

# BROUGHTON HALL CATHOLIC HIGH SCHOOL YEW TREE LANE LIVERPOOL L12 9HJ

Tel: 0151 541 9440 Fax: 0151 259 8448

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# TEACHER APPLICATION FORM

(Before completing this form please read Notes to Applicants on page 12)

#### PLEASE RETURN THIS FORM TO:

MRS G SMITH
BROUGHTON HALL CATHOLIC HIGH SCHOOL
YEW TREE LANE
LIVEFRPOOL
L12 9HJ

TEL: 0151 541 9440 - FAX: 0151 259 8448

Adapted from CES Model - November 2008 (updated Sept 2017)

## **PERSONAL DETAILS**

| 1. Job Details                                  |                    |                    |                        |                |                           |
|---|--------------------|--------------------|------------------------|----------------|---------------------------|
| Application for the position of:- MATHS TEACHER |                    |                    |                        |                |                           |
| Full time                                       | Part Time   Jo     |                    |                        | Job Share      |                           |
| At: Broughton Hall                              | Catholic H         | igh School         |                        |                |                           |
| Where the Gove                                  | erning Bod         | y is the employ    | er of staff            |                |                           |
| In the Local Authori                            | <b>ty of:</b> Live | rpool              |                        |                |                           |
| In the Archdiocese/                             | Diocese of         | : Liverpool        |                        |                |                           |
| Please state where y                            | ou saw thi         | is post advertise  | ed:                    |                |                           |
| 2. Personal Det                                 | tails              |                    |                        |                |                           |
| Title:  |                    | First name(s):     |                        | Last           |                           |
|   |                    |                    |                        | Name:          |                           |
| Former first                                    |                    | Former             |                        | Known          |                           |
| Name(s):  |                    | surname(s):        |                        | as:            |                           |
| *Current  |                    |                    | Daytime contact        |                |                           |
| Address (including postcode):                   |                    |                    | number:                |                |                           |
|   |                    |                    | Home telephone number: |                |                           |
| Email address for                               |                    |                    | Nahila talambana       |                |                           |
| contact purposes:                               |                    |                    | Mobile telephone       | :              |                           |
| National Insurance                              |                    |                    | What is your           |                |                           |
| Number:   |                    |                    | preferred method       | l              |                           |
|   |                    |                    | of contact?            |                |                           |
| Religious Denominati                            | on/Faith:          |                    |                        |                |                           |
| *If you have lived at y                         | our current        | t address for less | than 5 years pleas     | e list all oth | er addresses at which you |
| have lived during this                          | period witl        | h dates.           |                        |                |                           |
| Address (2):                                    | Date from          | /to:               | Address (3)            | Date from      | m/to:                     |
|   |                    |                    |                        |                |                           |

| 3. Teacher D                                  | etai                  | ils                               |              |  |                       |            |  |
|---|-----------------------|-----------------------------------|--------------|--|-----------------------|------------|--|
| DFE/Teacher Refe                              | ner Reference Number: |                                   |              |  |                       |            |  |
| Qualified Teacher                             | Statu                 | ıs (Please tick                   | one box) :   |  |                       |            |  |
| Yes   |                       | No                                |              |  |                       | Date:      |  |
| Statutory Induction                           | on Yea                | ar completed (                    | if qualified | after M                                      | ay 1999) - Please tid | ck one box |  |
| Yes   |                       | No                                |              |  |                       | Date:      |  |
|   |                       |                                   |              |  |                       |            |  |
| 4. Most Rece                                  | ent l                 | Employme                          | ent Deta     | ails   |                       |            |  |
| Current Employm<br>Status:                    | ent                   |                                   |              |  |                       |            |  |
| Job Title/Role:                               |                       |                                   |              | Salary Scale (e.g.<br>Main/Upper/Leadership) |                       |            |  |
| Spine Point:                                  |                       |                                   |              | Date Awarded:                                |                       |            |  |
| State Additional<br>Allowances (if any        | y)                    |                                   |              | Gross S                                      | Salary:               |            |  |
| Permanent $\square$                           |                       | Temporary                         |              | Full Tir                                     | ne 🗆                  | Part Time  |  |
| Employer name a address (including postcode): |                       |                                   |              | Teleph                                       | one No:               |            |  |
| Date appointed:                               |                       | Noticed Required: (if applicable) |              |  |                       |            |  |
| If you are not curr                           |                       | in employme                       | nt, please o |  |                       |            |  |
| Previous Employe name:                        | ers                   | Date of leaving & Reason:         |              |  |                       |            |  |

