APPLICATION FORM – Full Time ECT or Experienced

Part Time (0.6) Teacher of Mathematics

Please return by e-mail to: [recruitment@farringtons.kent.sch.uk](mailto:recruitment@farringtons.kent.sch.uk)

Closing Date: Sunday 22 June 2025

| Personal Details | |
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| Title:  Surname:  Previous Surname(s): | First Names: |
| Date of Birth: | National Insurance Number: |
| Current Address: | Home Telephone Number:  Mobile Telephone Number:  Email Address: |
| Do you have Qualified Teacher Status: YES/NO  If Yes, please give date of award: | Do you hold a valid driving licence?: |
| Teacher Reference Number:  *(if applicable)* | Notice period: |

Are you known to any member of the Governing Body, Employee or Student of this organisation? Yes / No

If yes, please give full details:

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| Details of Present or Most Recent Employment | | | | |
| From: | | To: | | Position/Job Title: |
| Employer’s Name and Address: | | | | Main Duties and Responsibilities: |
| Salary and other benefits/package: | | | | Reason for Leaving: |
| Details of Previous Employment | | | | |
| From: | | To: | Position/Job Title: | |
| Employer’s Name and Address: | | | Main Duties and Responsibilities: | |
| Salary and other benefits/package: | | | Reason for Leaving: | |
| From: | | To: | Position/Job Title: | |
| Employer’s Name and Address: | | | Main Duties and Responsibilities: | |
| Salary and other benefits/package: | | | Reason for Leaving: | |
| From: | To: | | Position/Job Title: | |
| Employer’s Name and Address: | | | Main Duties and Responsibilities: | |
| Salary and other benefits/package: | | | Reason for Leaving: | |

| Details of Previous Employment (continued) | | |
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| From: | To: | Position/Job Title: |
| Employer’s Name and Address: | | Main Duties and Responsibilities: |
| Salary and other benefits/package: | | Reason for Leaving: |

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| If there are any gaps in your employment or education history, please explain them here: |

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| Education and Qualifications  Please give details of secondary and further education including any A Levels or equivalent vocational courses | | | | | | |
| Name and address of school or college | | Dates attended | | | | Qualifications obtained  and Grade/Level |
| from (mm/yyyy) | | To  (mm/yyyy) | |
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| Education and Qualifications  Please give details of any Higher Education, Professional and Vocational courses: | | | | | | |
| Name and address of University / Other Institution | Dates attended | | | | Qualifications obtained  With Grade/Level and Name of Awarding Body | |
| from (mm/yyyy) | | To  (mm/yyyy) | |
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| Training Courses Attended  Please give details of any Higher Education and equivalent courses: | | | |
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| Course Title and Supplier | Dates attended | | Qualifications obtained  and Grade/Level |
| from (mm/yyyy) | To  (mm/yyyy) |
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| Leisure Interests, Hobbies, Membership of Organisations etc |
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| References | |
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| Please supply the names and contact details of two referees who can comment on your suitability for this position. One should be your current or most recent employer, preferably the Head Teacher.  (NB If you are not currently working with children but have done so in the past, one referee should be the employer by whom you were most recently employed in work with children. References will not be accepted from relatives or persons who only know you as a friend). | |
| Name:  Position: | In what capacity do you know the referee? |
| Name of Organisation:  Address: | Telephone Number:  Email Address: |

| References | |
| --- | --- |
| Name:  Position: | In what capacity do you know the referee? |
| Name of Organisation:  Address: | Telephone Number:  Email Address: |

Please note that we will contact the above referees if you are shortlisted for this post and seek reference before interview.

Also, in relation to work with children, we will seek information about any past disciplinary issues relating to children and/or child protection concerns you many have been subject to.

If you have any concerns about this please contact the Human Resources department on 020 8467 0256 to discuss these issues.

| Personal Statement |
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| Please demonstrate using examples, your suitability for the position you are applying for, include your reasons for applying and why you wish to be considered for this role. (No more than 2 sheets of A4).  *Continue on a separate sheet if necessary.* |
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| Equal Opportunities Statement |
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| Farringtons School is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background. We are an equal opportunities employer and the questions in this section are designed to ensure that we do not discriminate against any applicant and our policy of equal opportunities is implemented. |

| Health |
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| Farringtons School welcomes applications from people with disabilities. Please advise if we need to make any reasonable adjustments to enable you to attend interview or at work: |

| Declaration |
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| I know of no reasons, on grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the post in question. I understand that any offer of employment made by the school will be conditional on satisfactory completion of a pre-employment medical questionnaire.    I understand I may be required to be medically examined by my own GP before taking up the post/the post is confirmed.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Do you have the right to work in the UK? |
| Yes / No |

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| For persons who are not of British nationality |
| If you have any conditions related to your employment please give full details below: |
| Where did you see this post advertised? |
| It would be helpful for us if you could let us know how you found out about this vacancy. For example on which website you saw it advertised. |

| Rehabilitation of Offender Act 1974 |
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| The position for which you are applying involves contact with children and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). 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. Guidance on the filtering of these cautions and convictions can be found on the Ministry of Justice website.  Some criminal offences are protected and do not need to be disclosed please check link first. <http://hub.unlock.org.uk/wp-content/uploads/What-will-be-filtered-by-the-DBS.pdf>  **Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of interview. You may be asked for further information about your criminal history during the recruitment process.**  If your application is successful, this self-disclosure information will be checked against the information from the Disclosure and Barring Service (DBS check) before your appointment is confirmed. |

| Personal Declaration |
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| I declare that the information I have given on this form is complete and accurate and that I understand that any offer of appointment is subject to:   * References which are satisfactory to the school * A satisfactory enhanced DBS certificate and check of the barred list where relevant * The information on the application form to be complete and accurate * A satisfactory medical report if necessary     I understand that to knowingly give false information, or to omit information could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |