

**CONFIDENTIAL**

**ENFIELD GRAMMAR SCHOOL  
APPLICATION FORM**

Founded 1558



Post applied for:

Ref.:

Please fully complete this form using black ink or type.

A curriculum vitae is not an acceptable form of application unless stated otherwise.

Applications received after the closing date will not normally be considered.

**THE INFORMATION YOU SUPPLY ON THIS FORM  
WILL BE TREATED IN CONFIDENCE**

**The completed application form must be returned to:**

The Headmaster, Enfield Grammar School, Market Place, Enfield EN2 6LN

Telephone: 020 8363 1095 • Fax: 020 8342 1805 • Email: [enfgrammar@aol.com](mailto:enfgrammar@aol.com)

**PERSONAL DETAILS**

Last Name:

First Name(s):

Previous Last Name(s):

Address (including post code):

Home Telephone No.:

Daytime Telephone No.:

E-mail address:

Mobile Telephone No.:

Previous address if you have lived at your current address for less than 12 months:

National Insurance Number:

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Are you free to remain and take up employment in the U.K. with no current immigration restrictions?

Select Yes/No

RP/DFES Reference Number (if applicable)

Date of recognition as a qualified teacher in England / Wales: / /

**If you are successful you will be required to provide evidence of the above details prior to your appointment.**

Dates not available for interview:

## CURRENT OR MOST RECENT EMPLOYMENT

Employer:	
Address:	
Date commenced:	
Job Title:	
Basic Salary:	Grade / Spinal Point:
School (if applicable):	
Brief description of duties and responsibilities:	

## PREVIOUS EMPLOYMENT OR WORK EXPERIENCE RECORD

Start with your most recent employment first. Please provide full details of all paid and unpaid employment and breaks since leaving full-time education. Written evidence may be required for Teaching Posts.

Name of Employer	Position Held	Hours Per Week	Dates	
			from	to

## TEACHING EXPERIENCE

State, in date order, with your most recent employment first, where you have been employed as a teacher. Include your present post.

School/Institution include type – e.g. mixed/single sex, comprehensive, specialist, academy	Country	Full/ Part Time	Spinal Point	Permanent, Acting, Temp, Supply	Dates	
					from	to
Which age range are you trained to teach?				Which age range do you prefer to teach?		
What is your main teaching subject?				What is your subsidiary teaching subject?		

## EDUCATION

Qualifications obtained from Schools/Colleges/Universities

Schools, Colleges, Universities or Institutes of Further Education Attended	Dates		Qualifications gained (including subjects and grades)
	from	to	
Continue on a separate sheet if necessary			

## RELEVANT PROFESSIONAL QUALIFICATIONS

Professional Body	Qualification	Date Obtained

## RELEVANT TRAINING QUALIFICATIONS

Please give details of training courses or non-qualification courses which may be relevant to the post.

Name of Course	Date	Duration of Course

Do you have QTS status including necessary skills tests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you successfully completed a one-year NQT induction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Appointment is dependent on successful receipt of documents proving QTS and, where relevant, successful completion of NQT induction period.**

## **SUPPORTING STATEMENT**

Please use this section to explain in detail how you feel you meet the requirements of the Person Specification. Please include any experience gained through voluntary work, leisure activities or any other activities considered relevant to this post.

## FACILITIES AT INTERVIEW

The Disability Discrimination Act (DDA) 1995 protects disabled people from unlawful discrimination. If you are a person with a disability, please advise us if you have any requirements you would like us to be aware of in case you are invited for interview.

Is there any special help you may require for interview?

Yes

No

If yes, please specify: e.g. would you like to be interviewed in a venue with wheelchair access or to be provided with a sign language interpreter or tape/braille version of the job description?

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## REFERENCES

Please give the names and addresses of two persons willing to provide references relating to your work experience and suitability for the post applied for. One should be your present or most recent employer:

1.	Name:	2.	Name:
	Position (job title):		Position (job title):
	Work relationship:		Work relationship:
	Organisation:		Organisation:
	Address:		Address:
	Tel:	Fax:	Tel: Fax:
	Email:		Email:

Are you willing for your present employer to be approached prior to interview?

Yes

No

## DECLARATIONS

### A. Relatives/Other Interests

Any candidate who directly or indirectly canvasses a Member of the Governing Body of Enfield Grammar School will be disqualified.

Are you related to or do you have a close personal relationship with a Member of the Governing Body of Enfield Grammar School?

Yes  No

If yes, specify (name, position and relationship):

If appointed, do you have any interests or hold any appointments that may conflict with this employment? If yes, please detail on a separate sheet.

### B. Rehabilitation of Offenders Act 1974

You are asked to refer to guidance notes enclosed in the application pack entitled Rehabilitation of Offenders Act 1974. Any information given will be treated confidentially and only considered in relation to the post for which you are applying.

Do you have a Criminal Conviction(s) or police caution(s)?

Yes  No

If you answer yes and you are successfully shortlisted you will be expected to provide the panel with details of the conviction(s) or offence(s) in a sealed envelope marked 'private and confidential'. The envelope will only be opened and considered if the panel agree to appoint you for the post. If you are not selected, the envelope will be returned to you unopened.

**Failure to disclose any conviction(s) for an exempt post, whether spent or not may lead to the withdrawal of the offer of employment.**

### C. Data Protection Act 1998

Under the Data Protection Act 1998, Enfield Grammar School reserves the right to collect, store and process personal data about applicants in so far as it is relevant to your application. This also applies during employment and for six years thereafter. This includes processing of sensitive data for the purposes of monitoring the School's equality and diversity policy.

### D. Statement to be Signed by the Applicant

The School is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

I acknowledge that the School is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes.

I have read, and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information may result in disciplinary action including dismissal from the School or withdrawal of an offer of employment.

I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for registration purposes.

If you are returning this form by e-mail, you will be asked to sign your application upon being called for interview.

**Full Name:**

**Signed:**

**Date:**

*Candidates selected for interview will be notified within two weeks of the closing date. It is regretted that applicants who do not hear further within the two week period, must conclude that their application has not been successful on this occasion.*

## EMPLOYMENT MONITORING

Enfield Grammar School has an equal opportunities policy and is keen to ensure that it is working effectively. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring and is not used as part of the interview selection process. We are unable to process application forms from candidates who do not complete this section.

Ref No.		Form No.		Date of Birth: / /	
Last Name				First Name	
Age:	Postcode:				
Where did you see the post advertised?					
<b>Are you?</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	An Enfield Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post applied for:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	A job share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## MONITORING CATEGORIES

Choose **ONE** section from A to E, then tick **ONE** box underneath to indicate your background.

<p><b>A • WHITE</b> <input type="checkbox"/></p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p> <p><b>B • MIXED/DUAL BACKGROUND</b> <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>Any other Mixed background <input type="checkbox"/></p> <p><b>C • ASIAN OR ASIAN BRITISH</b> <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p>	<p><b>D • BLACK OR BLACK BRITISH</b> <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Black Caribbean <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p><b>E • CHINESE</b> <input type="checkbox"/></p> <p><b>F • ANY OTHER ETHNIC GROUP</b> <input type="checkbox"/></p> <p><b>G • REFUSED</b> <input type="checkbox"/></p>
<b>Language(s) spoken:</b>	<b>Religion:</b>

## DISABILITY

Do you consider yourself to be disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify the nature of your disability.		
Learning Difficulties <input type="checkbox"/>	Physical Difficulty <input type="checkbox"/>	Mental Health Issue <input type="checkbox"/>
Hearing Impairment <input type="checkbox"/>	Sight Impairment <input type="checkbox"/>	Other (please specify below)