

### Teaching Assistant Registration Form

<b>A</b>		<b>Applicant's details</b>	
Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input checked="" type="checkbox"/>
	Ms <input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Address	<input type="text"/>		
Town/City	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>	Male <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>
Date of Birth	<input type="text"/>	National Insurance Number	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Permanent resident in UK for last 2 years?	Yes <input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
If No then please give details:			
Nationality	<input type="text"/>		
Citizenship	<input type="text"/>		
Religion	<input type="text"/>		

<b>B</b>		<b>Qualifications &amp; Experience</b>	
DFES number	<input type="text"/>		
GTC Registration	England <input checked="" type="checkbox"/>	Scotland <input checked="" type="checkbox"/>	Wales <input checked="" type="checkbox"/>
Qualification	<input type="text"/>		
Institution	<input type="text"/>		
Date qualified	<input type="text"/>		
Degree Subject	<input type="text"/>		
Institution	<input type="text"/>		
Date qualified	<input type="text"/>		
Experienced subject specialisms	<input type="text"/>		
Can you teach in Welsh?	Yes <input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

**C****Personal Statement**

Please tell us about the things you consider important in your teaching career: e.g. teaching techniques, breadth of experience in class sizes, extra curricular activities, training courses etc. *Continue on a separate sheet if necessary.*

**D****Teaching Abilities**

Age Group	Speciality	Experienced	Beginner	Not Possible
Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ks 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ks 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ks 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ks 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS/A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E****SEN Experience**

Please tell us about any SEN experience you have, e.g. Age groups and duration.

Willing to accept SEN bookings? Yes  No

# F Referees

Most recent employer:

Employer   
Address   
Town/City   
County   
Postcode   
Telephone    
Fax

Worked from         to          
Position held

Days/Wk worked  Avg. Class Size   Age Range  to

Referee name   
Referee position

Permission to contact for reference? Yes  No

Employer   
Address   
Town/City   
County   
Postcode   
Telephone    
Fax

Worked from         to          
Position held

Days/Wk worked  Avg. Class Size   Age Range  to

Referee name   
Referee position

Permission to contact for reference? Yes  No

# G Transport

Own transport? Yes  No  Distance prepared to travel:  miles



## J Details for processing your payments

Are you currently working as a teaching assistant? Yes  No

If yes, please provide details.

Employer

Days per week working?  Current Daily Rate: £  -

How many days a week would you like to work?

Agreed Daily Rate: £  -

Reason you would like to work for Apollo Teaching Services:

Further notes:

## K Rehabilitation of Offenders Act 1974 (Exception Order 1975)

Assignments from Apollo Teaching Services will frequently involve close contact with persons under the age of 18. All successful applicants will undergo a Criminal Clearance check with the Criminal Records Bureau. Under the 1975 Exemption Order to the Rehabilitation of Offenders Act you are not entitled to withhold information about convictions which for other purposes are classified as spent under the act. A Criminal Record will not necessarily exclude any individual from working for Apollo Teaching Services, but it will be necessary for our recruitment team to review your case.

Have you had any cautions, bindovers, convictions or custodial sentences? Yes  No

If Yes, please provide details on a separate sheet.

X

Signature:

Date:

## L Medical Declaration

Have you ever (as far as you are aware) suffered from any illness, condition, disorder or addiction which might affect your fitness to work?

Yes  No

If Yes, please provide details:

X

Signature:

Date:

## M Declaration

I have read and understood the terms of my Contract for Services, have retained a copy, and agree to be bound by these terms.

X

Signature:

Date:



**GAPS in EMPLOYMENT: FOLLOW-UP FORM**

Consultants are required to note and investigate any gaps in employment that are longer than 3 months.

What are you looking for? Several possibilities should be considered (though, clearly, consultants should not exclude other explanations).

- Unemployment
- Training
- Imprisonment
- Gap years or vacations

All such gaps should be explained and supporting evidence provided. In such circumstances we need to look carefully at List 99 and CRB checks for the period in question. Your checks **MUST** be thorough, though your attitude to the applicant must clearly reflect the presumption of innocence.

Use the table below to detail any such gaps. Ensure that they are referred to the management team.

TEACHER's NAME:	DATE of BIRTH:	PLACE of BIRTH:

<b>1<sup>st</sup> GAP</b>	
FROM (DATE):	
TO (DATE):	
CANDIDATE'S EXPLANATION:	
HOME ADDRESS AT THAT TIME:	
SUPPORTING EVIDENCE (STATE NATURE):	
COROBORRATION:	
LIST 99:	
CRB CHECK:	
CONSULTANT'S CONCLUSION	

<b>2<sup>nd</sup> GAP</b>	
FROM (DATE):	
TO (DATE):	
CANDIDATE'S EXPLANATION:	
HOME ADDRESS AT THAT TIME:	
SUPPORTING EVIDENCE (STATE NATURE):	
COROBORRATION:	
LIST 99:	
CRB CHECK:	
CONSULTANT'S CONCLUSION	

**DECLARATION of TEACHING EXPERIENCE:**

We need you to declare your teaching experience (most recent first). Please complete all relevant details including any training you may have received in your time spent within an establishment.

