern, Grant Maintained	

<b>PREVIOUS EMPLOYMENT DETAILS</b>											
Please list in reverse chronological order, with precise dates, as this information may be used to assess salary. For periods of part-time employment the decimal of full time should be shown (e.g. .4, .8) or the average hours per week for hourly paid appointments.											
<b>a IN EDUCATION</b> (Supply teaching appointments need not be listed individually)											
Employer & Establishment	Post & Grade	Type of School	Number on Roll	Age Range	F/T or P/T	From			To		
						D	M	Y	D	M	Y
<b>b OUTSIDE EDUCATION</b>											
Employer	Post & Grade			Full/Part Time		From			To		
						D	M	Y	D	M	Y



**ADMINISTRATIVE INFORMATION**

This section need not be completed by candidates employed by the Barnsley Metropolitan Borough Council Education Committee

Department of Education & Science Registered number for Superannuation Purposes	Number		In case of previous teaching experience state whether superannuation contributions have been paid under the Modification Regulations or not		YES/NO (Delete one)
	National Insurance Number		If a married woman, are Insurance Contributions paid at *FULL or EXEMPT rate? *(Delete one)		
Teachers' Superannuation Regulations (Please indicate if you are a contributor under the following Superannuation schemes by appropriate deletions)	Widows' Pension Scheme		Dependants' Pension Scheme		
	YES	NO	YES	NO	

Have you elected to pay Superannuation under the Part-time teachers Superannuation Regulations? **YES/NO**

REFERENCES	
Please give the names, addresses, telephone numbers and status of two professional referees who may be approached now.	
1 Name	Status
Address	Telephone
	Postcode
2 Name	Status
Address	Telephone
	Postcode
If you are known to the referees by another name (e.g. previous name) please inform them of your present name and advise that we may be in contact	

**Criminal Convictions** The post for which you have applied is exempt from the provisions of the Rehabilitation of Offenders Act (1974) (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions, which for other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. In this respect you are asked to declare any offence of which you have been convicted.

**IF YOU HAVE NEVER BEEN CONVICTED OF AN OFFENCE PLEASE WRITE NONE**

Date of Conviction \_\_\_\_\_ Offence \_\_\_\_\_

**Health** If you are successful in this application your appointment to this post will be subject to medical clearance.

**DISCLOSURE OF RELATIONSHIP**  
Are you related by marriage, blood or as a co-habitee to any member of the School Governing Body or Senior Officer/Member of Barnsley Metropolitan Borough Council? **YES**  **NO**

If YES, please state relationship and position held: -  
.....

**DECLARATION**

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information or canvassed by application it may lead to disqualification, or, if I have been appointed, I may be dismissed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

