



Registration Form

Part of Danlukur Limited
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 Woodford, Essex IG8 8AA
 Tel: 020 8090 9644 Fax: 020 8506 1114
 E Mail: info@dlk-recruitment.co.uk
 Web: www.dlk-recruitment.co.uk

Affix
Photo
Here

Surname: _____ Title: Mr/Mrs/Miss/Ms/Dr _____
 Forename: _____ Gender: Male/Female: _____
 Address: _____ Date of Birth: _____

 _____ DfEE No: _____
 Postcode: _____ GTC No: _____
 Email: _____ NI No: _____
 Home Phone No: _____ Mobile No: _____
 Full Driving Licence: Yes No Transport: _____
 Any other surname used: _____
 Nationality: _____

Ethnic Group:

- White Asian/Asian British
 Black/Black British Mixed
 Chinese Other

Job required

- Primary Teacher Secondary Teacher SEN Teacher NNEB
 Instructor Teaching Assistant FE Lecturer

Primary: Nursery Reception Y1 Y2 Y3 Y4 Y5 Y6

Secondary: Key Stage 3 Key Stage 4 Key Stage 5

SEN: MLD SLD EBD PMLD Visual or Hearing Impaired

TA: Primary Secondary Special Needs Community Nursery

Specialsit Subjects: _____ Level: _____

Length of booking: Day to Day Short term Long term Permanent

Length of booking: Mon Tues Wed Thurs Fri

Teacher/TA qualification: _____ Date awarded: _____

Visa Status: (Please indicate by ticking the appropriate box)

- Spousal Visa
 British/EU Passport
 Working Holiday Visa
 Ancestry Visa
 Work Permit

Issue date: _____ Expiry: _____



Personal Details / Bank Details

Name of Bank Sort Code

Address of Bank

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Account Number Account Holder

National Insurance Number

P45 enclosed Y / N (please tick as applicable) P46 required Y / N (please tick as applicable)

Education Details

Please enclose copies of all relevant certificates – originals are to be presented at interview

University of College

Date Training Commenced To

Qualification Attained

Date Qualified

Any further Qualifications

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Experience

.....

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Previous and Current Employment

Please give details in reverse order, showing current details first

1. Name and Address of Employer

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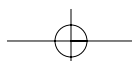
From To

Job Title

2. Name and Address of Employer

.....

From To



Job Title

3. Name and Address of Employer

From

To

Job Title

Professional References

Please give details of two current/recent referees. The names given should be a senior manager from your last employer (or present) and one other

Name

Position

Address

Tel No:

Can we contact Y / N (please tick as applicable)

Name

Position

Address

Tel No:

Can we contact Y / N (please tick as applicable)

Medical Questionnaire

DO YOU HAVE, OR HAVE EVER SUFFERED FROM:

- Fainting attacks **YES** **NO**
- Fits or Blackouts **YES** **NO**
- Giddiness **YES** **NO**
- Mental Illness **YES** **NO**
- Recurring Headaches **YES** **NO**
- Ear Trouble or deafness **YES** **NO**
- Eye Trouble or defective vision notcorrected by glasses. **YES** **NO**
- Recurring chest disease **YES** **NO**
- Asthma **YES** **NO**
- Hay Fever **YES** **NO**
- Heart Trouble **YES** **NO**
- High Blood Pressure **YES** **NO**
- Varicose Vein Trouble **YES** **NO**
- Back Trouble **YES** **NO**
- or other muscle or joint trouble **YES** **NO**
- Skin Trouble **YES** **NO**

Diabetes **YES** **NO**

Recurring stomach trouble **YES** **NO**

Recurring Bowel trouble **YES** **NO**

DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:

Typhoid Fever **YES** **NO**

Paratyphoid Fever **YES** **NO**

AT PRESENT ARE YOU SUFFERING FROM:

A nasal infection **YES** **NO**

A cough with phlegm/sore throat **YES** **NO**

A discharging ear **YES** **NO**

Acne, boils, styes, burns or septic fingers **YES** **NO**

Diarrhoea, abdominal pain, or fever **YES** **NO**

Any skin trouble affecting the hands, arms or face **YES** **NO**

(If yes, Doctor's Certificate required stating that they are safe to return to work in a food handling environment. Copy to be kept in branch).

Equal Opportunities Monitoring

This information is confidential and will be treated as such.

Do you consider you have or have had a disability as defined by the Disability Discrimination Act 1995 (Please see Appendix 1).
Please tick one box only. **YES** **NO**

Please describe the nature of your disability

ETHNIC MONITORING DETAILS

We ask this question based on the advice of the Commission for Racial Equality, following their guidance on the monitoring of an Equal Opportunities policy.

Please choose ONE section from A to F, and then tick the appropriate box to indicate your background.

