



# British School of Tirana

## Application Form for Teaching Post

**CONFIDENTIAL**

Please complete all appropriate sections of this form in full, either in black ink using clear handwriting or typescript. This form needs to provide legible photocopies for the interviewing panel.

Post applied for:

### PERSONAL PARTICULARS

Surname	Mr/Mrs/Miss/Ms/other (please state)	First Name(s):
Address:	Telephone (Home):	
	Telephone (Work):	
	Telephone (Mobile):	
	Email:	
Do you need a work permit to work in Albania? YES <input type="checkbox"/> NO <input type="checkbox"/>	DfES Teacher Ref No:	
	National Insurance No:	

### FULL-TIME EDUCATION POST-16 (in chronological order)

Name of school/college/university	From	To	Full details of qualifications gained, including subjects, grades, class or division.

### PRESENT OR MOST RECENT EMPLOYMENT

Job Title	Date Commenced		
	Date of Leaving <i>if applicable</i>		
School	Name of Employer/LA		
Address	Age range of children taught	Number on Roll	Type of School

**TEACHING EXPERIENCE** (most recent first)

Dates				Name of School and Local Authority or Country	Type of School	Age Range of Children Taught	Number on Roll	Management Allowances/ School Group (Head / Deputy / Assistant Head)	Full-time (F), Part-time(P) Please state % of week, Supply (S)	Special Responsibility
From M	Y	To M	Y							

**Have you had any gaps in employment/full time education during the last 5 years** YES  NO

If yes, please give details

**OTHER EXPERIENCE**

Please state if full or part-time, voluntary or paid. All experience is valued and should be fully recorded.

Dates				Position Held (if any)	Employer or Organisation	Nature and brief summary of experience
From M	Y	To M	Y			

**PROFESSIONAL DEVELOPMENT** Undertaken during last 5 years relevant to the post for which you are applying.

Course	Duration of Course	Date

**SICKNESS**

Please state number of days' absence from work in the last 12 months due to sickness

**AVAILABILITY**

How much notice are you required to give?

When are you available to start work?

**REFERENCES** Please state below, details of **two** people to whom reference may be made before interview. **Please indicate if you do not wish the Referees to be contacted prior to interview.**

Referee 1	Referee 2
Name:	Name:
Position:	Position:
Organisation (if any):	Organisation (if any):
Address:	Address:
Telephone No	Telephone No:
Fax No	Fax No:
Email:	Email:

**DISABILITY DISCRIMINATION ACT 1995**

The Disability Discrimination Act defines a person as having a disability if he or she 'has physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider yourself to have a disability? YES  NO

Wherever possible and reasonable we will make amendments and offer alternatives to help a person with a disability through the application and selection process. If you require assistance at any stage of the process please contact the school or provide details below:

Please provide details below of any information you would like us to take into account with regard to your disability in order to offer you a fair selection interview.

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**DECLARATION BY APPLICANT**

- I confirm to the best of my knowledge and belief that the information given on this form is correct. I understand that any offer of employment will be subject to satisfactory references and medical examination. Any misleading statement or deliberate omission may disqualify my application and lead to instant dismissal.
- I consent to the necessary enquiries and checks being undertaken by the School in order to confirm that the information I have included in this application form is correct and to verify the authenticity of my qualifications.
- I understand that if I am successful in my application, any information contained in this form together with any obtained in relation to it, will be retained by the school during the course of my employment and for a reasonable time after the employment ends (pursuant to the UK *Data Protection Act 1998*).
- I confirm I have no objection to the School making an application to the UK Criminal Records Bureau or the Embassy of my country for information about any previous criminal convictions, which I may or may not have on record and I confirm that I will sign the necessary application form giving an authority to make this search (pursuant to the UK *Police Act 1997* as amended by the UK *Protection of Children Act 1999*).
- I declare that I am not disqualified from working with children (pursuant to *Criminal Justice and Court Services Act 2000*).
- I declare that I have no family connection with a trustee / governor / employee of British School of Tirana.

Signature	Date
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***Please include a CV and a Personal Statement to support your Application Form  
(Please note Curriculum Vitae will not be accepted in place of a Personal Statement)***

<b>Please return your application form to <a href="mailto:info@britishschooloftirana.al">info@britishschooloftirana.al</a></b>	For office use:
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*The BST is an equal opportunities employer and is fully committed to safeguarding and promoting the welfare of young people. Aligned with the recommendations of the International Task Force on Child Protection, we hold ourselves to a high standard of effective recruiting practices with specific attention to child protection. All applicants are subject to a rigorous screening process that includes: verification of qualifications; obtaining two supervisory references (including current employer's) and obtaining current and previous Police Checks. Any employment gaps in CVs will be addressed during interview*

**EQUAL OPPORTUNITIES MONITORING**

British School of Albania is committed to the principle of equal opportunity in all of its activities. The school pursues a policy of no discrimination on the grounds of disability, gender, race, ethnic origin, religion, age, marital status or sexual orientation and will endeavour to ensure that no one is placed at a disadvantage by any unjustifiable conditions or requirements.

To make this meaningful we need to monitor the effectiveness of our policies by analysing statistical information.

We would be grateful if you could provide us with the following information - we value your contribution which will ensure our statistics are accurate and representative of the people who are seeking employment with BST in Albania.

The form will be separated from your application and treated in the strictest confidence. The information you provide will be used for statistical purposes only and will **not** be used as part of the recruitment selection process.

Notes on completing this form:

**Ethnic origin:**

The ethnic origin categories are the same as those used in the UK population census in 2001. They are recommended by the commission for Racial Equality and are the basis for reporting statutory performance indicators.

**Disability:**

The UK Disability Discrimination Act 1995 states that: "a person has a disability for the purposes of the Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities."

**1. PERSONAL DETAILS :**

**Name:**.....

( Your name is required so that we can identify which stage of the recruitment process you reach i.e. interview, appointment )

**Job title:**.....

**Date of interview**.....

**2. My sex is ( please tick as appropriate)**

Male  Female

**THANK YOU for completing the form**

**3. ETHNIC ORIGIN**

I would describe my ethnic origin as:  
(Please tick as appropriate)

**White** **Ref**  
 British WB  
 Irish WI  
 Any other White background WO

**Mixed**  
 White and Black Caribbean MC  
 White and Black African MB  
 White and Asian MA  
 Any other mixed background MO

**Asian or Asian British**  
 Indian I  
 Pakistani P  
 Bangladeshi B  
 Any other Asian background AO

**Black or Black British**  
 Caribbean BC  
 African BA  
 Any other black background BO

**Chinese**  
 Chinese C

**Other Ethnic Group (OE)**  
 Please state.....

**4. Is there anyone who relies on you for day-to-day care and attention? ( please delete as appropriate) YES / NO**

If YES, are they children? If Yes, which age group?

Please tick as appropriate

Children: 0 - 4   
 5 - 11   
 12 - 16

Other family member

**5. My age is (please tick as appropriate)**

16- 19  40 - 49   
 20- 29  50 - 59   
 30 - 39  60 - 64

**6. Do you consider yourself to have a disability?**

Please delete as appropriate YES / NO