

## personal details

Title (Mr/Mrs/Miss/Ms) First name Surname

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Address

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Postcode

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Date of Birth Email address

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Home telephone no. Mobile telephone no.

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Do you drive?  Yes  No Do you have access to a car?  Yes  No

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Do you wish to work full or part time? NI number

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How did you hear about Kidstaff?

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**Who should we contact in the event of an emergency?**

Name Their relationship to you

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Contact details

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## teacher status

Are you recognised as a qualified teacher by the Department for Education and Skills?  Yes  No

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Give DfES/GTC number Date of registration

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Have you completed NQT year?  Yes  No

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Number of years of teaching experience Is your GTC subscription up to date?  Yes  No

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## qualifications

List higher education and teaching qualifications.

Name of college/university	Qualification (e.g. PGCE)	Grade/class	Qualification date

Do you have additional skills e.g. special needs, languages, music, PE?

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## teaching experience

Foundation (3-5 years)
  Infant (5-7 years)
  Junior (7-11 years)
  Secondary (11-18 years)
  TEFL
  SEN

# employment history

A full, current CV must be included with this application and must include your complete work history.

Please tick this box confirming your CV is enclosed.

## references

Please give details of two professional referees. One should be the headteacher in the last school in which you worked.

Name  Position  Relationship to you   
Address

Postcode  Telephone no.

Name  Position  Relationship to you

Address

Postcode  Telephone no.

## medical details

Please answer the following question to the best of your ability.

Are you in good health?  Yes  No

Have you had any time off work (or college) in the last two years?  Yes  No

If yes, give details

Are you presently receiving any form of treatment or medication from your doctor?  Yes  No

If yes, what?

Have you suffered from any of the following? (please tick)

Joint or back problems?  Migraine or frequent headaches?  Recurrent tonsillitis?  Diabetes?

Bronchial asthma?  Drug or alcohol addiction?  Skin disease?

Mental illness or depression requiring referral to a psychiatrist?  Paralysis, neurological disorders or epilepsy?

Have you or any member of your family had TB?  Yes  No

If yes to any of the above, please give details

Have you ever been refused employment or rejected on medical grounds?  Yes  No

## bank details

Bank / building society  Account name

Branch address

Account no.  Sort code  Building society reference no.

## miscellaneous

I certify that the information on this form is true to the best of my knowledge. I accept the requirements of the Rehabilitation of Offenders Act 1974.

I understand that this information may be stored in computer files, subject to the provisions of the Data Protection Act 1998.

I understand that failure to disclose information or giving false information will result in my name being withdrawn from the Kidstaff register.

Signature  Date