

Thank you for your enquiry to teach with Supply Teaching ltd.
Once you have the documents required please call me for an interview time.

Application

In order to fully process your application we require the following items, which we kindly ask you to forward to the address below with your completed registration profile.

- Current C.V.
- 2 Passport sized Photographs taken within the current year
- Qualifications: Certified copies or originals of Certificates/Degrees (or results if you are newly qualified)
- Identification: (2 of the following) Passport, Photo driving licence, EU Identity Card, Birth Certificate
- Details of 2 professional referees
- Enhanced CRB check, Police check (if you have one)
- Your Dfee number
- NI number,P45 or P60
- GTC registration
- Copies of 2 other forms of ID. (Bank or Building Society Statement, Utility Bill, Mortgage Insurance statement, Addressed Payslip) *

* dated within 3 months

A Justice of the Peace must certify all documents, if this is not possible, please send the originals and I will return them.

Many thanks,

Belinda Jarman

TEACHER PROFILE Please complete the form in block capitals. It can be emailed back to me at mail@supplyteaching.net

Mr. / Mrs. / Miss / Ms	
Surname:	Previous Surname
Forenames:	
Address:	
	Postcode
Tel No:	Mobile No:
Fax No:	Email:
Date of Birth:	Male / Female.
Nationality: (Country(s)) whose passports you hold.	
NI Number:	
D.f .E.E Number	
Passport / Drivers licence number and issue date. (Delete as appropriate)	
Do you have QTS QTS date	
Are you registered with the General Teaching Council (please provide proof)	
NARIC Certificate if applicable	

TEACHING DETAILS

Teaching Qualification(s) :
Date Qualification(s) gained
Subject Specialisation:
Total Years Teaching Experience in schools:
Areas of experience. (please indicate with Y or N)
Nursery, Reception, Primary, Secondary, Higher Ed.
Other comments

AVAILABILITY

Are you wanting daily supply work or a longer term placement?	
Available immediately ?	Available from? (Date)
Interested in permanent posts?	
Do you hold a current drivers licence?	
Where did you hear about Supply Teaching Ltd?	
Town, city or area of the UK where you will be living. (Please give full address where possible.)	
What is the maximum travelling time you wish to have to the school?	

REFEREES (x2)

1st

2nd

Name		
Position		
School		
Address		
Tel No		
Fax No		
Email Address		
Other information		

Medical Questionnaire and Declaration

The Teachers' Qualifications and Health Standards Regulations 1999, say that "a person shall not be appointed to relevant employment if, having regard to any duty of the employer under Part II of the Disability Discrimination Act 1995, does not have the health and mental and physical capacity for that employment."

Are you presently suffering from, or have in the past had: -

- | | | |
|-----|---|--------|
| 1. | Any type of allergy? | YES/NO |
| 2. | Frequent diarrhoea, vomiting or constipation? | YES/NO |
| 3. | Blackouts, Migraine, Epilepsy, Fainting? | YES/NO |
| 4. | Psychiatric illness? | YES/NO |
| 5. | Heart, circulation and blood disorders? | YES/NO |
| 6. | Disorders of eyes/ears/nose? | YES/NO |
| 7. | TB or any infectious disease? | YES/NO |
| 8. | Drug or alcohol related condition/dependency? | YES/NO |
| 9. | Diabetes? | YES/NO |
| 10. | Jaundice or Anaemia? | YES/NO |
| 11. | Are you registered disabled? | YES/NO |
| 12. | Do you suffer from any conditions could that may prevent or limit you in carrying out your teaching duties? | YES/NO |
| 13. | Are you attending or waiting to attend any hospital for treatment or investigation? | YES/NO |
| 14. | Are you taking any regular prescribed medication? | YES/NO |

If you have answered YES to any of the above we may need to ask you further questions or ask you to provide a letter from your GP confirming that you are fit to teach.

Please provide additional information that you feel is relevant to this declaration: -

I hereby certify that all the information given by me on this form is correct to the best of my knowledge.

Name: - _____

Signed: - _____

Date: - _____

Rehabilitation of the Offenders Act Statement

“the work for which you are applying is exempt from the Rehabilitation of Offenders Act 1974, because it involves substantial opportunity for access to children. You are therefore required to declare details of any criminal record you may have, including details of any convictions, even if they would otherwise be regarded as ‘spent’ under this Act, or any cautions or bind-overs, and any pending prosecutions. The information you give will be regarded as confidential and will only be disclosed in relation to teaching appointments.

The Agency will arrange for a check to be made with the police for the existence and content of any criminal record in your name. Any information received from the police will be kept in strict confidence and will be destroyed immediately the selection process is completed.

The disclosure of a criminal record, or other information, will not debar you from appointment unless the agency considers, or is advised, that it renders you unsuitable for appointment. In making this decision the agency and the authority will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors, which may be relevant.

Failure to declare a conviction, caution or bind-over may well disqualify you from appointment, or result in your appointment being terminated when the discrepancy comes to light.

I confirm that I have no convictions spent or unspent to declare

I confirm that I have the following convictions

(Delete as applicable)

Name _____

Signature _____

Transfer of Data

Supply Teaching Limited is committed to supporting the Data Protection Act 1998. To enable Supply Teaching Limited to process your application and carry out the required legal checks to include: -

- CRB Countersignatory
- Qualification Verification
- Portability Checks
- Confirmation of GTC Registration
- Permission to send details to schools.

You are required to complete this form in full.

Surname: _____

First Name: _____

Maiden Name (if appropriate): _____

Preferred Title: _____

Date of Birth: _____

DfES Number: _____

E-mail Address: _____

Telephone Number: _____

Address: _____

I authorize Supply Teaching Limited to seek and obtain any information that may be relevant to my application as a supply teacher.

Signed: _____ Date: _____