

PLEASE READ GUIDANCE NOTES AND COMPLETE FORM IN BLACK INK AND CAPITAL LETTERS

Vacancy School		
Appli	cation Form ching Staff	The completed form should be returned to
1. PERSONAL D	DETAILS	
Title Forename(s) Surname Previous Name Telephone Mobile Work Teacher Ref. Date QTS Awa		House No/Name Address Postcode NI Number GTC Registered Yes No Induction year completed Yes No
Email Address		
2. CURRENT OF	R LAST EMPLOYER	
School/Employ Job Held Employer's Ac		
Postcode Start Date Salary Reason for Le	eaving	Telephone End Date
Please give a summary of do	brief	,



3. PREVIOUS TEACHING EXPERIENCE			
Please list, starting with t	he most recent		
Local Authority			
Name of School/College			
From			То
Number on roll			Qualified or Unqualified
School Type			Salary Scale
Hours Worked	Full Time	Part Time	
Local Authority			
Name of School/College			
From			То
Number on roll			Qualified or Unqualified
School Type			Salary Scale
Hours Worked	Full Time	Part Time	
Local Authority			
Name of School/College			
From			То
Number on roll			Qualified or Unqualified
School Type			Salary Scale
Hours Worked	Full Time	Part Time	
Local Authority			
Name of School/College			
From			То
Number on roll			Qualified or Unqualified
School Type			Salary Scale
Hours Worked	Full Time	Part Time	
Local Authority			
Name of School/College			
From			То
Number on roll			Qualified or Unqualified
School Type			Salary Scale
Hours Worked	Full Time	Part Time	

I. PREVIOUS NON - TEACH	NG EXPERIENCE		
Please list, starting with th	e most recent		
Name of Employer			
Job Title			
From		То	
Reason for Leaving	'		
Brief summary of duties			
Name of Employer			
Job Title			
From		То	
Reason for Leaving		10	
Brief summary of duties			
Bher canimary of dates			
5. EDUCATION (SINCE AGE	16)		
You will be be required to p	rovide evidence of qualifications e	essential to the role.	
School/College/University			
From		То	
Examination Results/ Qualifications			
Quamoutons			
School/College/University			
School/College/University From		То	
From Examination Results/		То	
From		То	
From Examination Results/		То	
From Examination Results/		То	
From Examination Results/ Qualifications		То	
From Examination Results/ Qualifications School/College/University From Examination Results/			
From Examination Results/ Qualifications School/College/University From			

EDUCATION (SINCE AGE 16) -	CONTINUED	
School/College/University		
From	То	
Examination Results/		
Qualifications		
School/College/University		
From	То	
Examination Results/		
Qualifications		
JOB RELATED TRAINING (Mos	t Recent and Relevant)	
	dence of training essential to the role.	
Course Title	1	
From	То	
Provider		
Course Title		
From	То	
Provider		
Course Title		
From	То	
Provider		
Course Title		
From	То	
Provider		

7. SUPPORTING STATEMENT				
Please attach your supporting statement.				
8. REFERENCES				
Please give details below of two people who can provide information that will confirm your suitability for this post. Where appropriate one person must be your current or most recent employer. Please note that for certain posts the Council reserves the right to contact any previous employer and request a reference, in addition to the two detailed below.				
Name and Title				
Relationship				
Address				
Postcode	Telephone			
Email Address				
Name and Title				
Relationship				
Address				
Postcode	Telephone			
Email Address				
9. DISABILITY DISCRIMINATION A	CT 1995			
	ilities from unlawful discrimination. If we know that you have a disability we will make ment provided it is reasonable in the circumstances to do so.			
Do you have a disability that you w	ish us to know about at this stage?			
If yes, to assist us in considering y	our application, please let us know if you believe that there are any reasonable			
adjustments that we should be ma	ting.			
40 1888 000 400 400 188 400				
10. IMMIGRATION, ASYLUM AND				
Under the Immigration, Asylum and Nationality Act 2006, we can only offer you a job if you have the right to live and work in the United Kingdom. You will therefore be requested to produce appropriate documentation.				
	Are you legally entitled to live and work in the United Kingdom and able to produce appropriate documentation at interview?			

11. FURTHER INFORMATION	ON		
	st which is open to job share, pleaseking one of the following boxes:	e indicate Full Time only Job Share only	
CANVASSING All forms of canvassing will automatically disqualify candidates from employment e.g. you must not ask a Councillor or Officer to use their influence to help you gain this job.			
Are you related to a Counci	illor or Officer of the Council?	Yes No	
If yes, please give name			
Relationship			
MOBILITY			
different locations, are you	d for involves driving duties/ability to able to fulfil these duties? tion will indicate what is required	travel to See No	
Do you have a full current of	driving licence?	Yes No	
12. DISCLOSURE OF CRIM	MINAL CONVICTIONS		
		d to disclose any unspent criminal convictions you have in	
	of Offenders act 1974. (Tick only o		
I have no unspent convicti			
	unspent criminal convictions in a se		
(Exemptions) Order 1975.	You are therefore requested to dis	npt by virtue of the Rehabilitation of Offenders Act 1974 sclose any convictions, cautions and bindovers including luding convictions that would otherwise be considered 'spent'.	
13. DECLARATION			
Please SIGN and DATE thi	s form to confirm that the details en	ntered are correct.	
		rided and the statements made in this application are factually event of employment, result in disciplinary action or	
Signature			
Date			
FOR OFFICE USE ONLY			
Reason for selection/non-s	election Shortlisting Stage Interview Stage	Yes No Accepted Reject	
Reason, give details	Appointment Stage	Accepted Refused Offer	



EQUALITIES MONITORING FORM

Milton Keynes Council strives to be an Equal Opportunities employer. We aim to ensure that our Equalities Policy is being followed and that unfair discrimination is not taking place in recruitment. To help us monitor the effectiveness of this policy, we would be grateful if you would complete this section. The information will be treated with confidence and will be used for statistical purposes only. It will not be seen by those involved in the assessment of your application. Your co-operation in its completion is therefore welcome and helpful.

assessment of your application. Your co-operation in its completion is therefore welcome and helpful.					
Please tick the following boxes, as appropriate					
Gender I am Male	Female				
Disability					
The Disability Discrimination Act (DDA) defines disability as a "physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities". (Please see the guidance notes for further information)					
Do you consider yourself to have a disability	? No No				
Ethnic Origin					
	ality, place of birth or citizenship. It is about colou groups indicated. The codes are the agreed 2001				
group. On citizens can belong to any of the	groups indicated. The codes are the agreed 2001	Census codes.			
(a) White	British				
	Irish				
	Other				
(b) Mixed	White and Black Caribbean				
	White and Black African				
	White and Asian				
	Any other mixed background				
(c) Asian or Asian British	Indian				
	Pakistani				
	Bangladeshi				
	Any other Asian background from within (c)				
(d) Black or Black British	Caribbean				
	African				
	Any other Black background from within (d)				
(e) Other ethnic groups	Chinese				
	Any other ethnic group				
	Not Stated				
Date of Birth					
Thankyou for taking the time to complete to	his form.				

