



St Joseph's Catholic Primary School

## Application form for the post of Class Teacher

### **SECTION 1**

#### **PERSONAL DETAILS**

Surname:.....  
Address:.....  
(Town).....  
(County).....  
(Postcode).....  
Date of Birth:.....(Optional)

Forename(s):.....  
Title (Mr, Mrs, Miss, Ms, Dr, other):.....  
Telephone No (Home):.....  
Telephone No (Work):.....  
Teacher Number...../.....

### **SECTION 2**

#### **EDUCATION (post age 16)**

Institution(s) attended	Dates	Qualifications gained

Please include any higher degrees in this section

**SECTION 3**

**PROFESSIONAL TRAINING AND DEVELOPMENT** (Please include details of any relevant training or staff development)

Institution Attended	Course	Date

**INTERESTS** (e.g. hobbies, sports, voluntary work)

**SECTION 4**

**CURRENT/LAST EMPLOYMENT**

Employers Name:..... Position:.....  
Employers Address:..... Grade/Salary:.....  
(Town)..... Date Commenced:.....  
(County)..... Date of Leaving if applicable:.....  
(Postcode)..... Period of Notice:.....

School Name.....  
(if applicable)

Brief description of duties/responsibilities:

Number of additional sheets used.....



**SECTION 5 PERSONAL STATEMENT**

**YOUR PERSONAL STATEMENT SHOULD PROVIDE EVIDENCE/EXAMPLES OF HOW YOU MEET THE PERSON SPECIFICATION AND YOUR ABILITY TO CARRY OUT THE JOB DESCRIPTION.**

It is recommended that you use the headings provided to structure your statement. Please use a separate sheet if required.

Number of additional sheets used.....



**OTHER DECLARATIONS**

1 Are you related to any member of the governing body (any canvassing direct or indirect will disqualify)

Yes  No

If yes, please give details:.....  
.....  
.....  
.....

3 To the best of my knowledge and belief, the information on this application form is correct.

Signed.....

Date.....

**Please return this completed application in an envelope marked Private & Confidential to:**

Mrs A Wood  
St Joseph's Catholic Primary School  
Malmesbury  
Wiltshire  
SN16 9BB

**Closing date: Midday Tuesday 22<sup>nd</sup> May 2018**

**EQUAL OPPORTUNITIES MONITORING FORM**

This form is separate from the main application form. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way.

Post Applied For:..... Which age group do you apply to:

Surname:..... Under 20

Forename(s):..... 21 - 29

Gender: Male  Female  30 - 39

40 - 49

50 - 59

60 and over

Which of the following best describes your Ethnic origin?

<b>White:</b>		<b>Mixed:</b>	
British <input type="checkbox"/>		White & Black Caribbean <input type="checkbox"/>	
Irish <input type="checkbox"/>		White & Black African <input type="checkbox"/>	
Other <input type="checkbox"/>		White & Asian <input type="checkbox"/>	
		Other Mixed Group <input type="checkbox"/>	
<b>Black or Black British:</b>		<b>Asian or Asian British:</b>	
Caribbean <input type="checkbox"/>		Indian <input type="checkbox"/>	
African <input type="checkbox"/>		Pakistani <input type="checkbox"/>	
		Bangladesh <input type="checkbox"/>	
Other Black background <input type="checkbox"/>		Other Asian <input type="checkbox"/>	
<b>Chinese or other ethnic group:</b>			
Chinese <input type="checkbox"/>			
Any other ethnic group <input type="checkbox"/>			

If "other" please specify:- .....

.....

.....