



**APPLICATION FOR TEACHING POST**

**(including Head teacher and Deputy Head teacher)**  
**CONFIDENTIAL**

PLEASE COMPLETE ALL APPROPRIATE SECTIONS OF THIS FORM IN FULL, EITHER IN BLACK INK USING CLEAR HANDWRITING OR TYPESCRIPT.  
 THE FORM NEEDS TO PROVIDE LEGIBLE PHOTOCOPIES FOR THE INTERVIEWING PANEL.  
 DO NOT SUBMIT A CV UNLESS SPECIFICALLY REQUESTED IN THE JOB ADVERTISEMENT

**HEADSHIP APPLICANTS** PLEASE RETURN FORM TO: TO THE SCHOOLS' DIRECTOR

(unless otherwise required)

NEW HOPE CHRISTIAN SCHOOL (NHCS)  
 GEORGIAN HOUSE  
 31 EAST DULWICH GROVE  
 LONDON SE22 8PW

**OTHER APPLICANTS** RETURN FORM TO HEADTEACHER OF SCHOOL

Post applied for: **Class Teacher**

School: **New Hope Christian School**

**Vacancy  
Ref No**

**PERSONAL PARTICULARS**

<b>Surname</b>	<b>Ms /Mrs/Mr</b>	<b>First Name(s)</b>
<b>Address</b>	<b>Date of Birth</b>	
	<b>Department for Education and Skills Reference</b>	<b>National Insurance Number</b>
<b>Post Code</b>	<b>GTC Registration Number</b>	
<b>Telephone (Home)</b>	<b>Will you need a work permit if appointed to this post</b> <b>NO</b>	
<b>Telephone (Work)</b>		

**PRESENT POST (Full details required if your present post is within teaching)**

Date Commenced	Name of School and Local Education Authority (please indicate if Foundation/Grant Maintained or Independent). If your present post is not within teaching please describe your work	Type and Age Range of School	Age of Children Taught by Applicant	Number on Roll	Allowances held etc (if Head or Deputy, state School Group)	Full-Time (F) Part-Time (P) (Please state % of week worked) Supply (S)	Any Special Responsibility

**FULL TIME EDUCATION AFTER AGE 16 (in chronological order)**

Name of school/college/university	From	To	Full details of qualifications gained, including subjects, grades, class or division

--	--	--	--

**PARTICULARS OF SCHOOL EXPERIENCE DURING TRAINING**

**(To be completed only by newly qualified teachers or those with less than three years teaching experience)**

Name of School and Local Education Authority	Type and Age Range of School	Age of Children Taught by Applicant	Number on Roll	Did you have responsibility for a class or tutor group? If so, please describe

**TEACHING EXPERIENCE (in chronological order)**

Dates						Name of School and Local Education Authority (Please indicate if Foundation/Grant Maintained or Independent)	Type and Age Range of School	Age of Children Taught by Applicant	Number on Roll	Allowances held etc	Full-Time (F) Part-Time(P) (Please state % of week worked) Supply (s)	Any Special Responsibility
From			To									
D	M	Y	D	M	Y							

**OTHER EXPERIENCE (Please use an extra A4 sheet if necessary)**

Please state if full or part-time, voluntary or paid (if part-time please state percentage of the week)

All experience is valued and should be fully recorded. It may also affect your salary position.





**IN-SERVICE STUDIES (Undertaken during last five years relevant to the post for which you are applying)**

Course	Course Provider	Duration	Date(s)

**SICKNESS** Please state number of days absence from work or College/University in the last 2 years due to sickness

**AVAILABILITY**

How much notice are you required to give?	When are you available to start work? As soon as possible
---	---

**SUPERANNUATION**

<p>(1) Were you subject to a superannuation scheme in respect of any previous employment?</p> <p>(2) If so:</p> <p>(a) What was the name and date of the scheme to which you were subject?</p> <p>(b) Do you wish (if possible) to remain subject to this scheme?</p>
--

**REFERENCES** Please state below, details of two people to whom reference may be made.

If you were known to your referee under another name please state name:	
Notes: (i) If currently or previously employed, your first referee must be your present or last Head teacher/Employer	
(ii) If no previous employment, please give your University or College Tutor	
1. Name	2. Name

<b>Address</b>  Tel:  Fax:	<b>Address</b>  Tel:  Fax:
--	--

**GENERAL NOTES**

- 1 Any form of canvassing will disqualify the candidate.
- 2 False or misleading information will disqualify an application or, if appointed, render an applicant liable to dismissal without notice.
- 3 Please return this form by the closing date to ensure consideration.

**DISABILITY**

**This Authority is aiming to improve Employment Opportunities for people with disabilities.**

If you have any disability, is there anything the school should know about your circumstances to offer you fair access, e.g. parking space.
---

**ADDITIONAL INFORMATION** in support of your application (please use extra A4 size sheets if necessary)

**Please ensure that you relate this to the duties and requirements of the post for which you are applying, having regard to the job description or any other details provided.**

--

**DECLARATION BY APPLICANT**

I certify that the foregoing statements are true and complete to the best of my knowledge and belief.

Signed ..... Date  
.....

**DATA PROTECTION ACT**

Under the terms of the Data Protection Act 1998, the information provided on this form will be held in confidence and used for the purpose of Recruitment and Selection OF NHCS and no other purpose.