



WEST LONDON ACADEMY
PROUD TO LEARN

Post applied for: _____

Full time / Term Time / Part Time (Delete as appropriate)

TEACHING POST APPLICATION FORM

HUMAN RESOURCES DEPARTMENT
WEST LONDON ACADEMY
BENGARTH ROAD
NORTHOLT
MIDDLESEX
UB5 5LQ

☎ 020 8842 7805 Fax: 0208 845 4173
Email: hr@westlondonacademy.co.uk

CONFIDENTIAL

Please complete this form in black or blue ink and return to the address above together with your letter of application. All sections must be completed in full. A CV may be submitted as supplementary information but should not be used as a substitute to any part of the form. Late applications may not be considered.

1 PERSONAL DETAILS

Surname: _____ Mr/Mrs/Miss/Ms/Dr

First names: _____

Previous surname (if applicable): _____

Address for correspondence: _____

Postcode

Email address: _____

Home/mobile telephone numbers (inc. code): Home: _____ Mobile: _____

Date of Birth (for List 99 purposes only): _____

National Insurance No: _____

Date recognised as a teacher by DfE (formally DfES and DCSF): Date: / / DfE Number: /

Do you have a full Driving licence: YES / NO

Are there any restrictions to your residence in the UK which might affect your right to take up employment? YES/NO

If YES, details:

If you are successful in your application, would you require a Work Permit or Leave to Remain prior to taking up employment? YES / NO

Where did you hear about this vacancy? _____

2 PRESENT OR MOST RECENT POST

Name of Employer:

Name and Address of School/College/Company:

Telephone number (inc. code):

Email address:

Number on roll (or employees):

Date of appointment:

Currently employed:

YES / NO

If no, provide end date and reason for leaving:

Post held:

Salary:

Scale/allowance/grade:

Description of post held including any secondary and other responsibilities:

3 PREVIOUS EMPLOYMENT (BLOCK CAPITALS)

(please give name(s)/address(es) of employer(s) and title(s) of post(s) held (most recent first)

Employer/ Establishment	Post	Responsibilities	Salary/scale	Dates

4 EDUCATION/QUALIFICATIONS

School attended:

Dates of attendance:

Qualifications gained:

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.....
.....

College/University:

Dates of attendance:

Title & Class of Degree with Division & Date awarded:

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Other qualifications:

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.....

Note: *Should you be appointed, original evidence of qualifications held will be requested.*

5 PROFESSIONAL DEVELOPMENT

Relevant courses attended in the last 3 years (nature, duration and dates)

6 INTERESTS/ACTIVITIES

(indicate those in which you would be prepared to participate with students)

7 HEALTH RECORD

Are you registered disabled? (for the purpose of considering reasonable adjustments)

YES / NO

Details (if applicable):

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.....

Days of absence due to illness in the last 12 months:

.....

8 HOW DO YOU SEE YOUR EXPERIENCE AND EXPERTISE CONTRIBUTING TO YOUR CURRICULUM AREA (and position of responsibility, if applicable) AT WEST LONDON ACADEMY?

9 CRIMINAL CONVICTIONS

Have you ever been convicted, cautioned or bound- YES / NO
over in relation to a criminal offence?

If your answer is Yes to any of the above, please give full details below or attach additional sheet:

Note: *Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4 (ii) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order, 1975 and you 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 Academy. Formal checks are undertaken for all staff appointed to the Academy.*

10 NAMES, ADDRESSES AND TEL/FAX NUMBERS OF 2 PROFESSIONAL REFEREES

Please include your current or last employer or if not applicable at least one person able to provide a professional reference. A friend or relative is not suitable.

If you are shortlisted, the Academy will take up references before an offer of employment.

Name:

Position:

Contact Address:

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.....

.....

Email address:

Tel No (inc.code)

Relationship e.g.

Headteacher/Head of

Department:

Name:

Position:

Contact Address:

.....

.....

.....

Email address:

Tel No (inc. code)

Relationship e.g.

Headteacher/Head of

Department:

11 DECLARATION

The information submitted in this application is, to the best of my knowledge, complete and correct. I understand that by giving false information, or concealing relevant information, I will be liable to dismissal. I agree that the information given on this form may be used for registered purposes under the Data Protection Act 1998. I have also understood and complied with the provision concerning the disclosure of criminal convictions.

Signed: _____

Date: _____

If you require any help in completing this form, please contact the HR Department at the address provided below.

West London Academy is an Equal Opportunities employer and selects candidates only on their suitability for the post.

West London Academy is committed to the protection and safety of its learners.

West London Academy, Bengarth Road, Northolt, Middlesex, UB5 5LQ

Tel. 020 88427805 Fax 020 88454173

email: hr@westlondonacademy.co.uk

website: www.westlondonacademy.co.uk





Equal Opportunities Recruitment Monitoring Form

STRICTLY CONFIDENTIAL

West London Academy is an equal opportunities employer and we positively encourage applications from suitably qualified and eligible candidates regardless of gender, sex, race, religion or belief, sexual orientation or disability.

Please complete the section below and note that this information is confidential and will only be used for statistical analysis enabling us to improve and monitor our equality processes. We would therefore ask that you complete the below in line with our commitment to promoting diversity.

The information will be held in compliance with the Data Protection Principles as set out in the Data Protection Act 1998.

In line with our specific duties to Gender, Disability and Race Equality Acts, we are required to monitor this information for Recruitment Purposes.

This form will be separated from your application form and will be treated in the strictest confidence. **The information you provide will be used for statistical purposes only and will not be used as part of the recruitment and selection process.**

Position Applied for: _____

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I prefer not to answer
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Personal Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Partnership	<input type="checkbox"/> I prefer not to answer
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Religious Belief:	_____
	<input type="checkbox"/> I prefer not to answer

Nationality:	_____
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Ethnic Origin:	WHITE <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White any other background	MIXED <input type="checkbox"/> Mixed, White & Black Caribbean <input type="checkbox"/> Mixed, White and Black African <input type="checkbox"/> Mixed, White and Asian <input type="checkbox"/> Mixed any other background	ASIAN <input type="checkbox"/> Asian or Asian British, Indian <input type="checkbox"/> Asian or Asian British, Pakistani <input type="checkbox"/> Asian or Asian British, Bangladeshi <input type="checkbox"/> Asian or Asian British, any other Asian background
	BLACK <input type="checkbox"/> Black or Black British, Caribbean <input type="checkbox"/> Black or Black British, African <input type="checkbox"/> Black or Black British, any other Black background	CHINESE <input type="checkbox"/> Chinese	OTHER <input type="checkbox"/> Any other ethnic background <input type="checkbox"/> Do not wish to be recorded

Disability: The Disability Discrimination Act 1995 defines disability as a 'physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.'

Do you consider yourself to be a disabled person? Yes No I prefer not to answer

Thank you for taking the time to complete this form.