

**PORTSMOUTH CITY COUNCIL LOCAL
AUTHORITY APPLICATION FORM**



**Portsmouth
CITY COUNCIL**

TEACHING APPOINTMENTS

Please ensure that all additional attachments are clearly marked. Thank you.

Application for the post of		Post No	
at		School/College	
Surname (block capitals)		Forenames (in full)	
Previous surname (s)		Used from - to	
Address			
Home Telephone		Work Telephone	
Email Address		Mobile Telephone	
National Insurance Number		Preferred Method of Communication: Home telephone / mobile telephone / work telephone / email <i>(delete as applicable)</i>	
PRESENT APPOINTMENT			
Local Authority			
School/College		Number on Roll	
Post Held			
(if part time, please give details)		Date Appointed	
Subjects and age groups taught and other responsibilities		Date available if appointed	
Gross Salary		Additional Allowances (i.e. SEN/TLR etc)	
Key Responsibilities		Incremental Point	
Do you hold Qualified Teacher Status?			

If Yes, please give date of the award and QTS Certificate number (if available).	
Have you successfully completed a period of induction as a qualified teacher in this country where the DfE required this? If Yes, please give date of completion, and LA where induction was completed. If you have part completed induction please state number of full terms completed and LA where completed.	
Teacher Reference number (DfE number) (e.g. 12/34567).	
Are you subject to any conditions or prohibitions placed on you by the DfE Teaching Agency (or another body in the UK)? If Yes, give full details (continuing on additional sheet as required)	
Are you eligible to work in the UK? If no please specify your circumstances.	
Do you have an enhanced DBS (formerly CRB) check completed in the last 2 years? If yes please give your DBS/CRB reference number, date of check and LA it was completed by: Are you currently registered with the DBS Update Service? Yes / No	
In line with the Equality Act 2010 and the Education (Health Standards) (England) Regulations (2003) the successful candidate will be required to complete a medical questionnaire, and may then be required to undergo a medical examination.	

CONFIDENTIAL REFERENCES

Name, address, telephone number, email address and status of two referees.

These should be of appropriate standing, have direct knowledge of your professional work and should include your present / most recent employer.

REFERENCES WILL BE TAKEN UP BEFORE INTERVIEW.

PLEASE NOTE PORTSMOUTH AUTHORITY RESERVES THE RIGHT TO CONTACT ANY PREVIOUS EMPLOYER TO PROVIDE A REFERENCE AND NOT JUST THOSE NOTIFIED BY THE CANDIDATE.

1	Name, Address, Telephone No.:
	Occupation:
	Email Address:
2	Name, Address, Telephone No.:
	Occupation:
	Email Address:

PREVIOUS TEACHING EXPERIENCE *Most recent employer first. Please ensure you have included a month and year in the 'Dates To-From' box.*

Local Authority and School/College name	Number on Roll	Job title/status of post, responsibilities, subjects and age groups taught	Reason for Leaving	Dates To – From (Specify month and year for each post)

PREVIOUS WORK EXPERIENCE *Please ensure you have included a month and year in the 'Dates To-From' box.*

Name and Address of Employer	Job Title	Grade/Salary	Reason for Leaving	Dates

PERIODS OF NON-EMPLOYMENT

Please indicate nature/reasons for any periods of non-employment including relevant dates

From	To	Reason

EDUCATION AND QUALIFICATIONS

Details of all courses of study and also those NOT completed successfully must be given. If PART TIME study, please state and give details.

Details of Secondary Education	From	To	Qualifications obtained, detailing subjects and grades

FURTHER EDUCATION						Subjects	
Further/Higher Education	From	To	Degree obtained	Pass	Class	Main	Secondary

Details of any special qualifications, related to the post, including Membership of Professional Organisations

DETAILS OF PERSONAL DEVELOPMENT AND SPECIAL INTERESTS

PERSONAL STATEMENT: YOU SHOULD SUBMIT FURTHER EVIDENCE AND INFORMATION IN SUPPORT OF YOUR APPLICATION TAILORED TO THE INFORMATION REQUESTED BY THE APPOINTING BODY. DO NOT ATTACH A CV AS IT WILL NOT BE CONSIDERED. THIS SHOULD BE LIMITED TO 2 SIDES OF A4, MINIMUM FONT SIZE 12.

DISCLOSURE RELATIONSHIP

Please state, whether to the best of your knowledge, you are related to a Councillor, Governor or employee of Portsmouth City Council (including schools maintained by PCC). If YES, please state the nature of the relationship and the name. YES / NO (*delete as applicable*)

Name..... Position Relationship

DECLARATION

The information you give us may be stored on a computer and used for the purposes of personnel and employee administration and fraud detection. It will be treated as strictly confidential and will not be disclosed to any unauthorised person.

I declare that the information given in making this application is, to the best of my knowledge, correct. I understand that canvassing of any councillor or employee of Portsmouth City Council, or giving any false information or leaving out important information will make my application unacceptable and, if I am appointed, may lead to my dismissal.

