

Teachers

APPLICATION PACK

(Please complete all sections using CAPITAL LETTERS and return to the address below)

Attach Passport	
<u>Photo Here</u>	

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	Surname:		First Names:	
	Maiden Name and or other Names used: (If applicable)		Title: Mr / Mrs / Miss / Ms	Date of Birth:
	Contact Address:			
	P	ostcode:		
	Home Phone:	N	Mobile Phone:	
	Email Address:			
	Nationality:	DFES No	o: chers Only)	GTC Registered: Yes / No (UK Teachers Only)
	Are you a British Citizen / EU National?		Yes / No	
	If no, what Visa do you require to work in the	UK	(please indicate below))
	Working Holiday Visa Ancestry Visa		Spouse Visa	
	De-facto Visa HSM Visa		Student	
	Right of abode		Other [] (ple	ease state below)
	Passport or Visa No:		Expiry Date:	
Qualification	ns			
	Name of Qualification:		Awarding Institution:	
	Date Graduated:		Date Probation Year Co. (UK Teachers Only)	mpleted:

Teaching Information

No. of Years Teaching Ex	xperience:		CRB Disclosure Nur (Criminal Records Bure			
Specialist & Preferred Te (Key Stages or Subjects)	eaching Areas:		Other Teaching Area (Key Stages or Subje		ered:	
Area of Teaching:	Primary		Secondary		Special Needs	
	Teaching Assistant		Nursery Nurse		Cover Supervisor	
Type of work consid	lered: Day	to Day Sup	oply Work		Long Term Contract	
Duration of work wa (If part time, please state t	anted: he days you are available :)	:	Full Time		Part Time	
Do you own a Car in the	UK? Yes / No		Nearest UK Train or	Undergi	ound Station:	
Date available to teach fr	rom:		Date available to tea	ich up un	til:	
Teaching Locations:						
					only consider work in coic locations in the space	
Birmingham	☐ Lon	don	Manche	ester		
West Midlands	Nor	th Midlands	s South I	Midland	s 🗌	
East Midlands	☐ Oth	er:				
Please state other location	ns if required:					
What other teaching ages	ncies are you registered with,	if any?				
How did you hear about	Teachers UK?					

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Worl	K LX	peri	ence

Type of Teaching:	Years of Experience:	Specialist Subjects:
Nursery & Foundation Stage (0 - 4 Years Old)		
Primary - Key Stage One (4-7 Years Old)		
Primary - Key Stage Two (7-11 Years Old)		
Secondary – Key Stage 3&4 (11-16 Years Old)		
Further Education (16-18+ Years Old)		
Special Education Needs (All Key Stages)		

Details of Most Recent Employment

Place of Employment:			
Position Held:		Age Range:	
Date Employment Started:		Date Employment	Finished:
Telephone:	Fax:		Email:
Salary:	Reason for Leaving	y:	

Reference Details Your Present or most recent employ	ver 2 nd Professional Referee
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Full Name:	Full Name:
Position Held:	Position Held:
Organisation Name:	Organisation Name:
Dates of your Employment:	Dates of your Employment:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
If you would not like your references applied for immediately,	, please state from which date we can apply for these references:

UK Bank Details

Name of UK Bank:	Name of Account Holder:
Account Number:	Sort Code:
National Insurance Number: (UK residents only)	P45 enclosed? Yes No P46 required? Yes No No

The Rehabilitation of Offenders Act

Because of the nature of the work for which you applying, the provisions of Section 4 (2) of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975 will apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of an offence?	YES	NO
If "Yes" please give details:		

It is a condition of proceeding with your application that you apply for an "enhanced" CRB disclosure or produce a disclosure which you have already obtained. Convictions and any other criminal record information obtained through the Criminal Record bureau's disclosure service will not necessarily be a bar to employment. All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application

Medical Assessment

Title:

Forename(s):

Do you consider yourself to be fit for work?	YES/NO
Have you resided/worked in any other country for a period in excess of six month, during the last five years?	YES/NO
If yes which county?	
Do you suffer from hearing difficulties?	YES/NO
Do you encounter eyesight problems?	YES/NO
Are you registered disabled?	YES/NO
Do you have restricted use of your limbs?	YES/NO
If you answered yes to above please give details	
Are you on any medication currently?	YES/NO
If you answered yes to the above please give details	
How much absence have you had from work in the past three years?	
Reasons for absence?	
Please give name and address including telephone number of you GP:	
NAME:	
ADDRESS:	
TEL NO:	

Surname:

DOB:

TYPE OF CONDITION	YES/NO	DETAILS			
Serious accident or injury					
Asthma, hay fever, allergic reactions					
Diabetes or thyroid conditions					
Skin conditions: - Eczema, Psoriasis, Dermatitis					
Arthritis, rheumatism, other joint problems					
Back problems, slipped disk, lumbago, sciatica					
Chest problems, TB, bronchitis, pneumonia					
Family history of TB					
Heart disease, high blood pressure					
Kidney or urinary tract complaints					
Please provide details of next of kin who can be cor	Please provide details of next of kin who can be contacted in the event of an Emergency.				
Name:					
Relationship:					
Telephone No:					
Mobile No:					
Address:					
I authorise xxxxxxxxxxx to contact my doctor and view my records should they deem necessary.					
I also declare that all the answers to the above questions are true and complete to the best of my knowledge. I understand that any false statement or material omissions may lead to my removal from the register and or refusal of work.					
Name (please print):					
Signed: Date:					

Code of Practice

To comply with expectations of our Schools we issue this Code of Practice to ensure an efficient and reliable relationship between School, Teacher and Agency.

- xxxxxxxxxxxxxxxx and our Schools expect you to act in a professional and reliable manner at all times, arriving and leaving bookings as agreed. Aim to arrive 30 minutes early to familiarise yourself with your surroundings i.e. staff room, toilets etc. Any lateness will need to be explained without exception. It is essential that you inform xxxxxxxxxxxxxxxxx in good time if you have any problems regarding arrival, departure, duration or any other aspect of an arranged booking; we can usually negotiate alternative arrangements given adequate notice.
- On arrival at a booking, you must familiarise yourself with the setting's safety procedures, e.g. fire exits, alarms etc.
- On arrival you must establish the setting's various policies e.g. bathroom policy, kitchen policy, smoking policy.
- You will be issued with an ID badge. This must be kept with you at all times whilst at the School.
- If you are unable to attend at any point in the booking, e.g. in the event of sickness, it is imperative that you notify xxxxxxxxxx immediately.
- If a cancellation is completely unavoidable, we require at least 48 hours notice. This will enable us to arrange alternative cover to meet the Schools' requirements. We insist that all cancellations are confirmed with xxxxxxxxxxxx between the hours of 7.30 am and 6.00 pm (Mon-Fri).
- Time sheets must be signed and authorised before being returned to xxxxxxxxxxxxx Payment will not be made if the time sheet is not authorised.
- You will be expected to comply with the Schools' Policies and Procedures.
- We expect our Candidates to be committed to Equal Opportunities, giving every person, irrespective of race, gender, class, age, disability or religion/culture equal care and attention.
- Please remember that XXXXXXXXXXX is always aware that Candidates have their own grievances and problems, for which we are always available to give advice or assistance.

We expect all our Candidates to respect the dignity of the people in their care and to treat all information with the strictest confidence. This would include any information received from Schools verbally, visually or through any other medium. Should any information be divulged which could be considered either delicate or confidential this would become a disciplinary issue and may result in termination of employment.

In accordance with our Schools' expectations, and our commitment to quality and reliability all Candidates need to comply with the Code of Practice. Failure to comply with the Code may result in a Teacher not being considered for future assignments.

Name (please print):		
Signed:	 Date:	

Confirm you have read and understood this Code of Practice by signing below.

Equal Opportunities

xxxxxxxx take a positive approach to equal opportunities for all. The regulations under the law are contained ion the Sex Discrimination Act 1975 and 1986, the Race Relations Act 1976, the Race Relations Act 2000 (Amendment) and the Disability Discriminations Act of 1995.

