

NEW STARTER

Start Date	
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Title (Mr Mrs Miss Ms Dr Other)	
Forename	
Surname	
Marital Status	
Address	
Post Code	
Telephone No	
Mobile No	
Email address	
Emergency Contact No	
Date of Birth	
National Insurance No	

Name of Bank/Building Society	
Account No	
Sort Code	
Building Society Roll No	
Account Name	

Tax	P45	P46	None	Self Employed
National Insurance	Standard	CA4140	CF384	Self Employed

In signing this form, I hereby authorise Leap Education Ltd to pay any remuneration due to me into the above Bank/Building Society account. In the event that the following account is in the name of a third party, I have submitted written authorisation from the account holder to the following effects: - They agree to make their account available for payments on my behalf. Remuneration's paid in on my behalf by Leap Education Ltd into the said account will be handed over to me. In the event that payments into this account are not passed onto myself, Leap Education Ltd, Having discharged its duties as per these written instructions, will not be liable for any duplicate payments.

Signed	
Print Name	
Date	



A PERSONAL INFORMATION

Title	Mr	Mrs	Miss	Ms	Other

First Name (s):	Surname:

Address:	Maiden Name (if applicable):
	Date of Birth:
	National Insurance No:
	DFES No:
Post Code:	GTC Registered YES / NO
Home Number:	CRB No:
Mobile:	E Mail:

Do you consider yourself disabled under the disability discrimination act (DDA)?

Yes No
 If yes please provide details below

B TYPE OF WORK REQUIRED

Long Term		Nursery		Teaching Subjects:
Short Term		Primary		1 st :
Daily		Secondary		2 nd :
Permanent		SEN		3 rd :

Location	Days Available				
Hull	Mon	Tue	Wed	Thurs	Fri
East Riding					
York	Car	Yes		No	
N. Yorkshire	Maximum Travel Time:				
N.E Lincolnshire	Comments:				
N. Lincolnshire					
Lincolnshire					

C**EDUCATION**

Date	Institution	Qualifications

D**EMPLOYMENT HISTORY Covering the last 5 years**

School / Company Name	Dates Employed	Position & Responsibilities

E Teaching Experience

Please provide a brief summary of your teaching experience to date:

F MEDICAL HISTORY

		NO	YES
1.	Any type of allergy?		
2.	Any type of skin complaint?		
3.	Blackout, Migraine, Epilepsy, Fainting?		
4.	Bowel Disorder (e.g. Typhoid, Cholera, Chronic Diarrhoea and Dysentery)?		
5.	Heart Complaint?		
6.	Have you or any of your relatives had TB or any infectious disease?		
7.	Mental or Nervous Breakdown?		
8.	Disorders of Eyes / Ears / Nose?		
9.	Jaundice or Anaemia?		
10.	Diabetes or a Glandular complaint?		
11.	Have you ever been informed that you are a carrier of Salmonella?		
12.	Are you receiving Medical Attention at present?		
13.	Have you ever been dismissed or refused employment on health grounds?		
14.	Do you suffer any illness or impediment that could prevent you carrying out your duties as a teacher?		

If yes to any of the above, please give brief details:

In case of an emergency please provide us with details of your next of kin

Next of Kin: _____ Relationship: _____

Contact Number: (Day) _____ (Evening) _____

Address: _____

_____ Post code _____

G**ADDITIONAL INFORMATION**

Do you have any spent / unspent or pending criminal convictions **YES / NO**

If yes, please list your criminal convictions and their dates below. The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of Leap Education, the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Details:

I declare that the information given is correct and I authorise the requesting of references immediately. I have read and understood the Terms and Conditions of Employment as issued at registration.

Signature: _____

Date: _____

Office Use Only

Date of Registration: - _____

Date Cleared: - _____

	<u>Reference</u>	<u>Date applied</u>	<u>Date returned</u>	<u>YES / NO</u>

CRB Number	Date applied	Date of Issue	Security Checks	
			Posted	Received

List 99: -	Date applied: _____	Date Accepted: _____
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Comments

H REFERENCES

Please provide 3 references ensuring at least 2 are either employers or teaching

Types of References: **A:** Academic **E:** Employment **P:** Personal **T:** Teaching

Ref No	Ref Type	Dates of Employment	Name & Position	Organisation & Address
1				
				Tel No:
				Fax No:
				E-Mail:
2				
				Tel No:
				Fax No:
				E-Mail:
3				
				Tel No:
				Fax No:
				E-Mail:
4				
				Tel No:
				Fax No:
				E-Mail:
5				
				Tel No:
				Fax No:
				E-Mail: