



Barnet Hill Academy

FAITH • EXCELLENCE • KNOWLEDGE

BHA Application Form

for

Teaching & Management Staff

10a Montagu Road

Hendon, London

NW4 3ES



APPLICATION FOR TEACHING & MANAGEMENT STAFF

Confidential

BHA is an equal opportunity employer

Thank you for your interest in our vacancy. Please complete this form after you have considered the **job description** and **person specification** for the post. In this way we hope to receive all relevant information in support of your application. Please tick the appropriate answer boxes. All information supplied on this form is subject to the provisions of the data Protection Act 1998 and will be treated in confidence

Note: Curriculum Vitae alone will **NOT** be accepted.

Please return completed form to **info@barnethillacademy.org.uk** or by post to:
School Office, Barnet Hill Academy, 10A Montagu Road, London, NW4 3ES

Please use BLACK INK - To ease photocopying

| | |
|---|---|
| Post applied for: | Job Reference No: |
| Where did you see this post advertised? | |
| Are you applying for your first teaching post as a Newly Qualified Teacher? <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> | If you are appointed when can you take up your duties (date)? |

Personal Details

Please use BLOCK CAPITALS in this section

| | | | | | | | | | | |
|---|--|-----|----|--|-----|--|-------|--|------|--|
| How would you like to be addressed in correspondence? | | | | Mrs / Miss / Ms / Dr / Mr / Other (please specify) | | | | | | |
| Surname/Family Name: | | | | First Name(s): | | | | | | |
| Address: | | | | Previous Name: | | | | | | |
| | | | | Tel. No. (Home): | | | | | | |
| | | | | (Work): | | | | | | |
| Post Code: | | | | (Mobile): | | | | | | |
| Your email address: | | | | Date of Birth | Day | | Month | | Year | |
| Do you need a work permit? | | YES | NO | | | | | | | |

Alternative Address for Correspondence:

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Post code: Tel No: | National Insurance No: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Note: Proof will be required.</p> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Canvassing

Any candidate who directly or indirectly canvasses an employee of this School, or a Governor will be disqualified.

Are you related to an employee of this School? Yes No

Are you related to a member of the governing body of this School? Yes No

If Yes, to whom?

| |
|--|
| |
|--|

Educational Achievements and Training

1. Teacher Status

Age range you are trained to teach

| |
|--|
| |
|--|

DfEE NO:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Subject(s) you are trained to teach _____

Are you available to teach FULL TIME

 Yes No

or PART TIME?

 Yes No

Are you recognised by the Department for Education and Employment (DfEE) as a qualified teacher in this country?

 Yes No

If yes, please give date of recognition:

Months ____ / ____

Years ____ / ____

Are you currently registered with the General Teaching Council?

 Yes No

Have you passed the threshold? if yes,

 Yes No

Date passed:

(Proof will be required)

Induction/Probation

Have you started a period of induction/probation, as was required by the DfEE until Sept 1992, and from Sept 1999?

 Yes No

Please give details: **(Proof will be required)**

| |
|--|
| |
|--|

Have you successfully completed a period of Induction/probation as a qualified teacher in this country as required by the DfEE until Sept.1992, and from Sept 1999?

 Yes No

If yes, please give date of completion: Months ____ / ____

Years ____ / ____

Proof will be required

2. Qualifications gained from age 11 years.

| EDUCATIONAL/TRAINING ESTABLISHMENT | SUBJECT(S) | FULL OR PART-TIME | GRADE | DATES (Month/Year) |
|--|------------|-------------------|-------|--------------------|
| TEACHING QUALIFICATION(S) | | | | |
| Others (e.g. BTEC, C. & G., Non Teaching First Degrees, Post Graduate or Equivalent) | | | | |
| Note: Please be exact (1st, 2:1, 2:2, 3rd) as proof will be required | | | | |
| A Level or Equivalent | | | | |

| EDUCATIONAL/TRAINING ESTABLISHMENT. | SUBJECT(S) | FULL OR PART-TIME | GRADE | DATE (Month/ Year) |
|-------------------------------------|------------|-------------------|-------|--------------------|
| GCSE/O Level or Equivalent | | | | |

3. Are you currently undergoing a course of study?

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

If yes, please give details:

| | | | Date (Month/ Years) | |
|--|--|--|---------------------|----|
| | | | From | To |
| | | | | |

4. Membership of Professional Bodies/Institutes/Associations:

| | Dates (Months/ Years) |
|--|-----------------------|
| | |

5. Please list briefly any courses, seminars and in-service training with dates, from which you feel you have acquired skills or knowledge directly relevant to the post for which you are applying.

| | Dates (Months/ Years) |
|--|-----------------------|
| | |

PREVIOUS EXPERIENCE/CAREER HISTORY

Please enter full details including dates (Month/Year), addresses and details of part-time working.

