

For Office Use Only



**BARNSLEY**  
Metropolitan Borough Council

# Application for Employment as a Headteacher / Deputy Headteacher / Assistant Headteacher / Teacher

Please read the "Guidance Notes for Applicants" leaflet before you fill in this application form

Post Ref. Number:

Your DfES Number:

Post Title:

Where did you see the job advertised?

## Personal details

Last Name:

Former Names (if any):

First Name/s:

Email Address:

Address:

National Insurance Number:

Postcode:

or Proof of Right to Work in the UK:

Telephone (please tick preferred contact details)

Home:

Work:

Mobile:

Do you hold Qualified Teacher status? Yes ☐ No ☐

If 'Yes', please give date of the award:

Are you registered with the GTC? Yes ☐ No ☐

What is your GTC Teacher  
Reference Number?

Have you successfully completed a  
period of induction as a qualified teacher  
in this country where the DfES required this? Yes ☐ No ☐

If 'Yes', please give date of completion:

If you are already a Barnsley MBC  
employee, are you 'at risk'? Yes ☐ No ☐

Do you consider yourself to be disabled? Yes ☐ No ☐

If yes, please provide details of your at risk status

Do you want to be considered for Job Share? Yes ☐ No ☐

Please tell us if there are any dates when you will  
not be available for interview:

## Employment

Please tell us about your present employment or last job if you are currently unemployed.

Post Title:

Employing Authority/Employer:

Name, Address and Type of School:

Please describe in brief your duties and responsibilities  
(and key achievements where relevant):

Date Employment Started: Date Employment Ended:  
(if applicable)

Reason for Leaving: (if applicable)

NOR:

Notice Required: (if applicable)

Wage/Salary/Grade:

TLR Payments:

Additional Payments:  
(inc salary safeguarding)

We welcome applications from everyone regardless of age, race, colour, sex, marital status, religion or belief, ethnic origin, nationality, disability, gender preference or sexual orientation.

It is the Council's policy to interview disabled candidates who meet all the essential criteria. Reasonable adjustments will be made to facilitate disabilities.

Please remember to include any specific projects or areas of responsibility that you have held or are holding.

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USE ONLY

### Applicant

SL ☐

Not SL ☐

Code ☐

### Candidate

Appointed ☐

Not  
Appointed ☐

Code ☐

Starting with the most recent, please list all previous employers in chronological order since leaving secondary school. Continue on a separate sheet if necessary.

If you do use extra pages for your previous employment, please:

1. Tick the box below and follow the same format as this application form.

☐

2. Remember to put your name on the top of each page and number the pages.

## Previous Employers

**Please tell us about all your previous employment (paid and unpaid).**

Name of Employer:

Name, Address and Type of School/  
Establishment:

Job Title:

NOR:

From:

To:

Main Duties/Responsibilities:

Reason for Leaving:

Name of Employer:

Name, Address and Type of School/  
Establishment:

Job Title:

NOR:

From:

To:

Main Duties/Responsibilities:

Reason for Leaving:

Name of Employer:

Name, Address and Type of School/  
Establishment:

Job Title:

NOR:

From:

To:

Main Duties/Responsibilities:

Reason for Leaving:

Name of Employer:

Name, Address and Type of School/  
Establishment:

Job Title:

NOR:

From:

To:

Main Duties/Responsibilities:

Reason for Leaving:

Please do not  
send in a C.V.

If you use extra  
pages for your  
previous  
employment,  
please:

1. Tick the box  
below and follow  
the same format  
as this  
application form.

☐

2. Remember to  
put your name on  
the top of each  
page and number  
the pages.

Name of Employer:

Name, Address and Type of School/  
Establishment:

Job Title:

NOR:

From:

To:

Main Duties/Responsibilities:

Reason for Leaving:

Have you had any breaks in your employment? Yes ☐

No ☐

If 'Yes', please give details:

Education and Qualifications

School(s)/Colleges/ Universities attended	Subjects taken, with grades where appropriate	Period of study (please indicate full/part time)	Degree or Qualifications obtained	Awarding Body & Date of Award

Please do not  
send in a C.V.

Please give  
details of any  
courses relevant  
to this post  
attended in the  
last three years.

If you use extra  
pages, please:

1. Tick the box  
below and follow  
the same format  
as this  
application form.

☐

2. Remember to  
put your name on  
the top of each  
page and number  
the pages.

Please note that  
only applicants  
who can  
demonstrate that  
they meet all the  
essential criteria  
will be shortlisted  
for interview.

## In-Service Training

## Membership of Professional Bodies (if applicable)

Professional Body:	Registration Number:	Type of Registration (e.g. Full/Provisional):	Renewal Date:
<div></div>	<div></div>	<div></div>	<div></div>
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## Information supporting your application for this post

By using clear, identifiable examples, please demonstrate how you meet the criteria indicated on the Employee Specification. Please read the “Guidance Notes for Applicants” leaflet supplied.

### Experience:

☐

 I have read and understood the guidance notes.

Please do not  
send in a C.V.

If you use extra  
pages, please:

1. Tick the box  
below and follow  
the same format  
as this  
application form.



2. Remember to  
put your name on  
the top of each  
page and number  
the pages.

**General and Special Knowledge:**

**Skills and Abilities:**

**Additional Factors:**

If you have previously retired from employment on the grounds of ill health you will be medically examined by the Authority's Occupational Health Unit.

One of the two referees must be your present or last employer, if previously employed. NQTs If no previous employment they may nominate their Course Tutor and Head Teacher of their last teaching school experience.

Please note that we do not accept references from relatives or from people writing solely in the capacity of friends.

## Pension/Early Retirement details (if applicable)

If you are in receipt of a pension under the Teachers' Pension Regulations, following early retirement, please indicate the grounds on which you retired (tick as appropriate).

- ☐ In the Interests of Efficiency    ☐ Redundancy    ☐ Ill Health  
☐ Supported Early Retirement    ☐ Actuarially Reduced

Date of Retirement:

Name of Authority:

## References

Name:

Job Title:

Address:

Postcode:

Relationship:

Telephone Number (inc STD code):

Email Address:

Can we contact your referees before your interview?

Referee 1: ☐ Yes ☐ No

Name:

Job Title:

Address:

Postcode:

Relationship:

Telephone Number (inc STD code):

Email Address:

Referee 2: ☐ Yes ☐ No

## Data Protection Act 1998

The information you have provided on this application form will be processed by computer. This data will also be used to produce statistics for equality and diversity, and recruitment monitoring.

## Canvassing will disqualify

Are you related to any Councillor or employee of the Council? If you are applying for a job in a school, are you related to a Governor, Head Teacher or Teacher at that school? ☐ Yes ☐ No

Please give details:

Name:

Relationship:

Position:

I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information or directly or indirectly canvassed a Councillor, an Officer of the Council, a School Governor, Headteacher or Teacher in support of my application, I may be disqualified from consideration from the post or face disciplinary action after appointment.

Signed: X

Date:

Date of Part Time Election for Superannuation purposes:

Failure to disclose information concerning previous convictions may lead to dismissal or disciplinary action by the Authority.

If necessary, please use a separate sheet of paper to give full details and place them in a sealed envelope marked 'confidential'.

If you use extra pages for details of convictions, reprimands or warnings tick the box below and follow the same format as this application form.

☐

Disclosure of Criminal Background of those with Access to Vulnerable Groups

Last Name:

First Name:

Former Names (if any):

Post applied for:

Post Reference Number:

You have applied for a post that is an exempt position under the provisions of the Rehabilitation of Offenders Act 1974. Therefore the statement that “after a certain period of time, convictions need not be disclosed and those convictions be treated as if they never took place” **does not apply.** You must therefore, declare any pending prosecutions, any convictions, cautions, reprimands or warnings which you have had at any time. The information will be treated as confidential and will only apply to this particular vacancy. **It is essential that you complete and sign this form.** If you do not have any convictions, cautions, reprimands, or warnings, then please write “None” across the boxes. If the post you have applied for also has: “regular contact with” or “cares for”, “trains”, “supervises” or “is in sole charge of children or vulnerable adults”, then you will be required to apply for a Disclosure of Criminal conviction and/or record to the Criminal Records Bureau should your application be successful and before an appointment is confirmed. Having a criminal record will not necessarily bar you from employment. Each case will be judged on its own merits.

Date:	Details of convictions, cautions, reprimands or warnings:	Penalty:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any matters pending?

Yes ☐

No ☐

Are you barred from working with vulnerable adults? (ISA Vulnerable Adults Barred List)

Yes ☐

No ☐

Are you subject to sanctions from a regulatory body? (e.g. GTC)

Yes ☐

No ☐

Are you barred from working with children (ISA Children’s Barred List?)

Yes ☐

No ☐

If you answered “Yes” to any of the above, please give details below:

Declaration

I declare that the particulars given are correct and that I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in my application being rejected, dismissal or disciplinary action, or possible referral to the police.

Signed:

Date:

As a minimum, would you fill in your name, date of birth and the post applied for; the remainder of this section is optional.

Any data provided on this form will be held securely under the terms of the Data Protection Act.

There is a definition of disability in the "Guidance Notes for Applicants" leaflet

For Office Use Only:

## Equality Monitoring

We are committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. Please help us by completing this form. The shortlisting/ interviewing panel will not see this information.

Post Ref. Number:

Post Title:

Name:

Date of Birth:

Are you currently employed by Barnsley MBC?

Yes

☐

No

☐

For ethnicity, choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. If you tick an "Other" box, please specify as shown.

### Ethnicity

Prefer not to say ☐

#### A White

British

☐

Irish

☐

European

☐

Gypsy/Traveller

☐

Irish

☐

Other White\* - Please state:

☐

#### B Mixed

White and Black Caribbean

☐

White and Black African

☐

White and Asian

☐

Other Mixed\* - Please state:

☐

#### C Asian or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Other Asian\* - Please state:

☐

#### D Black or Black British

Caribbean

☐

African

☐

Other Black\* - Please state:

☐

#### E Chinese, Chinese British, or Other Ethnic Group

Chinese

☐

Other Chinese\* - Please state:

☐

\*If 'Other' please specify

### Religion

Prefer not to say ☐

Christian (including all Christian denominations)

☐

Buddhist

☐

Hindu

☐

Rastafarian

☐

Muslim

☐

Sikh

☐

Jewish

☐

None

☐

Other\*

☐

Prefer not to say

☐

\*If 'Other' please specify

### Gender

Male

☐

Female

☐

### Disabled

Do you consider yourself to be disabled?

Prefer not to say

☐

Yes

☐

No

☐

### Age Group

0 – 16

☐

16 – 20

☐

21 – 30

☐

31 – 40

☐

41 – 50

☐

51 – 60

☐

61 – 70

☐

71 – 80

☐

80+

☐

### Sexual Orientation

Bisexual

☐

Gay man

☐

Heterosexual/straight

☐

Lesbian

☐

Prefer not to say

☐

Are you open about your sexual orientation at work?

Yes

☐

No

☐

**Thank you for your help**

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Candidate Shortlisted:

Yes

☐

No

☐

Candidate Appointed:

Yes

☐

No

☐



Please complete the two pages overleaf.

