

**The Ellen Wilkinson School for Girls
Taster Course Application Form**



Please return to :
 Marian Singleton
Training School
 The Ellen Wilkinson School for Girls
 Queens Drive
 Acton
 London W3 OHW

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPESCRIPT USING BLOCK LETTERS.
 SEPARATE SHEETS OF INFORMATION MAY BE ATTACHED WHERE NECESSARY

PERSONAL DETAILS - Section A	
SURNAME:	FIRST NAMES: TITLE: Mr/Mrs/Ms/Other
ADDRESS:	MARITAL STATUS:
	NATIONAL INSURANCE NUMBER:
POSTCODE:	
E-MAIL:	
TELEPHONE NO. - HOME: MOBILE:	

WORK STATUS – Section B	
NATIONALITY:	COUNTRY OF BIRTH:
COUNTRY OF PERMANENT RESIDENCE:	
If you were not born in the European Union please say how you are able to work in the UK:	

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I have Right of Abode in the UK: <input type="checkbox"/>
I hold an EU Passport: <input type="checkbox"/>
I have a UK Ancestry Visa: <input type="checkbox"/>
I need a work permit to be allowed to work in the United Kingdom: <input type="checkbox"/>

EDUCATION AND QUALIFICATIONS - Section C
You must attach NARIC statements for overseas qualifications

GCSE or Equivalent Qualifications (normally taken at age 16)

Teachers must have obtained GCSE Grade C or equivalent in English and Mathematics or be registered to take them.

Subject	Title of Qualification and Awarding Body	Grade	Date Awarded dd/mm/yy
English			
Mathematics			

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A level or Equivalent Qualifications (normally at age 18)			
Subject	Title of Qualification and Awarding Body	Grade	Date Awarded dd/mm/yy

HIGHER EDUCATION - Section E
<p>All applicants must have a degree or recognised equivalent.</p> <p>Name of Institution:</p> <p>Name of awarding body (if different):</p> <p>Country of study:</p> <p>Title of course:</p> <p>Qualification obtained: Degree class:</p> <p>Dates of study from: to: Date awarded:</p>

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SUPPORTING STATEMENT AND DECLARATION – Section E

In the space below set out your reasons for interest in this course: your experience of working with children/young people; any other relevant work experience; any particular areas of interest within school life.

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What subject would you like to teach and explain your reasons for this

CRIMINAL OFFENCES - Section F please give details of any cautions or convictions including spent convictions.

Do you have any convictions Yes No

If yes please give details

DECLARATION - Section G

I declare that the information entered on this form is accurate I understand that if offered a place on this course I will be required to submit documentary evidence of qualifications named in this application. If selected, I understand that I will be required to give a refundable deposit of £25.

NAME IN BLOCK CAPITALS:

SIGNATURE OF APPLICANT:

DATE:

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GUIDANCE FOR APPLICANTS WITH DISABILITIES

Information is requested on this job application form about disability/medical conditions you may have. If you are shortlisted, you will also be asked to provide further information on an Employment Health Questionnaire form.

This means:

- ◆ It is important that you tell us whether you require adjustments to any part of the selection procedure including arrangements for interview. The application form allows you to provide this information.
- ◆ If you are offered the job, any adjustments to the working conditions or environment that may be required to enable you to carry out the duties of the job will be considered in consultation with you.

Disability is defined as follows:-

a person has a disability if he/she has a physical or mental impairment that has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities where:

- ◆ a mental impairment is defined as an impairment resulting from or consisting of a mental illness only if the illness is a clinically well-recognised mental illness;
- ◆ long term, means the effect of the impairment has lasted at least 12 months or is likely to last for 12 months or is likely to last for the rest of a person's life;
- ◆ normal day-to-day activities are defined as: mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech; hearing or eyesight; memory or ability to concentrate, learn or understand; perception of the risk of physical danger. NB Any disability which does not have a substantial and long term effect on one or more of them is not considered to be a disability.

Other conditions included within the definition of disability not already outlined above are:

- ◆ a recurring condition which has recurred over more than 12 months or is likely to recur over more than 12 months;
- ◆ a progressive condition, eg cancer, multiple sclerosis, muscular dystrophy or HIV which has, or has had, an effect on normal day-to-day activities;
- ◆ people with severe disfigurements, although some with deliberately acquired disfigurements will not be covered;
- ◆ people registered as disabled under the Disabled Persons (Employment) Act 1944 on 12 January 1995 and on the date the employment right comes into force, who will be deemed to be covered. People with a history of disability will also have protection, even if they do not now have a disability.

Your Application

- ◆ There is no legal requirement for you to provide information about your disability on this form. However you are encouraged to do so, particularly where you believe that the information may be relevant to the job application. **Please contact the Training School Administrator if you require any further information on any aspect of your application.**

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EQUAL OPPORTUNITY POLICY & MONITORING INFORMATION

The Ellen Wilkinson School for Girls is an Equal Opportunity organisation. The School operates a policy, the aim of which is to ensure that unfair discrimination does not take place in recruitment. In order to help the School monitor the effectiveness of this policy (and for no other reason) you are asked to provide the information requested below.

This information is confidential and does not form part of your application. This slip will be detached from your application form when it is received, and the information will not be taken into account when making the appointment.

Course Title _____ Date of Birth _____
Surname _____ Title _____ Nat Ins No _____
Forename(s) _____
All previous surnames/maiden names _____

1. Are you Male []
 Female []

2. Nationality _____

3. To which of these groups do you consider you belong? (tick one only)

- White []
- Pakistani []
- Bangladeshi []
- Indian []
- Chinese []
- Black-Caribbean []
- Black-African []
- Black - Other (Please Specify) []
- Other (Please Specify) []

(CRE Classification adopted Dec 1988)

4. Are you a Registered Disabled Person? YES/NO

5. Please state where you learned of this course _____

Thank you for your co-operation.