

Teacher Registration Form

A	Applicant's details											
Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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	D	D	M	M	Y	Y	Y	Y	National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>			<input type="text"/>			Mobile	<input type="text"/>		<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	Qualifications & Experience											
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	M	M	Y	Y	Y	Y						
Degree Subject	<input type="text"/>											
Institution	<input type="text"/>											
Date qualified	M	M	Y	Y	Y	Y						
Exeriented subject specialisms	<input type="text"/>											
Teaching Languages:	English <input checked="" type="checkbox"/>	Welsh <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

H Employment History

Please continue on a separate sheet if required.

Employer

Worked from DDMMYYYY to DDMMYYYY

Position held

Notes: (e.g. achievements, range of experience, etc)

Employer

Worked from DDMMYYYY to DDMMYYYY

Position held

Notes: (e.g. achievements, range of experience, etc)

Employer

Worked from DDMMYYYY to DDMMYYYY

Position held

Notes: (e.g. achievements, range of experience, etc)

Please continue on a separate sheet if required.

I Bank Account Details

If your bank sort code isn't 3 sets of 2 digits then please use the 'or' section to the right. Otherwise leave blank.

Bank Name

Account Holder

Sort Code or

Account Number

BS Ref Number

Notes: (anything we might need to know!)

J Details for processing your payments

Are you currently working as a supply teacher? 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: