

3. EMPLOYMENT HISTORY previous Teaching service, including temporary appointments, starting with the most recent. Please give full details as this section is used for salary assessment.

Name and type of school/institution	Age range	Post held and grade if applicable. If part-time what percentage	Subjects taught	Date of service		Reason for leaving
				From month/year	To month/year	

4. OTHER EMPLOYMENT

Employers name and address	Post held (state if part-time or full-time)	Duties involved	Employment	
			From	To

5. EDUCATION

School attended (secondary phase establishments only)	Dates attended		Qualifications gained		
	From	To	Subjects	Grades	Dates
Colleges/University attended	Dates attended		Part-time/Full-time	Qualifications gained (Subject, Class, Division)	
	From	To			

6. OTHER QUALIFICATIONS RELATED TO CURRENT OR PREVIOUS EMPLOYMENT

Name of professional body	Membership grade	Was membership gained by examination?	Date

7. TRAINING AND DEVELOPMENT In-service training attended in the last three years plus earlier significant courses

Courses	Qualifications gained (if applicable)	Dates

8. HOBBIES AND INTERESTS

--

9. HEALTH RECORD It is necessary for you to provide details in answer to each part of this section, you may enclose the information in a sealed envelope marked 'confidential'.

How many days have you been absent from work due to illness or injury over the past 12 months?	DAYS
Have you had any serious illness requiring medical consultation or admission to hospital in the last two years? If YES please specify	YES/NO
Have you had any health problem which might interfere with work? If YES please specify	YES/NO
Are you registered disabled? If YES please specify	YES/NO

10. DECLARATION OF CRIMINAL BACKGROUND

Have you had any criminal convictions/cautions?	YES/NO
---	--------

11. REFERENCES (Note: Relatives may not be given as referees)

Please give the names and addresses of two referees. The principal referee will normally be your present Principal/Head Teacher/Head of Service.

We expect to be in contact with your referees without further communication with you, unless you indicate otherwise.

Name	Name
Position	Position
Address	Address
Telephone Number	Telephone Number
Fax Number	Fax Number
Email Address	Email Address
Referees' contact addresses/telephone numbers if different during the month of application.	

12. DECLARATION

I DECLARE that the above answers are true and complete to the best of my knowledge and belief. I understand that should I make a false statement by answering one of the above questions incorrectly, I will, if appointed, be liable to termination of my contract without notice.

Signature	Date	/	/
-----------	------	---	---