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| **Application for Teaching Internship (please state Maths or Physics)** |  |

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| 1. **PERSONAL DETAILS** | | | | | | | | | | |
| Title |  | | Surname |  | | | | Forename/s | |  |
| Any former name(s) you have been known by (Christian/first/surname) | | | | |  | | | | | |
| Date of Birth | |  | | | Religious denomination or Faith  (optional) | | | |  | |
| Permanent Address: | |  | | | | | | | | |
| Student accommodation address  (if different to above): | |  | | | | | | | | |
| Previous addresses in last 5 years: | |  | | | | | | | | |
| Home Tel No: | |  | | | Work Tel No: | |  | | | |
| Mobile No: | |  | | | Email: |  | | | | |
| National Insurance Number | | | |  | | | | | | |
| Do you need a work permit? | | | | Yes No | | | | | | |
| If so please give details | | | |  | | | | | | |

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| 1. **QUALIFICATIONS**   Please give details of completed/certified qualifications you have obtained in this country or abroad, in chronological order starting from the most recent (G.C.S.E and A’ Level or equivalent).  Should you be shortlisted, original qualification certificates will be required at interview for the above. | | | | | | | |
| Date | Establishment Attended  (Full name & address) | Body | Exam  (GCSE, A’Level) | Subject | | Grade /  Result | |
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| **Degree:** | |  |  |  | |  |  |
| Name of Institution | Title  (i.e. BA Degree) | Class  (Predicted) | Title of course | Entry  Month | Entry Year | | Completion  (Month and Year) |
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| **PERSONAL STATEMENT** |
| Explain your reasons for applying for this internship. (Please make reference to any experience, skills or training you feel is relevant and why you are suitable for this vacancy). |
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| 1. **HOBBIES / INTERESTS** |
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| 1. **DRIVING LICENCE DETAILS** | |
| Do you hold a full current UK licence? | Yes No |

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| 1. **ADVERTISEMENT** | |
| Where/how did you first learn of this placement? |  |

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| 1. **REFERENCE** | | | | |
| Please give details of a referee who is able to describe your suitability for this placement.  A reference will not be accepted from those writing solely in the capacity of a friend or from a relative. Your reference will be taken up before interview. | | | | |
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| Name |  | Occupation | |  |
| Address |  | | | |
| Tel No |  | Email |  | |

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| If any of your referees knew you be another name write that name(s) in this space |  |

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| 1. **MEDICAL HISTORY / DISABILITY MONITORING** | |
| **Definition of disability *‘ a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’.*** | |
| Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware? | Yes No |
| If so please give details of your medical condition or disability and any reasonable adjustments you anticipate we would need to make to your workplace or equipment to undertake the duties of this placement or that you consider necessary to attend interview. | |
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| 1. **DATA PROTECTION ACT 1998** |
| In compliance with the General Data Protection Regulation (GDPR), we wish to ensure you are aware of the purpose for which we are requesting your consent to collect and process the data we have asked you to provide on this application form.   1. We, The Trinity Catholic Multi Academy Trust, are the ‘data controller’ for the purposes of data protection law. 2. The information included in this application form will also be shared with placement schools within our alliance and the Department for Education.   Request for your consent  Do you confirm that you have read and understood the above and that you do not have any objection to our collecting and processing your personal information? Do you hereby give your consent for personal information provided as part of this application, to be shared with other accredited organisations or agencies in accordance with the above? If you tick ‘No’ we will not be able to process your application.  Yes No |

I give consent to be contacted by Trinity North East Teaching School with School Direct vacancies during 2020 and 2021.

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| Signature: …………………………………………………………………. Date: ………………………………. |

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| 1. **DISCLOSURE OF CRIMINAL AND CHILD PROTECTION MATTERS** |
| The Governing Body is obliged by law to operate a checking procedure for anyone who has substantial access to children and young people.  All applicants are required to complete the **Disclosure and Barring Service – Application**. This will be arranged should you be shortlisted and successful at interview.  I confirm that I am not disqualified from working with children and/or included on DfES List 99. |

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| Signature: …………………………………………………………………. Date: ………………………………. |
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| 1. **DECLARATION** |
| If you know that any of the information you have given on this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for this placement then your name will be withdrawn from the list of candidates.  If such a discovery is made after you have been offered a placement then you will be liable to be dismissed.  I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold. |

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| Signature: ………………………………………………………………… Date: ………………………………… |

Please return completed applications to Carolyn Adams at [cas@cardinalhume.com](mailto:cas@cardinalhume.com) before Friday 6th March 2020.

*Interviews will be held during week commencing 16th March 2020.*