

## APPLICATION FORM

Post Applied For: **Jewish Studies Teacher**

Please Email the Form to: [vacancies@nwljds.org.uk](mailto:vacancies@nwljds.org.uk)

**Please read carefully all instructions before completing this form. Please use BLACK ink, ballpoint pen or typescript since it will be necessary to photocopy your application. Please complete in full. You may enclose a curriculum vita for additional information if you wish, but not as a substitute for filling in all sections of the form. Please ensure that the information you provide is correct and accurate. Providing false information is an offence and could result in**

- **the application being rejected, or**
- **summary dismissal if you are selected and possible referral to the DfE, and the police (if appropriate).**

**1 Surname (Block capitals)** .....

Other Names .....

**2 Home address in full** .....

(Block capitals) .....

Address for correspondence  
if different from above .....

Email: .....

Home Telephone No. ....

Work/Mobile Telephone Nos. ....

**3 Date of Birth** ..... **Nat. Insurance No:** .....

**4 Date of Recognition as a qualified teacher by the**  
**Department for Education** ..... **DfE No:** .....

### **NORTH WEST LONDON JEWISH DAY SCHOOL**

180 Willesden Lane  
London, NW6 7PP

T 020 8459 3378

F 020 8451 7298

[www.nwljds.org.uk](http://www.nwljds.org.uk)

[admin@nwljds.org.uk](mailto:admin@nwljds.org.uk)

### **Headteacher**

Miss Judith Caplan BEd (Hons) NPQH

### **Principal**

Dayan Ivan Binstock

### **Patron**

Chief Rabbi Ephraim Mirvis

Do you need a Work Permit? **Yes / No**

- 5** a) Are you suffering or have you suffered from any major illness/industrial injury? **Yes/No.**  
 If yes, please specify .....
- b) Please state number of days you have been absent from work due to sickness in the past 12 months .....
- c) How many episodes of absence does this represent of sickness? .....
- d) Is this your usual level of sickness? **Yes/No**  
 Please give details of any superannuation scheme to which you belong  
 .....

## 6 SECONDARY/FURTHER EDUCATION

| Name of School/College | Subject | Qualifications gained | Grade | Date |
|------------------------|---------|-----------------------|-------|------|
|                        |         |                       |       |      |

## 7 HIGHER EDUCATION/TEACHING QUALIFICATIONS

| Name of College/University and address if outside U.K. | Qualifications and Subject | Grade/Class | Date |
|--|----------------------------|-------------|------|
|  |                            |             |      |

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**8 OTHER QUALIFICATIONS RELATED TO CURRENT OR PREVIOUS EMPLOYMENT**

| Name of professional body | Membership Grade | Was membership gained by examination? | Date |
|---------------------------|------------------|---------------------------------------|------|
|                           |                  |                                       |      |

**9 RELEVANT INSERVICE COURSES IN THE PAST THREE YEARS**

| Course | Qualifications gained (if applicable) | Dates showing duration |
|--------|---------------------------------------|------------------------|
|        |                                       |                        |

**10 Please give details of your Jewish Education or Experience of Jewish Education**

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**11 EMPLOYMENT HISTORY.** Please give full details as this section is used for salary assessment purposes. Please explain any gaps in service.

| Names and addresses of previous employers (starting with the most recent)<br>Reason for Leaving | Position held and allowances (if applicable) | Age range taught (if applicable) | From month/yr | To month/yr |
|---|--|----------------------------------|---------------|-------------|
|   |  |                                  |               |             |

**12 OUTSIDE INTERESTS AND ACTIVITIES**

Voluntary/unpaid work and interests

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- 13 STATEMENT IN SUPPORT OF APPLICATION** (You may continue on a separate sheet if you so wish) Please ensure that you have addressed the Person Specification and Job Description

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**14 REFEREES.** Please give the names of two people to whom reference may be made. One referee should normally be the Headteacher of the School in which you have most recently worked. Relatives may not be given as referees.

**Referee 1**

**Referee 2**

Name:

Name:

Occupation/status .....

Occupation/status .....

Address .....

Address .....

.....

.....

.....

.....

Tel.No & Email:

Tel.No & Email:

**15 RELATIVES**

Are you related to any employees, Trustees or Governors of the School? If so, please give details. If not, please write 'None'.

**16 CRIMINAL HISTORY.**

All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected'. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

**Have you ever been convicted of a criminal offence which is not 'protected'?  
YES / NO**

If you have answered yes, supply details of all convictions in a sealed envelope marked 'confidential' and attach it to this form. If your application is successful this information, this information will be checked against information from the DBS before your appointment is confirmed.

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**17 DECLARATION**

I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph and I agree that the information given on this form may be used for registered purposes under the Data Protection Act 1984. I have also understood and complied with the provisions concerning the disclosure of criminal convictions. I declare that all information provided by myself as a result of this form is correct and truthful to my full knowledge.

**17.1** \*Is there anything you wish to disclose? YES/NO \_\_\_\_ If the answer is yes, please state the nature and detail of the disclosure:

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**17.2** Do you live with or are you closely associated with anybody who is barred from working with children or who has a criminal record? YES/NO \_\_\_\_ If the answer is yes, please state the name and nature of your association of the named person:

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**Signature of Applicant** ..... **Date** .....

\*Please ensure that the disclosure question (paragraph 17.1 **and** 17.2) is answered.

Please ensure that the application form is signed.