

Bay Resourcing Application



Position applied for : Secondary Teacher

Available from :

Mr Mrs Ms Miss Other

Male Female

Forename

Surname

If you have been known by any other name please detail below:

Known surname

Used from

Used until

Known by forename(s)

Used from

Used until

Qualifications and Experience

Teaching qualifications

Year qualified

GTCW No. if applicable

Specialist subjects

Subjects able to teach

Can you teach through the medium of Welsh? Yes No

Special Education Need(s). Tick if you have experience of:

- | | | | |
|---------------------------------------|-------------------------------------|--|--|
| <input type="radio"/> ADHD | <input type="radio"/> Down Syndrome | <input type="radio"/> Gifted | <input type="radio"/> Tourette's Syndrome |
| <input type="radio"/> Asperger | <input type="radio"/> Dyslexia | <input type="radio"/> Hearing Impairment | <input type="radio"/> Visually Impaired |
| <input type="radio"/> Autistic | <input type="radio"/> Dysarthria | <input type="radio"/> Moderate Learning Difficulties | <input type="radio"/> Behaviourally Challenged |
| <input type="radio"/> Spina Bifida | <input type="radio"/> Dyspraxia | <input type="radio"/> Muscular Dystrophy | <input type="radio"/> General |
| <input type="radio"/> Brittle Bones | <input type="radio"/> EBD | <input type="radio"/> Speech Language | <input type="radio"/> British Sign Language |
| <input type="radio"/> Worked as SENCO | | | |
| <input type="radio"/> Other: | | | |

Home telephone number

Mobile number

Emergency contact name

Emergency contact number

Date of birth

Town of birth

E-mail address

Religion

Current address

Postcode

At current address since – month/year

Provide your most recent addresses where you have lived for the last 5 years (excluding your current address).
Use continuation sheet if necessary.

Previous address		
Postcode		
Period at previous address	From, month/year	To, month/year

Previous address		
Postcode		
Period at previous address	From, month/year	To, month/year

Previous address		
Postcode		
Period at previous address	From, month/year	To, month/year

Bank Details

Bank / Building society name

Name of account holder

Account no	Sort code
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National insurance no

Referees (most recent or latest employer)

Employer	Referee name
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Address

From	To
------	----

Email address

Employer	Referee name
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Address

From	To
------	----

Email address

Authorisation to Approach Referees

I am happy for my referees to be approached	
Signed	Date

Medical Declaration

Have you ever, to your knowledge suffered from any of the following?

	Yes	No	Please give details if you answered 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 blind person?			
Have you ever changed your job for health reasons?			
Are you awaiting any surgical operation or hospital appointment?			
Do you suffer 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		Date	

Legal Obligations

Bay Resourcing complies with the provisions of the Sex Discrimination Act 1975, the Race Relations Act 1976 and the Disability Discrimination Act 1996. These discrimination acts were brought in to ensure that each individual (including pupils) is represented equally. Should you be unsure of any aspect of the above Acts please ask your consultant to explain them in more detail.

Bay Resourcing wishes to point out that it is illegal in this country to use any form of physical contact with a child as discipline; this includes pushing, pulling, hitting etc. Upon signing this document you are agreeing not to implement any form of physical discipline. Failure to comply will result in you being de-registered from Bay Resourcing Department's register of teachers upon request of a client.

The work for which you are applying is exempt from the Rehabilitation of Offenders Act 1974, because it involves substantial 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 CRB for the existence and content of any criminal record in your name. Any information received from the police will be kept in strict confidence. 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 any relevant information may well disqualify you from appointment being terminated when the discrepancy comes to light.

Delete A or B

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

B I confirm that I have the following convictions

Signed

Date

Data Protection

I consent to Bay Resourcing Ltd undertaking all checks required to process my application as an agency supply worker.

Signed

Date

Declaration

I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence

Signed

Date

What Do I Do Now?





