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|  | MANCHESTER CITY COUNCIL EDUCATION DEPARTMENT**APPLICATION FOR APPOINTMENT****AS A TEACHING ASSISTANT** |
| **POST** | 2-year-old Provision TA2 |
| **This form completed by the candidate must be returned to:**admin@st-margarets.manchester.sch.uk |
| **SURNAME** |  |
| **OTHER NAMES** |  |
| **DATE OF BIRTH** |  |
| **PRESENT ADDRESS** |  |
| **HOME ADDRESS INCLUDING POST CODE**If different from above |  |
| **TELEPHONE NO** |  |
| **E-MAIL ADDRESS**  |  |
| **EDUCATION**(From date of eighteenth birthday)Full/Part time with dates |  |
| **QUALIFICATIONS**(including grades) |  |
| **MAIN TEACHING SUBJECTS** |  |
| **IN SERVICE TRAINING**Brief Details of Courses with Dates |  |

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| **PRESENT APPOINTMENT** |
| FROM | NAME, TYPE AND SIZE OF SCHOOL, LEA | POSITION HELD |
|  |  | POST |
|  |
| SCALE |
|  |
| SALARY |
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| On what date would you be able to start |  |

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| **PREVIOUS EXPERIENCE** (Please list in date order) |
| **FULL TIME TEACHING** |
| FROM | TO | SCHOOL OR COLLEGE LEA | POSITION AND GRADE HELD | AGE GROUP TAUGHT |
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| **PART TIME TEACHING** |
| FROM | TO | SCHOOL OR COLLEGE LEA | POSITION AND GRADE HELD | AGE GROUP TAUGHT |
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| **NON TEACHING**Please give details of past and present work, this can be paid work, voluntary work or work at home. |
| FROM | TO | EMPLOYER (NAME AND ADDRESS) | POSITION  | NATURE OF DUTIES |
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| **REFERENCES**Please give the names and addresses of two people to whom reference can be made. If you are at present employed, please include details of present employer. |
| Name:Address:Post Code:E-Mail Address:Contact Number:Relationship: | Name:Address:Post Code:E-Mail Address:Contact Number:Relationship: |
| Please tick box if you do not want your referees to be approached without prior permission |  |

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| Are you currently employed by Manchester City Council? |  |
| If no but you have been employed by the City Council in the past, please give the reason for leaving |  |
| Are you disabled? |  |
| If “Yes” are you registered disabled? |  |
| This question will assist the City Council with its policy of employment regardless of disability. |

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| **DECLARATION BY CANDIDATE** |
| Should any particulars furnished by the candidate in this application be found to be false within the knowledge of the candidate, or should there be any willful omission or suppression of material fact, the candidate will, if appointed, to be liable to dismissed.**“I hereby certify that the entries contained herein are correct, that all the questions relating to me have been fully and accurately answered and that I am in possession of the certificates which I claim to hold. I am under 65 years of age.”** |
| SIGNATURE OF APPLICANT |
| DATE |

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| **ADDITIONAL INFORMATION** |
| **You are asked to support your application by giving any further information about your experience and qualifications for the post. Please refer to the job description and job specification when completing this information.** |