 **APPLICATION FOR A TEACHING APPOINTMENT**

 Address: 10 Malwood Road, London, SW12 8EN

 Phone: 020 8772 6000

[www.sfx.ac.uk](http://www.sfx.ac.uk) 020 8772 6006 (Direct Line)

Principal: Stella Flannery, MA Minicom: 020 8772 6024

 Fax: 020 8772 6099

 E-mail: vacancies@sfx.ac.uk

**POST APPLIED FOR:** Click here to enter text.

**CLOSING DATE FOR RECEIPT OF APPLICATION FORMS:** Click here to enter a date.

**Data Privacy Notice:** SFX fully complies with the principles of the General Data Protection Regulations. By completing and submitting this form you consent to SFX holding your information for the purpose stated in the Privacy Notice for Staff (enclosed/attached). For more information regarding data protection please contact the DPO at dpo@sfx.ac.uk.

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**PERSONAL DETAILS:**

**Title:** Choose an item.

**Surname:** Click here to enter text.

**Previous surnames used (including maiden name if applicable):** Click here to enter text.

**First name:** Click here to enter text.

**Address:** Click here to enter text.

**Postcode:** Click here to enter text.

**E-mail:** Click here to enter text.

**Telephone:** Click here to enter text.

**N.I. No.:** Click here to enter text.

**AVAILABILITY:**

**Notice period:** Click here to enter text.

**If selected, when would you be available to start work:** Click here to enter text.

**TEACHING QUALIFICATION:**

**Date of Qualification as a Teacher (if applicable):** Click here to enter a date.

**DfES Reference Number (if applicable):** Click here to enter text.

**EDUCATION AND QUALIFICATIONS:**

(Please include details of examinations which have been or are about to be taken, the results of which are not yet available.)

**SECONDARY/FURTHER EDUCATION (Post-GCSE):**

**School or College:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Subject** | **Qualification** | **Grade** |
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**HIGHER EDUCATION:**

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| **College or University** | **Subject** | **Qualification** | **Grade or Class** |
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**OTHER PROFESSIONAL QUALIFICATIONS:**

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| --- | --- | --- |
| **Name of Professional Body** | **Membership Grade** | **Was Membership Gained by Exam?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**RELEVANT IN-SERVICE TRAINING IN THE LAST 3 YEARS:**

|  |  |  |
| --- | --- | --- |
| **Course** | **Qualification (if applicable)** | **Date** |
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**EMPLOYMENT HISTORY:**

Please note full employment checks will be carried out based on the information provided, which will also be used for salary assessment purposes. Please give full details of vacation employment if you are a college leaver or career breaks if applicable.

**CURRENT OR MOST RECENT POST:**

**POST HELD/AGE RANGE TAUGHT:** Click here to enter text.

**ADDITIONAL RESPONSIBILITIES:** Click here to enter text.

**NAME OF EMPLOYER:** Click here to enter text.

**ADDRESS OF EMPLOYER:** Click here to enter text.

**POSTCODE:** Click here to enter text.

**DATE FROM:** Click here to enter a date.

**DATE TO:** Click here to enter a date.

**SALARY OR SCALE:** Click here to enter text.

**ALLOWANCES:** Click here to enter text.

**REASON FOR LEAVING:** Click here to enter text.

**PREVIOUS EMPLOYMENT:**

| **Name, address and** **e-mail of previous employer** | **Position held, main duties and age range taught if applicable** | **Dates** | **Reason for leaving** |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | **From:** Click here to enter a date.**To:** Click here to enter a date. | Click here to enter text. |
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**OUTSIDE INTERESTS AND ACTIVITIES:**

Click here to enter text.

**SUPPORTING STATEMENT:**

Please make full use of this section, giving as much relevant information about you as possible to assist us in assessing your ability and in making a decision as to whether or not to invite you for interview. Please write no more than 500 words.

Click here to enter text.

**Where did you hear of this vacancy?:** Choose an item.

**Are you related to a current staff member?:** Choose an item.

**REFERENCES:**

Please nominate up to three referees, one of whom should be your present or most recent employer.

*Please indicate below whether you agree to your present employer being contacted prior to interview if you are shortlisted:*

Choose an item.

**Please supply e-mail addresses where possible.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of Company or Institution** | **Name and Position of Referee** | **E-mail address** | **Telephone** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**Have you ever been subject to disciplinary action?** Choose an item.

**Have you ever been subject to capability procedures?** Choose an item.

**NOTE TO APPLICANTS:**

* Before submitting this form, please ensure that every section has been completed.
* We regret that we are unable to respond to candidates who have not been shortlisted for interview.
* Candidates are reminded that this is an application for a post in a Roman Catholic Voluntary Aided College, designated under the Further and Higher Education Act, 1992. The terms and conditions of the post are determined by the Board of Governors.

**STATEMENT:**

I certify that the information given in this application is true and correct to the best of my knowledge and belief. I understand that the giving of false or misleading statements or withholding information may result in disciplinary action including dismissal. I agree to the College making enquiries about my character/behaviour through confidential agencies set up by the Secretary of State for the purposes of checking my suitability for the post.

I agree that the information given on this form may be used for registered purposes under the Data Protection Regulations.

**NAME OR SIGNATURE:** Click here to enter text. **DATE:** Click here to enter a date.

**THANK YOU FOR COMPLETING THIS APPLICATION FORM.**

**NOW PLEASE COMPLETE THE EQUAL OPPORTUNITIES MONITORING AND REHABILITATION OF OFFENDERS FORMS.**