Subject Areas Covered	Level	Establishment(s)	Date From	Date To
	Nursery			
	Reception			
	KS1			
	KS2			
	KS3			
	KS4			
	HE			
	SEN			
	EBD			

**Declaration:**

I hereby certify that the information here is correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered, and that all necessary documents provided as evidence are original.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witnessed: \_\_\_\_\_

**CONFIDENTIAL HEALTH DECLARATION:**

Following the recommendations of the DCSF circular 13/93 we are required to satisfy ourselves that you have the mental and physical fitness to work with children in schools or other educational establishments.

Please complete the medical history form below.

Have you ever, to your knowledge, suffered from any of the following?	YES	NO	DETAIL IF YOU RESPOND WITH A 'YES'
Blackouts, epilepsy, fits or fainting			
Heart disease or disorder			
High blood pressure			
Tuberculosis, bronchitis, asthma			
Nervous or mental disorder			
Skin disease, dermatitis			
Diabetes or sugar trouble			
Eye disease or disorder			
Are you a registered disabled person?			
Have you ever changed your job for health reasons?			
Are you awaiting any surgical operation or hospital appointment?			
Do you suffer from hearing difficulties?			
Have you ever been referred to a psychiatrist?			
Have you any alcohol or drug related problem or illness?			
Are you carrying the hepatitis or HIV virus?			
Have you any other health problems that have not already been mentioned?			

Signed by candidate:

\_\_\_\_\_

Signed by consultant:

\_\_\_\_\_

Dated:

\_\_\_\_\_

**CONFIRMING QUALIFIED STATUS:**

All parties must know that all necessary checks have been made on the identity, ability, experience, health and background of all teachers. Any breach of trust will result in further action commensurate with the severity of any misrepresentation.

**Proof of Identity Required:**

	Degree Certificate(s)
	Qualified Teacher Status (QTS) letter or overseas equivalent
	General Teaching Council (GTC) letter
	Overseas equivalent

**Academic Qualifications - Post 16 (most recent first):**

Subject:	Qualification:	Establishment:	Date Obtained:

- Teaching Qualifications (please state what, awarding body, and give date obtained)
- SEN Qualifications (please state the Special Educational Needs in which you are trained)
- Qualified Teacher Status (please state what, awarding body, and give date obtained)
- Please indicate if you are a final year student

**UK Qualified Teachers**

Please provide a copy of your Qualified Teacher Status Notification form from the DCSF or, if this has been mislaid, ask for and sign the DCSF Qualified Teacher Enquiry form.

**Overseas Qualified Teachers**

Please provide a copy of your Overseas Qualified Teacher status accompanied by proof of UK Equivalent (NARIC). Don't use the enquiry form. Include a copy of your working visa if applicable.

**Declaration**

I hereby certify that the information I have provided here is correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered, and that all necessary documents provided are original.

Signed:

Consultant:

Print name:

Witness signature:

Dated:

Witness print name:

## EQUAL OPPORTUNITIES MONITORING FORM

The company provides equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

Accordingly a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the short-listing for interview stage and at the appointment stage. Once an appointment has been made, the data given on this form will be stored on computer in an 'anonymised' format and the form will then be destroyed.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by us for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Name:		
Post title:		
Gender:	Male	
	Female	
	Prefer not to say	
Marital status:	Married	
	Single	
	Other (please specify)	
	Prefer not to say	
Age band:	Under 18	
	18 – 29	
	30 – 39	
	40 – 49	
	50 – 59	
	60 – 65	
	Over 65	
Sexual orientation:	Prefer not to say	
	Heterosexual	
	Homosexual	
	Bisexual	
	Transsexual	
Disabilities:	Prefer not to say	
	None	
	Physical disability	
	Mental disability	
Race/nationality/ethnic origin:	White	English
		Scottish
		Welsh
		Irish
		British
		Other white background (please specify)
	Mixed	White and black Caribbean
		White and Black African
		White and Black British
		White and Asian
		Other mixed background (please specify)
	Asian	Indian
		Pakistani

Religion:		Bangladeshi
		British
		Other Asian background (please specify)
	Black	Caribbean
		African
		British
		Other black background (please specify)
		Chinese
		Other ethnic group (please specify)
		Prefer not to say
		Christian
		Catholic
		Jewish
		Sikh
		Muslim
		Hindu
		Buddhist
		Rastafarian
		None
		Other religion (please specify)
	Prefer not to say	

To comply with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_