1. Present or most recent Employment. If you are Newly Qualified please specify your teaching practices starting with your first. Please continue on a separate sheet if necessary.

| School/College Name, Address & whether LEA/non LEA | Establishment types e.g. Nursery, JMI, High, Special (please specify) | Nos. on Roll | Ages Taught | Job Title and Subjects Taught (if appropriate) | Mixed or single sex | Full or Part-time | (Month/Year) | | Scale Salary (please specify spinal point + allowances + LW) & Reason for leaving |
|--|---|--------------|-------------|--|---------------------|-------------------|--------------|----|---|
| | | | | | | | From | To | |
| | | | | | | | | | |

2. Previous Experience/Career History. Please list all jobs held. Please continue on a separate sheet if necessary.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Please give a brief outline of significant responsibilities/duties in your present or most recent post directly relevant to the post for which you are applying: (Continue on a separate sheet if necessary.)

NOTE: Please make sure each of any additional sheets you wish to attach are clearly marked with your Surname/ Family name, initials and the post for which you are applying.

3. Other skills and experience: (not covered in previous experience /career history)
e.g other paid employment, voluntary work, part-time or full time with dates (Month/Year). (this information may affect your salary assessment)

Periods Unaccounted For

Please give details of any periods that are not accounted for by full time employment, education training. This would include periods of unemployment, carer's responsibilities, ill health, etc.

| Reasons/Description of Circumstances | Dates | |
|--|-------|----|
| | From | To |
| | | |

Additional Information

Appropriate to the post for which you are applying, relating to the job description and person specification.

Please continue on separate sheet if necessary

References

We do not take up references prior to short-listing. However, it is our policy to contact all referees prior to interview. Please supply the names and addresses of two referees (not related to you). One should be your current or most recent employer if you are an experienced teacher. **(Note if you are applying for your first teaching appointment one reference must be your Teacher Training Tutor and the second from a school where you have had teaching practice).**

| | |
|---|---|
| Name: | Title: Mrs / Miss / Ms / Dr / Mr / Other (please specify) |
| Position: | Tel No: |
| Address: | Fax No: |
| | Post Code: |
| | email address: |
| | |
| Name: | Title: Mrs / Miss / Ms / Dr / Mr / Other (please specify) |
| Position: | Tel No |
| Address: | Fax No |
| | Post Code: |
| | email address: |
| | |
| NOTE: A reference will be sought from your current or previous employer. | |

No. of days absent in the past two years:
(except for internal and external training purposes)

Explanation: (there may be extenuating circumstances you wish us to know about)

Declaration

Providing false information or knowingly omitting or concealing any relevant fact about your eligibility for employment will result in your name being withdrawn from the list of candidates.

If such a discovery is made after you have been appointed then you will be liable to be dismissed without notice.

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold.

Signature:

Date:

Note: Please make sure each of any additional sheets you wish to attach are clearly marked with your Surname/Family name and initials and the post for which you are applying.

FOR OFFICE USE ONLY:

Received (date):

Short-listed. YES/NO

Reason:

Interviewed. YES/NO

Result:

References requested (date):

Received (date):

SAFEGUARDING POSITIONS – INFORMATION FOR APPLICANTS

Recruitment to this position is being undertaken under the School's Safe Recruitment Policy. To ensure the safety of our vulnerable clients and customers we will take the utmost care throughout this recruitment process to examine, evaluate, and verify all information supplied to us by applicants. Providing false information is an offence and candidates who provide it will not be selected, may be dismissed and/or reported to the police. All successful candidates will be required to undertake an enhanced CRB check.

APPLICATION FORM

Please ensure your application completely covers your experience since leaving secondary education, any unemployment including time spent outside the United Kingdom. Please mention the reason for leaving your previous employment and mention if your previous employment was on a full time or part time basis. We will ask for and verify any registration with professional bodies required for the position.

INTERVIEW

At interview you may be asked to elaborate further on any of the information provided on your application form especially time spent outside work, time spent abroad, reasons for leaving previous employment and any apparent discrepancies or gaps not accounted for.

We will ask you questions relating to your motivation for working with children or vulnerable adults, your values and ethics, and your understanding of safeguarding.

PRE-EMPLOYMENT CHECKS (REFERENCES, CRB, MEDICAL)

We will approach your last two employers, including your current employer, or your employers for the last five years (whichever is the longer) for references. We may ask for your permission to approach your current employer or any of your previous employers at any time before short-listing takes place. We will undertake an enhanced CRB check for this position.

We will not let you commence until these checks, along with full medical clearance, are complete. We may also make enquiries to any of your previous employers to clarify or confirm information obtained at interview.

For candidates who have spent significant time outside the UK we will make every effort to validate the information supplied on the application form and will make enquiries with police forces abroad to establish any criminal history.

DECLARATION

I have read and am willing to apply for this position under the process outlined above. I am not disqualified from working with children or vulnerable adults and do not appear on any of the following lists:

- Protection of Children Act (POCA) List
- Protection of Vulnerable Adults (POVA) List
- information that is held under Section 142 of the Education Act 2002

Print Name:

Signature:

Note: Please include the £50 registration fee with the application form