# 5. Employment / History

Please provide a full history of employment including periods of post-secondary education or training, and part-time and voluntary work. Please start with your most recent employer and finish with the date that you left secondary education. Please ensure that you provide explanations for periods when not employment, education or training and reasons for leaving.

| From         | То            | Employment                  | Name and address          | Job          | Salary:     | Reason for leaving /         |
|--------------|---------------|-----------------------------|---------------------------|--------------|-------------|------------------------------|
| MM/YY:       | MM/YY:        | status:                     | of employer /             | title:       |             | Reason for gap in            |
|              |               | (Employed /                 | establishment /           |              |             | employment:                  |
|              |               | Education /                 | voluntary                 |              |             |                              |
|              |               | Voluntary work /            | organisation              |              |             |                              |
|              |               | Not working)                |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
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|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
| Other Q      | ualification  | ons                         |                           | <u> </u>     | <u> </u>    |                              |
| _            |               |                             | to teach other subjects   | which you    | ı mav have  | relevant experience to teach |
|              | =             | ns you have which may       | <del>-</del>              | =            | ayavc       | relevant experience to teach |
| Special area |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               | -                           |                           |              |             |                              |
| •            | e the Catholi | ic Certificate in Religious | , , ,                     |              |             |                              |
| Yes 🗆        |               | No 🗆                        | Date Awarded:             |              |             |                              |
| If there are | any periods   | of time that have not be    | en accounted for in vou   | ır applicati | on e.g. per | iods spent raising a         |
|              |               | please give details of the  |                           |              |             | ·                            |
| =            |               | e chronology from the a     | =                         |              |             |                              |
| education, e | employment    | and other experience.       | Failure to provide a full | account m    | ay lead to  | your application being       |
| rejected.    |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |
|              |               |                             |                           |              |             |                              |

| 6. Post-11 Educati           | on and Tr       | aining – please o     | complete i  | n chron | ological Ordei | r                   |
|------------------------------|-----------------|-----------------------|-------------|---------|----------------|---------------------|
| Full Name & Address of       | Full Time/      | Dates                 | Date of     | Awai    | rding Body     | Qualification       |
| Establishment                | Part Time       | Attended/             | Award       |         |                |                     |
|                              |                 | From-To               |             |         |                |                     |
| Post-Graduate Qualification  | ons             |                       |             |         |                |                     |
| *Please state if you hold to | he Catholic Ce  | rtificate of Religiou | s Studies ( | CCRS) o | r equivalent.  |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
| Higher Education Qualifica   | ntions          |                       |             |         | 1              |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
| School/College Qualification | ons             |                       |             |         | ·              |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
| Continued Professional De    | evelopment: P   | lease list any course | s you have  | comple  | ted and/or an  | y professional      |
| development in which you     | have been inv   | olved in over the pa  | ast 3 years | which y | ou consider re | levant to this post |
| (e.g. Teaching Courses/Firs  | t Aid/ICT etc). |                       |             |         |                |                     |
| Course Title                 |                 | Course Provider       | Length      | of      | Dates          | Award/Grade (if     |
|                              |                 |                       | Course      | 9       | To-From        | applicable)         |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |
|                              |                 |                       |             |         |                |                     |

## 7. References.

Schools/Colleges of a Religious character are permitted, where recruiting for Teaching posts, to give preference to applicants who are practising Catholics and, therefore, one referee should be your Parish Priest/the priest of the Parish where you regularly worship. It is the responsibility of the Applicant to ensure that all named referees, including Parish Priests, where applicable, have consented to providing a reference. You are advised to read the relevant section of the Notes to Applicants before completing this section.