Signature Date

I consent to Portsmouth City Council and others on its behalf processing and holding by means of a computer database or otherwise any information which I provide to them for the purpose of potential employment. I also agree to Portsmouth City Council accessing such other information as they hold about me which they have acquired for other purposes.

Signed..... Dated.....

Please state where you saw this post advertised

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If you wish to complete this form electronically visit www.portsmouth.gov.uk and follow the link to jobs in schools. Click on the link to teaching vacancies, and select the post you wish to apply for.

In line with the Equality Act 2010 and the Education (Health Standards) (England) Regulations (2003) the successful candidate will be required to complete a medical questionnaire, and may then be required to undergo a medical examination.

WHERE TO SEND YOUR COMPLETED APPLICATION FORM:

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO THE SCHOOL YOU ARE APPLYING FOR UNLESS OTHERWISE STATED IN THE ADVERT.

COMPLETION BY ALL APPLICANTS

Information Requested under the Rehabilitation of Offenders Act 1974 (exception) Order 1975
This post is exempt from the Rehabilitation of Offenders Act 1974 (exception) Order 1975 because it involves working directly with children or young people. You are therefore required to declare any criminal convictions, cautions, reprimands or final warnings including those which are 'spent'. The amendments to the Exceptions Order 1975 (2013) provide that certain 'spent' convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website at <https://www.gov.uk/government/news/disclosure-and-barring-service-filtering>.

Any information will be treated with the strictest confidence and will be considered only in relation to this application. Disclosure of a criminal record will not exclude you from the appointment unless the City Council considers that the conviction renders you unsuitable. Please answer the questions below, and delete as necessary, taking into account the DBS filtering guidance. Failure to disclose this information could lead to your application being rejected, or if you are appointed, to dismissal if it is subsequently learnt that you have a criminal conviction.

Please delete as necessary:-

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? **YES / NO (delete as applicable)**

If yes, please give details of the Caution(s) or conviction(s) and date(s), on a separate sheet of paper. Place in a sealed envelope marked for the attention of the Chair of the shortlisting panel and enclose with you application form. (or email with your application as a separate attachment)

Are you included on any list of people barred from working with children by the Disclosure and Barring Service (DBS) or the National College for Teachers and Leadership? **YES / NO (delete as applicable)**

If yes, please provide details on a separate sheet of paper. Place in a sealed envelope marked for the attention of the Chair of the shortlisting panel and enclose with you application form. (or email with the application form but as a separate attachment)

Portsmouth Local Authority is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. If you are ultimately offered the position you will be required to undergo an Enhanced DBS check, and will be asked to complete an application form, or provide information to allow the school to check your status via the DSB Update Service. With effect from 17th June 2013 DBS certificates will only be issued directly to the applicant. You will be required to show your employing school your certificate who will record the Disclosure number and issued day and retain on your personnel record. In line with the DBS Code of Practice the school will not take and retain photocopies of the full DBS Certificate.

I confirm that I am not on The Children's Barred List (previously List 99 and PoCA List), disqualified from working with children, or subject to sanctions imposed by a regulatory body, e.g. the DfE National College for Teaching and Learning. I either have no convictions, cautions, or bind-overs, **or** have attached details of recorded offences in an envelope marked confidential.

<i>I confirm that the information given in this form is correct and I understand that a failure to disclose any convictions may lead to my dismissal.</i>
<i>Signature</i>
<i>Date</i>

SECTION TWO

Name Post applied for Post No

EQUAL OPPORTUNITIES – MONITORING SUPPLEMENT (Please ✓ appropriate box)

Date of Birth *Age* *Previous last names*

Do you wish to apply for this post on a job share basis? Yes/No

Do you have a disability? Yes/No

What special adaptations might you need to carry out the job/attend for interview?

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Ethnic Origin

How would you describe your ethnic origin? (For this purpose “ethnic origin” means a person who themselves, or whose parents and/or grandparents were born within one of the groups below)

- a) **White**
 British/Irish/Any other white background (please state) *(delete as appropriate)*

- b) **Mixed**
 White and Black Caribbean/White & Black African/White & Asian/Any other mixed background (please state) *(delete as appropriate)*

- c) **Asian or Asian British**
 Indian/Pakistani/Bangladeshi/Any other Asian background (please state) *(delete as appropriate)*

- d) **Black or Black British**
 Caribbean/African/Any other black background (please state) *(delete as appropriate)*

- e) **Chinese or other ethnic group**
 Chinese/Any other (please state) *(delete as appropriate)*

- f) **I do not wish to give this information**

Religion

- a) None / Christian (*inc Church of England, Catholic, Protestant and all other Christian denominations*) / Buddhist / Hindu / Muslim / Sikh / Jewish / Other (please state) *(delete as appropriate)*
- b) I do not wish to give this information

How did you find out about this job?

Newspaper / professional Journal / Word of mouth / other (please specify)
(delete as appropriate)

THIS PAGE IS CONFIDENTIAL AND WILL NOT BE SEEN BY THE SELECTION PANEL