Equal Opportunity Policies vary across schools and local Education Authorities. However xxxxxxxxxx wish to affirm our complete support of and compliance with the Equal Opportunities Policies of the Schools and authorities with which we have dealings.

xxxxxxxxx are also concerned for the right of pupils with Special Needs and takes full cognisance of the 1993 Education Act, which established the Special Needs Code of Practice. Therefore Teachers UK wishes to ensure that pupils with Special Needs received their full Education entitlement.

xxxxxxxxx support the following:

- Respect of Racial and cultural differences
- Protection of the rights of all groups
- Equal Opportunities for all regardless of race, sex, disability, age, martial status,
 Colour, ethnic or national origin, creed or sexual orientation

Signed:		
Print Name:	 Date:	

Child Protection Policy

- 1. All teachers should become acquainted with the Child Protection Policy of the schools in which they work and take action in accordance with individual school procedures.
- 2. **xxxxxxxxx** teachers should uphold the highest professional standards of behaviour and follow our Guidelines on Conduct.
- 3. All allegations against supply teachers will be dealt with by the xxxxxxxxxx designated Child Protection Officer. Teachers will be required to respond to allegations against them by providing a written statement. Teachers will be advised to consult their professional association or Trade Union in order to initiate support. The Child Protection Officer who will bring the case to a speedy conclusion will regularly update all parties regarding the status of any investigation.
- 4. Supply teachers should bear in mind even innocent actions involving touching a pupil can be misconstrued. It is therefore important for teachers to avoid physical contact if possible. In some situations it may be necessary to physically restrain a pupil to prevent him or her causing injury to themselves, to others or to property. In such cases minimum force should be used. All incidents must be reported to both the school Head Teacher and our Child Protection Officer.
- 5. If a child chooses to tell you about possible abuse you can support the child in a number of ways:
 - Stay calm and listen with care
 - Question normally without pressurising
 - Don't put words into the pupil's mouth but note the main points carefully
 - Keep a full record date, time, what the child did, said etc.
 - Reassure the pupil and let them know they were right to inform an adult
 - Inform the pupil that the information will have to be passed on
 - Immediately inform the School Child Protection Officer or Head Teacher.

Signed:	
Print Name:	 Date:

Declaration

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. Furthermore, I am not aware of any condition, medical or otherwise, this would limit or affect my employment performance.

I agree that if I give or have given false or misleading information; or omit to give relevant information, this may result in termination of assignment without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profits to xxxxxxxxxxxxxx.

I understand that xxxxxxxxxxx, and all its subsidiary companies, will process my personal data in accordance with the Data Protection Act 1998 for the purposes of seeking employment opportunities. I authorise disclosure of my personal data to such Third Parties as xxxxxxxxxxxxxxxx sees appropriate.

For the purposes of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving xxxxxxxxxxxxx not less than three months' written notice.

	Please sign before returning	
	Signed:	
	Print Name: Date:	
Registr	ation Vetting Procedures	
	All Teachers who wish to join xxxxxxxxxx are subject to the following procedures:	
	 xxxxxxxxxxx application pack completed and signed GTC Registration checked (UK trained teachers only) Criminal Records Bureau check (After 6 months living in the UK) Professional Interview by one of our experienced Recruitment Consultation 	ıltants
	You will also be required to provide certified copies of the following documentation:	Check List
	Proof of Teaching Qualifications	
	Current updated CV (Emailed copy preferred)	
	2 Forms of identification e.g. Passport or Driving Licence	
	Overseas Police Check (overseas qualified teachers only)	
	Two satisfactory professional references which must be supplied by either a Head Teacher, Deputy Head or College Tutor.	
	Proof of National Insurance Number e.g. a P45, payslip, p60 or a letter issued by the Inland Revenue. (UK residents only)	
	Proof of UK address (if currently residing in the UK)	
	2 Passport sized photos	

Failure to comply with ALL the above requirements will result in your immediate removal from our register.