Tick

A. Asian Including Asian British, Asian English, Asian Scottish or Asian Welsh	Bangladeshi	
	Indian	
	Pakistani	
	Any other Asian background (please state)	

Tick

B. Black Including Black British, Black English, Black Scottish or Black Welsh	African	
	Caribbean	
	Any other Black background (please state)	

Tick

C. Chinese Including Chinese British, Chinese English, Chinese Scottish or Chinese Welsh	Chinese	
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Tick

D. Mixed Including Asian British, Asian English, Asian Scottish or Asian Welsh	White and asian	
	White and Black African	
	White and Black Caribbean	
	White and other mixed background (please state)	

Tick

E. White	British	English	
		Scottish	
		Welsh	
		Other (please state)	
	Irish		
	Other (please state)		

Tick

F. Other ethnic group	Any other ethnic background (please state)	
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN TO INDICATE YOUR AGREEMENT

DLK RULES

Timely arrival at your school

Aim to be at school no later than 8.30am and make sure you sign the visitor's book as a Health and Safety requirement. If you are going to be late please contact your consultant so we can keep the school informed. Also remain after school long enough to clear your classroom, sign out of the visitor's book and get your timesheet signed. Should you be unable to attend school for any reason it is essential you inform your consultant, not the school, before 7.30am at the latest on the day of the assignment. We are contactable by telephone 24 hours a day 7 days a week, please leave a message if you cannot directly speak to a consultant.

Dress Code

Always dress formally when attending assignments within schools. Avoid denim jeans or jackets and keep jewellery to a minimum. Trainers should only be worn when conducting PE lessons. As a guide men should always wear a shirt and tie. Your dress and appearance should set a good example to the pupils.

Id card

Always carry your id card whilst on assignment, and show it to your cover contact when you arrive on site.

Lesson Plans

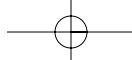
If you are given lesson plans by the school please adhere to them. If you do not complete all the work please inform the school what has and has not been covered. It is a good idea to have your own work with you AT ALL TIMES as a back up if no work is set. Within Secondary schools we will endeavour to match the assignment to your subject skills, but please be aware you may be asked to cover general subjects where a basic lesson plan will need to be followed.

Classroom control and discipline

The responsibility for classroom control and discipline is that of the teacher in any classroom and this is something you need to embrace in every assignment. As a supply teacher working for DLK Education you are forbidden from using any physical force to discipline or restrain any child in your control. For your own protection when addressing a pupil's behaviour keep your distance. Avoid any action or tone of voice that may be interpreted as aggressive or confrontational. Please do not find yourself in a situation where you are alone with a child at any time. Please be aware you need to set a good example for the pupils with your behaviour. Any serious incidents of class behaviour must be reported to both the school and DLK.

Timesheets

Please ensure you have your timesheet signed by an authorised signatory of the school, usually the main supply cover contact, at the end of each assignment. The timesheets need to be with DLK Education before 12pm of the Monday of the following week for payment to be authorised. If a timesheet is not signed by a client, DLK reserve the right to delay payment whilst seeking other means to verify the work has been carried out.



Your preferred work location

Availability Temp Permanent
 Full Time Part Time Evening Weekends
 Do you have use of a Car Motorcycle Bicycle

If you do have a car, do you have a valid driving licence? Y / N (please tick as applicable)

What is your nearest Rail/Underground Station?

Hobbies or Interests

Voluntary/Non work related experience

.....

.....

I have answered the above questions to the best of my knowledge and understanding. I certify that I am at present in good physical and mental health. I accept that I may be required to undertake a medical check. I also understand that any false statements made may result in my dismissal from DLK Education

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Because of the nature of the work for which you are applying, the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants are, therefore, NOT entitled to withhold information about convictions for other purposes are then 'spent' under the provisions of the Act, and in the event of employment, any failure to disclose such convictions will result in your removal from our register. Any information you may give will of course remain strictly confidential and will only be considered in relation to the application for positions to which the order applies

Have you ever been Police Checked Y / N (please tick as applicable)

Date you were last Police Checked

If so, by whom

If you have a CRB Disclosure, please send your original Disclosure to us (this will be returned to you after perusal).

Have you ever been convicted of a criminal offence? (tick as appropriate) Y / N (please tick as applicable)

Have you got any pending Court appearances or charges Y / N (please tick as applicable)

If yes, please give details:

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Data obtained in the application form is treated as confidential but will be held on file by DLK Education, a division of Danlukur Limited in compliance with the Data Protection Act 1998. Details may be disclosed to third parties for the purpose of finding you suitable employment. In signing this application form you will be giving your consent.

SIGNATURE:

The above information is true to the best of my knowledge and belief. I have received and agree to my conditions of service and have enclosed all my relevant certificates. I also give my consent to the making of a CRB Disclosure

Name (Please Print)

Date:

