



APPLICATION FORM FOR TEACHING POSITION

Solihull Metropolitan Borough Council is committed to equal opportunities in employment. All applications will be considered on their merit.

Please complete this form in black ink and read the attached guidance notes for applicants.

VACANCY DETAILS

Application for appointment as

at School

PERSONAL DETAILS

Surname:

First Name:

Preferred title:

Date of Birth:

DfES Number

E-mail

Address:

Post Code:

Contact Telephone No(s):

PRESENT OR MOST RECENT POSITION

Job Title:

Date Appointed:
Date Left:

Name and Address of Employer:

Telephone Number:

Current Salary:

Current Responsibilities: (Please refer to guidance notes)

RELATIONSHIP TO COUNCILLORS OR EMPLOYEES

Are you related to any councillor or Employee of Solihull LEA? * YES NO

If YES, please state name and relationship

DISCLOSURE OF CRIMINAL CONVICTIONS

The nature of the post for which you have applied means that it is exempt from the provisions contained in the Rehabilitation of Offenders Act 1974. You are therefore required to disclose whether or not you have ever been convicted of a criminal offence (please see below). Disclosures of a criminal conviction need not necessarily debar you from appointment. However, should you fail to disclose a criminal conviction prior to appointment this could result in your dismissal or other disciplinary action being taken against you.

ALL INFORMATION SUPPLIED WILL BE TREATED IN THE STRICTEST CONFIDENCE.

Have you ever been convicted of a criminal offence?

(Please answer YES or NO. If you answer YES please provide details).

OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

(Please read guidance notes)

REFERENCES

Please give the names and addresses of two referees who may be contacted regarding your professional ability. One of these must be your present or most recent employer.

1. Name:

Address:

Post Code: Tel. No:

E-mail: Relationship to Applicant:

2. Name:

Address:

Post Code: Tel. No:

E-mail: Relationship to Applicant:

3. Name:

Address:

Post Code: Tel. No:

E-mail: Relationship to Applicant:

RETURN ADDRESS (to be completed by the employer)

Please return to: -

School Education Personnel, P.O. Box 20, Council House, Solihull, B91 3QU

DATA PROTECTION ACT

If you are appointed the information from this form may be stored on the computer files of a personnel information system.

DECLARATION

I confirm that the information given in this application is correct and that I am in possession of the certificates I claim to hold. I understand that I will be asked to sign this application form if I attend for interview.

Signed: Date:

Personal Details:

If you are offered a post with Park Hall Academy it will be subject to a medical check. Please state the number of days sickness absence in the last 12 months:

Date passed Threshold (if applicable):