

PLEASE ATTACH
ONE PASSPORT
PHOTOGRAPH OF
YOURSELF HERE



STC Consortium Limited

Quality Mark

department for
children, schools and families



INVESTOR IN PEOPLE
WE ARE EQUAL OPPORTUNITIES EMPLOYERS

PLEASE ATTACH A
SECOND PASSPORT
PHOTOGRAPH
OF YOURSELF
HERE WITH
YOUR NAME
ON THE BACK
FOR CRB
IDENTIFICATION
BADGE

APPLICATION FOR EMPLOYMENT

***FIELDS MARKED WITH AN ASTERISK ARE MANDATORY**

UNDER THE DATA PROTECTION ACT 1998, ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE BY STC CONSORTIUM LIMITED

HOW DID YOU HEAR ABOUT STC CONSORTIUM LTD?					
JOB APPLIED FOR*			SURNAME*		
FIRST NAMES*			MR/MRS/MISS/MS*	GENDER M/F*	
ADDRESS*					
			POST CODE*		
NATIONALITY*		COUNTRY OF BIRTH*		DATE OF BIRTH*	
AGE*	MARITAL STATUS*		PREVIOUS SURNAME IF APPLICABLE*		
PREFERRED CONTACT TELEPHONE NUMBER*					
E MAIL			ADDITIONAL NUMBER		
DCSF NUMBER			NI NUMBER*		
I AM AVAILABLE FOR SUPPLY WORK ON THE FOLLOWING DAYS: PLEASE CIRCLE WHERE APPROPRIATE*					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
ALL DAY	ALL DAY	ALL DAY	ALL DAY	ALL DAY	
AM	AM	AM	AM	AM	
PM	PM	PM	PM	PM	
I WOULD BE HAPPY TO BE CONTACTED IN THE MORNING FOR EMERGENCY SUPPLY COVER*				YES	NO
I WOULD BE INTERESTED IN LONG TERM ASSIGNMENTS*				YES	NO
I WOULD BE INTERESTED IN A PERMANENT POSITION*				YES	NO
DO YOU HAVE ANY CRIMINAL CONVICTIONS OTHER THAN THOSE WHICH ARE SPENT PURSUAL TO THE REHABILITATION OF OFFENDERS ACT 1974?*				YES	NO
AT THIS TIME IS THERE ANY CASE PENDING AGAINST YOU OR SUSPENSION FROM ANY PREVIOUS EMPLOYER FOR ANY OFFENCE?*				YES	NO
DO YOU HOLD A CRIMINAL RECORDS BUREAU ENHANCED DISCLOSURE?*				YES	NO
ARE YOU REGISTERED WITH THE GENERAL TEACHING COUNCIL?*				YES	NO
DO YOU HAVE EXPERIENCE/QUALIFICATIONS OF SPECIAL EDUCATIONAL NEEDS?*				YES	NO
DO YOU HAVE EXPERIENCE/QUALIFICATIONS OF EMOTIONAL BEHAVIOUR DIFFICULTIES?*				YES	NO
DO YOU HAVE EXPERIENCE/QUALIFICATIONS OF MODERATE LEARNING DIFFICULTIES?*				YES	NO
DO YOU HAVE TRANSPORT FOR WORK?*				YES	NO
ARE YOU A NEWLY QUALIFIED TEACHER?*				YES	NO
IF NO, TOTAL NUMBER OF YEARS YOU HAVE TAUGHT AS A RECOGNISED QUALIFIED TEACHER?*				YEARS	

Year Group / Key Stage Teaching Abilities* (minimum of one section)				
YEAR GROUP	SPECIALITY YEAR GROUPS	EXPERIENCED	SUBJECT SPECIALISM	GENERAL COVER
NURSERY				
RECEPTION				
YEAR 1				
YEAR 2				
YEAR 3				
YEAR 4				
YEAR 5				
YEAR 6				
KEY STAGE 2 (MIDDLE)				YES NO
KEY STAGE 3 (MIDDLE)				YES NO
KEY STAGE 3				YES NO
KEY STAGE 4				YES NO
POST 16 NVQ				YES NO
'A' LEVEL GRADE				YES NO
Key Stages - Middle/Comprehensive (Applicable Only)		Additional subject(s) you are prepared to teach		
Further/Higher Education* (including Professional Teacher Training)				
COLLEGE/UNIVERSITY	DATE OF QUALIFICATION	QUALIFICATION		
Additional Skills/Abilities/Areas of Responsibility e.g. SEN, EBD, Music, Arts, Sports, Outdoor Pursuits				
1.	2.	3.	4.	
5.	6.	7.	8.	
Additional Qualifications e.g. SEN, EBD, TESOL, CCRS (Formerly Catholic Teacher's Certificate) Sign Language				
1.	2.	3.	4.	
Which LEAs would you prefer to work in	1.		2.	
3.	4.		5.	
6.	7.		8.	
References* PLEASE PROVIDE TWO RECENT REFEREES, ONE OF WHOM SHOULD BE YOUR PRESENT HEAD TEACHER/EMPLOYER. IF YOU ARE NOT CURRENTLY TEACHING IN SCHOOLS OR ARE UNEMPLOYED, PLEASE STATE YOUR PREVIOUS HEAD TEACHER/EMPLOYER.				
NAME:		NAME:		
POSITION:		POSITION:		
ADDRESS:		ADDRESS:		
POST CODE:		POST CODE:		
TEL:	FAX:	TEL:	FAX:	

