



# Musica Kirklees

## APPLICATION FOR Musica Kirklees *'Teacher Pool'*

(Please complete this form in **BLACK** ink/biro or electronically )

Instrument/s offered (please include <u>curriculum music</u> if appropriate)	
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### PERSONAL DETAILS

Title	Circle as appropriate: Mr / Mrs / Miss / Ms / Dr / other .....		
Surname			
Forenames			
Home Address			
Postal Address (if different from above)			
Date of birth			

Telephone Numbers	Home	Mobile	
Email address			

Former Name (if applicable)		Nationality		Ethnic Origin	
Are you the holder of a current UK Driving Licence	Yes / No	Type of Licence		Do you own a car?	Yes / No
Do you have current Disclosure Barring Service clearance?	Yes / No	If yes, please state your clearance number and date of clearance:			

National Insurance Number					
DfES Ref. No.		Where did you see this position advertised?			

**PRESENT EMPLOYMENT**

School / Place of Employment					
Type of School / Name of Current Employer			Tel. No.		
Employing Authority (If a School)			No. on Roll (If a School)		
Post Held / Job Title			Date of Appointment		
Salary	£		p.a.	Scale / Grade	
Main Tasks or Responsibilities					
Reason(s) for Leaving if applicable			Date Employment Ended if applicable		

**PREVIOUS OCCUPATIONAL HISTORY**

Dates		Employer or Local Education Authority if a school	Name of Establishment	No. on Roll if a school	Position held and salary	Part Time or Full Time
From	To					

**REFEREES:** You are invited to name two referees, at least one of whom should be qualified to comment on your performance at work. (This will usually be your present or most recent employer)

Name	1	2
Address		
Occupation		
Phone Number		

**EDUCATION AND QUALIFICATIONS**

Periods of Course Indicate if F/T or P/T		Names of Schools, Colleges, Polytechnics, Universities Attended	Degree or Certificate	Dates of Awards	Subjects taken with Grades obtained where appropriate.
From	To				

**Details of Training courses attended during the last five years (most recent first)**

Organising Body	Subjects and other details	Dates	
		From	To

**Other Full – Time Occupations** (inc. Industry, Commerce, Service in H.M. Forces)

Details	Dates	
	From	To

**Other Experience** (inc. P/T Teaching, Youth Work etc)

Details	Dates	
	From	To

**MEDICAL**

Are you aware of any Medical Condition which could affect your performance at work YES / NO
If you answered yes, please supply brief details

If you are Registered Disabled, please quote R.D.P. No.	
Please state nature of disability:	

**OTHER INFORMATION**

Have you previously been employed by this Organisation? **YES / NO**

If **YES** please give details (if not already outlined on this application)

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Have you other paid employment e.g. consultancy, session or part time work, self- employment?

**YES / NO**

If **YES** please give details (inc. hours worked)

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**CRIMINAL CONVICTIONS:**

PLEASE GIVE DETAILS OF ANY PROSECUTIONS FOR WHICH YOU HAVE BEEN FOUND GUILTY. (EXCLUDING Motor Traffic Offences)

If None, please state **"NONE"**

Date	Details of Offence	Sentence

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal, or disciplinary action by the Employer. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Having read the above paragraph I certify that there are no convictions of which you should now be made aware.

Signed \_\_\_\_\_

I declare that the particulars given are correct and I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in disciplinary action. I agree to a medical examination if necessary.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**INTERESTS** (Please list any special skills you have which you think may be useful in your work)

**FURTHER INFORMATION**

You are invited to supply briefly any additional information in support of your application using the space below

**Musica Kirklees is an Equal Opportunities Employer**

*Please forward completed form to: Niki Matthews (PA to the Principal)*

*Musica Kirklees*

*9 Beast Market, Huddersfield HD1 1QF*

*Niki.matthews@musicakirklees.org*