Once you have completed the application form call 029 2049 4560 to arrange an appointment to meet with one of our consultants



Bring the completed application form with the originals of the documents listed below, plus one set photocopied to the appointment



DON'T FORGET!
If you don't bring along all of your original documents as listed below we cannot process your application

Required documents to bring to your appointment	Check List
CV (no gaps in employment)	
Passport. If no passport: Birth Certificate showing at least name of one parent, plus Photo Driving Licence, plus any document from Tax or Social Security Office showing National Insurance (NI) Number  If you do not have a Full Birth Certificate (which shows the name of one or both parents), you can obtain one by calling 0845 6037788. We do not accept Birth Certificates that do not show the names of one or both parents.	
Two proofs of address issued within the last 3 months. Eg Bank Statement, Utility Bill, Credit/Store Card Statement, Car Insurance Certificate, P45/P60, Council Tax Statement, Mortgage Statement	
Enhanced CRB: We will accept your original Enhanced CRB Only another teaching agency or the General Teaching Council of Wales (GTCW) if it is less than 6 months old from the date of issue. If it is dated more than 6 months old, we will need to undertake a new one which will cost £53.00. Cheques are payable to Bay Resourcing Ltd.  Do not bring an Enhanced CRB with you to the interview if it more than 6 months old and NOT from a teaching agency or the GTCW as we will not accept it.	
Passport photo	
Teaching certificate if qualified to teach in Further Education	
UK Naric statement if qualified overseas	
Overseas police-check if you have been out of the UK and in one country for more than three months in the last five years	

Equality and Diversity Monitoring Information

Bay Resourcing Ltd is committed to equal opportunities and is required to collect details about an applicant's age, disabilities, ethnicity, gender, religious beliefs and sexual orientation. This is to ensure we meet our statutory requirements and to encourage the recruitment of a diverse workforce that represents the communities we serve. This information is collected to fulfil that obligation. This monitoring form will be used for monitoring purposes only and the information collected is kept confidential.

Age Group: <input type="radio"/> 25 and under <input type="radio"/> 26-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65+ <input type="radio"/> Prefer not to say
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> I do not wish to disclose my gender
Do you live and work in a gender other than that assigned at birth? (please tick)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say

Race Relations (Amendment) Act 2000.		
I would describe my ethnic origin as: ((please tick)		
Asian	Mixed	Undisclosed
<input type="radio"/> Bangladeshi	<input type="radio"/> Asian & White	<input type="radio"/> I do not wish to disclose my ethnic origin
<input type="radio"/> Indian	<input type="radio"/> Black African & White	
<input type="radio"/> Pakistani	<input type="radio"/> Black Caribbean & White	
<input type="radio"/> Any other Asian background	<input type="radio"/> Any other mixed background	
Black	Other Ethnic Group	White
<input type="radio"/> African	<input type="radio"/> Chinese	<input type="radio"/> British
<input type="radio"/> Caribbean	<input type="radio"/> Any other ethnic group	<input type="radio"/> Irish
<input type="radio"/> Any other Black background		<input type="radio"/> Any other White background

Employment Equality Regulations 2003.		
Please select the option which best describes your sexuality (please tick)		
<input type="radio"/> Lesbian / Gay <input type="radio"/> Bisexual <input type="radio"/> Heterosexual <input type="radio"/> I do not wish to disclose my gender		
Please indicate your religion or belief (please tick)		
<input type="radio"/> Atheism	<input type="radio"/> Islam	<input type="radio"/> Other
<input type="radio"/> Buddhism	<input type="radio"/> Jainism	<input type="radio"/> I do not wish to disclose my religion/belief
<input type="radio"/> Christianity	<input type="radio"/> Judaism	
<input type="radio"/> Hinduism	<input type="radio"/> Sikhism	

Disability Discrimination Act 1995	
The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions.	
Do you consider yourself to have a disability?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not wish to disclose this information	
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="radio"/> Physical Impairment	<input type="radio"/> Learning Disability/Difficulty
<input type="radio"/> Sensory Impairment	<input type="radio"/> Long-standing illness
<input type="radio"/> Mental Health Condition	<input type="radio"/> Other