

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Hayfield FE Centre Tutor Application Form

Please complete all parts of the form in black or blue ink in BLOCK CAPITALS and post it to the address shown on the last page of this form.

Section 1 Personal Details

Last Name:	<input type="text"/>	First Names:	<input type="text"/>	Title:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>				
Post Code:	<input type="text"/>	Telephone Home:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Telephone Day:	<input type="text"/>		
Gender:	<input type="text"/>	Telephone Mobile:	<input type="text"/>		
Nationality:	<input type="text"/>	Email Address:	<input type="text"/>		

Section 2 Previous Employment Details

Please give details of employment for the last 5 years. If you have not been employed during this period then please give details of your last employer or if you have never been employed then please state 'NONE'

Name of Employer	Address	Dates of Employment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are less than 30 years of age then please give details of your Secondary School or Further Education establishment.

School Name	Address	Dates Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 Qualifications

Please give details of your most important academic qualifications; examinations passed or certificates awarded, e.g. 'O' Level, GCSE, CSE, NVQ, BTEC or any others.

Qualification Title	Date of Certification

If you have any skills, qualifications or experience you wish to mention then please use the space below :-

Section 4 Other Information

If you are a registered disabled person, please describe your disability.

Please give details/dates of any serious illness/injury in the last 10 years.

Section 5 References

Please supply the names and addresses of 2 referees who can confirm your suitability for this post. If you have been employed during the last 5 years one of these should be your last employer.

Reference 1

Name:

Position:

Organisation:

Address:

Postcode:

Telephone:

Email:

Are you willing for this referee to be approached prior to the interview

Yes No

Reference 2

Name:

Position:

Organisation:

Address:

Postcode:

Telephone:

Email:

Are you willing for this referee to be approached prior to the interview

Yes No

Section 6 Subjects

Please list below the subjects you are able to teach, indicating the duration in weeks and the qualification if applicable.

Academic Courses

Course Title	Duration	Level

Leisure Courses

Course Title	Duration

Section 7 Declaration

I hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold

Signed:

Date:

RETURNING THIS FORM



By Hand or Post to:

Mrs Marie Attwell
Hayfield Further Education Centre
The Hayfield School
Hurst Lane
Auckley
DONCASTER
DN9 3HG

Enquiries:

Telephone: 01302 773227
Fax: 01302 770179
Email: info@hayfield-fe-centre.co.uk
Website: www.hayfield-fe-centre.co.uk