EMERGENCY CONTACT TELEPHONE NUMBER:		
RELATIONSHIP TO EMERGENCY CONTACT:		
BANK/BUILDING SOCIETY DETAILS*		
NAME OF BANK/BS:	ACCOUNT NO:	SORT CODE:
ADDRESS OF BANK/BS:		
		POST CODE:
CONFIDENTIAL DECLARATION OF HEALTH*		
FOLLOWING THE RECOMMENDATIONS OF DCSF CIRCULAR 13/93 WE ARE REQUIRED TO SATISFY OURSELVES THAT YOU HAVE THE PHYSICAL AND MENTAL FITNESS TO WORK WITH CHILDREN IN SCHOOL OR OTHER EDUCATIONAL ESTABLISHMENTS. PLEASE COMPLETE THE FOLLOWING MEDICAL HISTORY FORM.		
1. HAVE YOU EVER TO YOUR KNOWLEDGE, SUFFERED FROM ANY OF THE FOLLOWING?	PLEASE CIRCLE	
A. BLACKOUTS, EPILEPSY, FITS OR FAINTS	YES	NO
B. HEART DISEASE OR DISORDER	YES	NO
C. HIGH BLOOD PRESSURE	YES	NO
D. TUBERCULOSIS, BRONCHITIS, ASTHMA	YES	NO
E. NERVOUS OR MENTAL DISORDER 'NERVES'	YES	NO
F. SKIN DISEASE OR DERMATITIS	YES	NO
G. DIABETES OR SUGAR TROUBLE	YES	NO
H. EYE DISEASE OR DISORDER	YES	NO
2. ARE YOU A REGISTERED DISABLED PERSON?	YES	NO
3. HAVE YOU EVER CHANGED YOUR JOB FOR HEALTH REASONS?	YES	NO
4. ARE YOU AWAITING ANY SURGICAL OPERATION OR HOSPITAL APPOINTMENT?	YES	NO
5. DO YOU SUFFER FROM HEARING DIFFICULTIES IN EITHER EAR?	YES	NO
6. HAVE YOU EVER BEEN REFERRED TO A PSYCHIATRIST?	YES	NO
7. HAVE YOU ANY ALCOHOL OR DRUG RELATED PROBLEM OR ILLNESS?	YES	NO
8. ARE YOU CARRYING HEPATITIS B OR THE AIDS VIRUS?	YES	NO
9. HAVE YOU ANY HEALTH PROBLEMS THAT HAVE NOT YET ALREADY BEEN MENTIONED?	YES	NO
Please indicate additional information which you consider relevant to your application.		

DATA PROTECTION FORM

Maintenance and Processing of Data

STC Consortium Limited will fairly and lawfully maintain and process up to date and accurate records relating to you, but only insofar as such records are necessary for the purpose of it lawfully and fairly processing such data for the following and /or any related purposes: to identify you, to process payroll and associated payments, to check your references and health records to allow us to assess potential placements, to provide CV information to schools in relation to prospective placements, to allow STC Consortium Limited to comply with all legal obligations and to allow continuous monitoring of your conduct and capability.

Nature of Data

Certain data attract a higher level of safeguards than other data. Such data are known as "Sensitive Data". Examples of sensitive data include information relating to e.g. criminal records, health, race, ethnic origin, trade union membership etc.

STC Consortium Limited will process Sensitive Data with special care and consideration. Extra safeguards are incorporated within our systems to ensure compliance with the DPA. Please note that a limited but necessary verification exercise as to your background will be undertaken in order to discharge statutory obligations.

Use, Sharing and Security of Data

All details/personal data given to STC Consortium Limited upon application and provided subsequently may be subject to verification and/or data may be shared with such third parties as required by law or deemed necessary by STC Consortium Limited including the Criminal Records Bureau, government agencies, LEAs and referees.

Subject to you providing your specific and explicit consent personal data may also be transferred to a STC Consortium Limited Company, linked supplier or sub-contractor, person acting as our agent in another country or direct marketing companies, including course providers and other organisations for the purpose of providing you with details of events, courses, special offers and/or other promotional opportunities and relating to the potential participation and/or purchase by you of such services and/or merchandise. Any such third parties must agree that your personal information will receive the same levels of protection as STC Consortium Limited provide and/or we are required to give it in the UK.

In providing your consent for your personal data to be used in this manner, you can also be advised by mail, electronic mail, telephone, fax or other on-line or interactive media about offers, promotions and services available to you unless you write to the address below or mark this box with a cross to state that you do not wish to be contacted in this manner.

All data processed as above will be kept safe and secure and will have limited rights of access by trained STC Consortium Limited staff. Data will only be shared/released to the parties as identified in this document and upon your agreement to these terms.

a) I consent to the transfer of data as provided for above.

Yes No

b) I freely and explicitly provide my consent to the processing, handling and transfer of sensitive material to appropriate bodies as required in order to fulfil the purposes detailed in paragraph 1 of this document.

Yes No

By opting out you will not in any way be discriminated against or disadvantaged.

Your Rights

Under the Data Protection Act 1998 you are entitled to a copy of your personal information held by us on payment of a fee. In this instance please write to the Data Protection Officer at the address below and send a cheque for £10 payable to STC Consortium Limited.

NOTE: I understand that I may at any time notify the STC Consortium Limited Data Protection Officer in writing of my desire to withdraw the consent given either under (a) and/or (b) above.

I hereby certify that the contents of this application are correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered, and I possess all the qualifications which I claim to hold. I also accept the requirements of the Rehabilitation Offenders Act 1974 and of Criminal Records. I agree to abide by the terms of engagement with STC Consortium Limited upon accepting any assignment offered. I have read and understood the terms and conditions with regard to the use of my data.

SIGNATURE*

DATE*

PLEASE COMPLETE AND RETURN TO:

STC CONSORTIUM LIMITED

Stonehills • Shields Road • Gateshead • NE10 0HW

Telephone: 0191 495 2552 • Fax: 0191 438 6566

Email: enquiries@stccconsortium.co.uk • Internet: www.stccconsortium.co.uk