| Reference 1: Present School/Employer     |                                     |                              |
|--|-------------------------------------|------------------------------|
| Name:                                    |                                     | Job Title:                   |
|  |                                     |                              |
| Contact Address (including postcode):    |                                     |                              |
|  |                                     |                              |
|  |                                     |                              |
| Telephone No:                            | Email Address:                      |                              |
| Defending 2. Other Businesis and /Fund   |                                     |                              |
| Reference 2: Other Professional/Emplo    | oyer                                |                              |
| Name:                                    |                                     | Job Title:                   |
|  |                                     |                              |
| Contact Address (including postcode):    |                                     |                              |
|  |                                     |                              |
|  |                                     |                              |
| Telephone No:                            | Email Address:                      |                              |
|  |                                     |                              |
| Relationship to Referee:                 |                                     |                              |
| Reference 3: Parish Priest/Priest of the | e parish where you regularly worshi | o or additional Professional |
| Name:                                    |                                     | Job Title:                   |
|  |                                     |                              |
| Contact Address (including postcode):    |                                     |                              |
|  |                                     |                              |
|  |                                     |                              |
| Telephone No:                            | Email Address:                      |                              |
|  |                                     |                              |
| Relationship to Referee:                 |                                     |                              |

| PLEASE NOTE:  |                               |                      |  |
|---|-------------------------------|----------------------|--|
| 4 NAV- manager than might be talked up and a second with a second   |                               | :fda.uataut          |  |
| 1. We reserve the right to take up references with any previous employer. Please advise if you do not want us to do so at this stage and provide reasons. |                               |                      |  |
| 2. If any of your referees knew you by another name pleas   | se specify that name(s) here: |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
| Are you (or your spouse/civil partner/partner) related by   | <del>-</del> '                | tee to any member of |  |
| the Governing Body or any current employee of the Gove  | erning Body?                  |                      |  |
| *Yes □ No □   |                               |                      |  |
| * If Yes – please give details below:-  |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
| 8. Professional Membership  |                               |                      |  |
| Please list any relevant professional bodies of which y   | ou are a member:-             |                      |  |
| , , ,   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
| 9. Interests & Hobbies  |                               |                      |  |
| Please list your interests and hobbies outside of work  | :                             |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
|   |                               |                      |  |
| 10. Driving Licence Details   |                               |                      |  |
| Please list your interests and hobbies outside of work  | :                             |                      |  |
| Do you hold a full current UK licence?  | _                             |                      |  |
|   | Yes                           | No L                 |  |
| If yes, what type of licence:   | Private/Light Goods           | Class 🗆              |  |
|   | Frivate/Light Goods           | Ciass L              |  |
|   |                               |                      |  |
| Do you hold a PSV licence which would allow you to  | Yes 🗆                         | No 🗆                 |  |
| drive a school mini bus?  |                               |                      |  |

| 11. Supporting Statement.   |
|---|
| Please detail why you believe your experience, skills, personal qualities, training and/or education are relevant to your |
| suitability for the post advertised and how you meet the person specification applicable to the post. You should pay      |
| particular attending to the national standards for the position for which you are applying.                               |
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# **Barring Service Checks.** i. The Governing Body is obliged by law to operate a checking procedure for employees who have access to children and young people. Please confirm whether you have ever been the subject of any child protection concern either in your work or personal life, or been the subject of, or involved in, any disciplinary action in relation thereto, including any which time is expired. П \*Yes No \*If Yes, please provide details below:-By ticking the box below I hereby confirm that I am not disqualified from working with children and/or ii. have information held about me under section 142 Education Act 2002 (formerly known as inclusion on the DfE List 99: In the event of a successful application an offer of employment may be made to you which is conditional iii. upon receipt of satisfactory Disclosure and Barring Service Checks ("DBS Checks") (formerly CRB Check and ISA Check) in relation to criminal and child protection matters. Please note that a conviction will not necessarily be a bar to obtaining employment. By ticking the box below you hereby consent to a DBS Check(s) being made to the Disclosure and Barring ("DBS") Service: Guidance and criteria on the filtering of the cautions and convictions can be found on the Disclosure and Barring

12. Disclosure of Criminal and Child Protection Matters and Disclosure and

## 13. REHABILITATION OF OFFENDERS ACT 1974

Service Website. https://www.gov.uk/government/collections/dbs-filtering-guidance

If you have been convicted of a disclosable criminal offence the details must be disclosed on the separate document entitled "Rehabilitation of Offenders Act 1974 – Disclosure Form" together with any cautions or bind overs, pending criminal convictions, criminal actions and/or court hearings against you. The Rehabilitation of Offenders Act 1974 – Disclosure Form must be enclosed with your application in a sealed envelope marked "confidential". If you do not have any disclosable convictions, please complete the relevant section in the Disclosure Form.

| 14. DATA PROTECTION ACT 1998  |
|---|
| By ticking the box below I hereby give my consent for personal information (any information which may be considered Personal Data and/or Sensitive Data within the meaning of the Data Protection Act 1998, which includes recruitment monitoring data) provided as part of this application to be held on computer or other relevant filling systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.   |
|   |
|   |
| 15. Immigration, Asylum & Nationality Act 2006  |
| The Governing Body will require you to provide documentary evidence of your entitlement to undertake the position applied for and/or of your ongoing entitlement to live and work in the United Kingdom in accordance with the Immigration, Asylum and Nationality Act 2006. More information can be found in paragraph 17 of the Notes to Applicants. By ticking the box below you hereby confirm that you are legally entitled to work in the United Kingdom and you will promptly provide documentary evidence of such entitlement when requested: |
|   |
|   |
| 16. Declaration   |
| If you know that any of the information that you have given in this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for employment which comes to our attention then your application may be withdrawn from the recruitment process.   |
| Providing false information is an offence and may result in this application being rejected. If such a discovery is made after you have been appointed then you may be liable to be dismissed summarily. You may also be reported to the National College of Teaching and Leadership (NCTL) (England only) and/or the Education Workforce Council (Wales only) and/or the Police, if appropriate.   |
| By signing below I hereby certify that all the information given by me both on this form and in any supplementary pages and/or the supporting evidence provided, is correct to the best of my knowledge and belief, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications that I claim to hold.   |
| I acknowledge that it is my responsibility as the applicant, if invited for interview, to disclose information to the panel which may affect my suitability and/or eligibility to work with children and/or vulnerable adults.  |
| Signature Date:   |
|   |

#### **NOTES TO APPLICANTS**

- 1. Applicants completing a printed version of this form who find they need extra space should use a separate sheet of paper to complete their answer, clearly stating the section number of the question.
- 2. Date of Birth: the Governing Body complies with the Equality Act 2010 and does not discriminate on grounds of age. This is requested in line with best safeguarding practice including 'Safeguarding Children: Safer Recruitment and Selection in Education', DfE/1568 2005.
- 3. The Governing Body complies with the School Standards and Framework Act 1998 and the Equality Act 2010.
- 4. Before signing this form please ensure that every section has been completed.
- 5. The form should be returned as instructed in the details of the post.
- 6. Applicants should attach a separate statement in support of their application.
- 7. Applications will only be acknowledged if a stamped addressed envelope is enclosed.
- 8. Rehabilitation of Offenders Act 1974: You must declare all convictions that you have, including motoring offences and all convictions that have become 'spent'.
- 9. Immigration, Asylum and Nationality Act 2006: Before taking a post applicants should provide one specified document or a specified combination of two documents that prove their entitlement to work in the UK.
  - ✓ A passport showing that the holder, or a person named in the passport as the child of the holder, is a British citizen of the UK and colonies having the right of abode in the UK.
  - ✓ A national passport or national identity card showing that the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland.
  - ✓ A residence permit, registration certificate or document certifying or indicating permanent residence issued by the Home Office of the Border and Immigration Agency to a national from a European Economic Area country or Switzerland.
  - ✓ A permanent residence card issued by the Home Office or the Border and Immigration Agency to a family member of a national from a European Area country or Switzerland, who is resident in the UK.
  - ✓ A Biometric Immigration Document issued by the Border and Immigration Agency to the holder which indicates that the person named in it is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK.
  - ✓ A passport or other travel document endorsed to show that the holder is exempt from immigration control, can stay indefinitely in the UK, has the right of abode in the UK or has no time limit on their stay.
- 10. All applicants must note that in accordance with safeguarding vulnerable groups' regime, it is their responsibility to have made any necessary registrations relevant at the time of making this application, required for people working or volunteering with children. Accordingly, applicants are put on notice that no offer of employment will be made until the results of checks from the appropriate body have been received.

## 17. RECRUITMENT MONITORING INFORMATION

Completion of this section will help us fulfil our general duty under the Race Relations (Amendment) Act 2000 to eliminate unlawful discrimination, to promote equality of opportunity and promote good relations between people of different racial groups, and our specific duty under the Act to monitor, by reference to racial group, applicants for employment and staff in post.

| Broughton Hall Catholic High School |
|-------------------------------------|
|                                     |
|                                     |
|                                     |
|                                     |
| Male                                |
| Female                              |
|                                     |

THE INFORMATION PROVIDED WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND THIS SECTION WILL BE DETACHED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING.

## 1. ETHNIC ORIGIN

| White                                      |                              | Asian, Asian British,<br>Scottish or Asian We |  |
|--|------------------------------|---|--|
| British                                    |                              | Bangladeshi                                   |  |
| English                                    |                              | Indian  |  |
| Scottish                                   |                              | Pakistani                                     |  |
| Welsh                                      |                              |   |  |
| Irish                                      | Irish 🗆                      |   | kground                                  |
| Any other White backs (please specify)     | ground                       |   |  |
| Black, Black British, Bl<br>or Black Welsh | lack English, Black Scottish | Chinese, Chinese Bri<br>Chinese Scottish or ( | tish, Chinese English,<br>Chinese Welsh. |
| African                                    |                              | Chinese                                       |  |
| Caribbean                                  |                              | Any other Chinese ba<br>(please specify)      | ackground                                |
| Any other Black backg (please specify)     | round                        |   |  |
|  |                              |   |  |
| Mixed                                      |                              | Other ethnic group                            |  |
| White and Asian                            |                              | Other ethnic group (please specify)           |  |
| White and Black Africa                     | nn 🗆                         |   |  |
| White and Black Carib                      | bean 🗆                       |   |  |
| Any other Mixed back<br>(please specify)   | ground                       |   |  |

### 2. DISABILITY MONITORING

The Equality Act 2010, which came into force in October 2010, places specific and general statutory duties on all public authorities (e.g. local authorities, governing bodies of further and higher education institutions, colleges, universities, and governing bodies of educational establishments maintained by local educational authorities (including schools) to promote disability equality. In order to assist us with our statutory duties, we would be grateful if you could advise whether you have a disability. Please note that you are not obliged

| to disclose such information but that any information given will be used for monitoring purposes on remain confidential and will not be passed to third parties.   | ıly. It will |
|--|--------------|
| The definition of a disability is a 'physical or mental impairment which has a substantial and adverse effect on a person's ability to carry out normal day to day activities'. Some specific deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements. | _            |
| Do you have a disability, long term illness (mental or physical), ongoing medical condition or treat we should be aware of?  | tment that   |
| Yes □ No □   |              |
| Please give brief details of your disability and any reasonable adjustments you anticipate we would need to your workplace or equipment to undertake the duties outlined in the job description or that you necessary to attend interview.   |              |
| If you are registered disabled please state your number  |              |
| Please Note: This does not form part of the selection process.   |              |
| THE INFORMATION CONTAINED IN THIS FORM MAY BE HELD ON A COMPUTER FILE  |              |
| Data Protection Act  |              |

| Data Protection Act   |
|---|
| I hereby give my consent for the Recruitment Monitoring Information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998. |
| Signature: Date:  |