

APPLICATION FOR TEACHING/HEADTEACHER APPOINTMENT

The Nelson Thomlinson School



Founded 1714

PARTICULARS OF POST SOUGHT

Post:

NAME OF APPLICANT

Surname:

Forename/s:

Address for correspondence:	Telephone numbers Daytime:	Evening:
	Email address:	
Date Qualified Teacher Status gained:	Probation/Induction completed?	Yes/No
D.F.E. number:	National Insurance number:	
Date available to take up position:		
Do you consider yourself to be a disabled person?	Yes/No	
<i>All disabled applicants who meet the essential criteria in the person specification will be interviewed and given the opportunity to outline any reasonable adjustments that may be required.</i>		

QUALIFICATIONS AND EXPERIENCE

SECONDARY EDUCATION

School Attended:

From:

To:

GCE 'O' Level/CSE/GCSE	Subject	Grade/Level	Date

AS/A Level/Special	Subject	Grade/Level	Date

FURTHER EDUCATION

Name of College/University	From	To	Qualification/Classification	Main Subject	Subsidiary Subject/s	Date

ANY OTHER QUALIFICATIONS GAINED

TEACHING EXPERIENCE

INDICATION OF A CAREER BREAK WILL NOT PREJUDICE YOUR APPLICATION

Authority & Date of Employment	School Gender/no on roll/age range	FT/PT	Post/Responsibilities including no of responsibility points (e.g. HOD = +2)	Salary Scale Rate and Point
Present Post:				
Previous Posts: (most recent first)				

OTHER EMPLOYMENT OR RELEVANT INFORMATION

Name & address of employer/organisation	Nature of work/experience	From	To

REFERENCES

Mainscale posts You are requested to provide the names and addresses of 2 referees, one of whom should be your current/last Head, or your College Principal if you are newly qualified.

Headteacher posts You are requested to provide the names and addresses of 3 referees, one of whom should be the Chief Officer of your current/last Authority or the Chair of Governors if employed in Grant Maintained or Independent school.

NB These referees may or may not be approached at the discretion of the Authority/Governors

Name: Address: Telephone No: E-mail address:	Name: Address: Telephone No: E-mail address:
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Applicants for Headteacher posts only:

Name: Address: Telephone No: E-mail address:

RELATIVES

Please give the name and office or job title of any person with whom you have a close relationship who is a Governor at the School, an elected member or employee of Cumbria County Council.

Signature of applicant Date