

## Chepstow School

Application for the appointment of Supply Teacher

Please complete in black ink and return.

to: Headteacher, Chepstow Comprehensive School, Welsh Street, Chepstow, NP16 5LR.

Full Name \_\_\_\_\_ (Dr/Mr/Mrs/Miss/Ms)

Previous or other names \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Home telephone no. \_\_\_\_\_ D.f.E.S./ GTCW no. \_\_\_\_\_

Other contact numbers \_\_\_\_\_ E mail address: \_\_\_\_\_

NI number: \_\_\_\_\_

### Secondary Education

School/College attended	Dates	'A' Levels or equivalent with grades and date awarded

### Higher Education

Please include details of initial degree, higher or other degrees, P.G.C.E. etc.

University/College attended	Dates	Degree/Award with classification and dates

### Current Position

Name of school – including type, size and age range.	Post held/subjects taught	Full or part time	From	To

**Current Salary**

Please complete / delete as appropriate

TPS Point	UPS Point	+ TLR

**Previous Teaching Experience**

Please list in chronological order, including teaching practice.

Name of school – including type, size and age range.	Post held/subjects taught	Full or part time	Scale	From	To

**Previous employment – other than teaching**

Name & address of employers	Post held	From	To

**Details of any period of time not covered in section 4, 5.**

--

**Special qualifications experience and interests (including an interest in music, sport, drama, community work etc.)**

--

<b>Course title</b>	<b>Provider</b>	<b>Date</b>

**Are you a registered disabled person? YES / NO**

If so, registration number \_\_\_\_\_ Date of registration \_\_\_\_\_

**Please give details of 2 referees.**

<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Tel:</b>	<b>Tel:</b>
<b>Fax:</b>	<b>Fax:</b>
<b>Email:</b>	<b>Email:</b>

Please confirm that you have an up-to-date CRB form,  
issued by Monmouthshire County Council. *Please tick box if appropriate.*  
(Forms are only valid for 3 years from the date of issue).  
Please bring a copy of your CRB to our School Administrator.

Please confirm that you are registered with the GTCW. *Please tick box if appropriate.*  
Please provide a copy of the letter to our School Administrator.

If appropriate, please confirm that you are registered with Dfes. *Please tick box if appropriate.*  
Please provide a copy to our School Administrator.

Please provide your original Degree Certificate *Please tick box if appropriate.*  
so that a photocopy can be taken and kept on file.

Please confirm that you will provide our School Administrator with a copy  
of your recent payslip (so that relevant rates of pay can be applied).

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_