

***For office use only***

*Ref: 2017/TempChem/…..*

**THE WALLACE HIGH SCHOOL**

**Application Form**

Post Applied for: **Temporary** **Teacher of Chemistry to GCSE**

**(Maternity Cover 1 September 2017 to May 2018)**

Closing Date: **12.00 noon on Thursday, 4 May 2017**

***Please do not attach additional sheets to this form.***

***Please complete the form in size 12 font.***

***It is preferred that application forms are emailed to*** ***recruit@wallacehigh.net******. An acknowledgement will be sent by return of email.***

***If shortlisted, you will be asked to sign the printed application form at the interview, and present a form of identification.***

**Section 1: Personal Information**

|  |  |
| --- | --- |
| Title: |  |
| Full Name: |  |
| Maiden Name: |  |
| Address (including postcode): |  |
| Email Address: |  |
| Contact Telephone Number/s (inc. STD code): | Daytime: Evening: Mobile:  |
| Date of Birth: |  |
| National Insurance No: |  |
| Nationality:  | Citizen of EC country yes/noIf no, please state  |

**Section 2: Details of Present Employment**

|  |  |
| --- | --- |
| Name and address of present employer: |  |
| Post held: |  |
| Salary: |  |
| Main Duties: |  |
| Notice required to terminate present employment: |  |

**Section 3: Previous employment (beginning with most recent)**

|  |  |  |
| --- | --- | --- |
| Employer | Dates of Service | Reason for leaving |
|  | From | To |  |
|  |  |  |  |

If possible, please explain any gaps in your employment history:

**Section 4: Education**

|  |
| --- |
| **Please list below your A Level or equivalent, degree and postgraduate qualifications, grades or levels and the dates awarded.** |
| **Qualification** | **Grade/Level****(if appropriate)** | **Date Awarded** |
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**Section 5: Meeting the Criteria**

Please indicate below how you meet the following criteria which are either essential or desirable (if not met please leave blank).

**ESSENTIAL CRITERIA**

(from 1 September 2017)

1 Have a 2:1 minimum degree in Chemistry or a degree in which Chemistry is a major component.

1. Be a qualified teacher recognised by the Department of Education (NI) and be registered with the General Teaching Council for Northern Ireland.

Details of teaching qualification:

GTCNI Number: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ DE Teacher Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESIRABLE CRITERIA**

Preference may be given to applicants who: (as of 1 September 2017)

1 Have a recognised coaching certificate in rugby or hockey.

 **Section 6: References**

Please provide two references. One reference should be your current Principal. If you are currently not working in a school, please include the Principal of the last school in which you worked.

*Reference 1 Reference 2*

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Organisation: | Organisation: |
| Address: | Address: |
| Telephone Number: | Telephone Number: |
| Email: | Email: |

**Section 7: Declaration**

|  |
| --- |
| I certify that the information supplied by me in this application is correct to the best of my knowledge. I understand that prior to an appointment being confirmed, a criminal records check will be made on me for the purposes of fulfilling the requirements of the DENI Circulars 2006/06 “Child Protection: Recruitment of People to work with Children and Young People in Educational Settings” and 2008/03 “Child Protection: Pre-Employment checking of persons to work in schools – new arrangements”. I give my permission for this to be done.**Signature: ………………………………. Date: ……………………………….**Shortlisted applicants will be asked to sign the application form at the interview stage. |

**PLEASE COMPLETE NEXT PAGE**

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**EQUAL OPPORTUNITIES QUESTIONNAIRE**

**APPLICANTS FOR TEACHING POSTS**

**PLEASE COMPLETE THE FOLLOWING SECTIONS: TICK BOXES AS APPROPRIATE**

**1** **SEX:**  **MALE** 🞏 **FEMALE** 🞏

**2** **MARITAL STATUS:** **SINGLE** 🞏 **MARRIED** 🞏

 **WIDOWED** 🞏 **DIVORCED** 🞏

 **OTHER** 🞏 **Please state** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 DISABILITY:**

Disability is defined as physical or mental impairment which has a substantial and long term adverse effect on the individual’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? **YES** 🞏 **NO** 🞏

If yes, please indicate the nature of your disability by ticking the appropriate box(es)

1 **MOBILITY** 🞏 5 **DEXTERITY/CO-ORDINATION** 🞏

2 **VISION** 🞏 6 **PSYCHIATRIC/MENTAL** 🞏

3 **HEARING** 🞏 7 **LEARNING**  🞏

4 **SPEECH** 🞏 8 **OTHER** 🞏

 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4 RACE:**

 1 **WHITE**  🞏 5 **INDIAN** 🞏

 2 **CHINESE**  🞏 6 **BLACK CARRIBBEAN** 🞏

 3 **IRISH TRAVELLER** 🞏 7 **BLACK AFRICAN** 🞏

 4 **PAKISTAN/BANGLADESHI** 🞏 8 **OTHER** 🞏

 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your co-operation**