

## SEN RE-ORGANISATION – ADDITIONAL INFORMATION PAPER Teaching Staff

NAME:	
-------	--

### EMPLOYMENT HISTORY

CURRENT SCHOOL:																									
POST TITLE:	<b>DAYS WORKED</b> F/T <input type="checkbox"/> P/T <input type="checkbox"/> (whole time equivalent e.g 0.5) _____ wte <table><tr><td></td><td>AM</td><td>PM</td><td></td><td>AM</td><td>PM</td></tr><tr><td>M</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>TH</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>T</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>F</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>W</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td></td></tr></table>		AM	PM		AM	PM	M	<input type="checkbox"/>	<input type="checkbox"/>	TH	<input type="checkbox"/>	<input type="checkbox"/>	T	<input type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	W	<input type="checkbox"/>	<input type="checkbox"/>			
	AM	PM		AM	PM																				
M	<input type="checkbox"/>	<input type="checkbox"/>	TH	<input type="checkbox"/>	<input type="checkbox"/>																				
T	<input type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>																				
W	<input type="checkbox"/>	<input type="checkbox"/>																							
TLR POINTS:	1 <input type="checkbox"/> £ _____ 2 <input type="checkbox"/> £ _____																								

**Brief description of duties:**

## PREVIOUS EMPLOYMENT

EMPLOYER'S NAME AND ADDRESS (inc LEA and type of school if applicable)	POSITION HELD (if part time, show weekly hours)	DATES From      To

## OTHER TRAINING

List all training undertaken including in-service courses. Please include membership and grade of professional organisations.

COURSE AND TRAINING DETAILS	RESULTS	WHERE OBTAINED	FULL TIME, PART TIME, RESIDENTIAL	DATES From      To	

**RESPONSIBILITIES CARRIED OUT WITHIN THE LAST 5 YEARS**

**ADDITIONAL INFORMATION**

**You are strongly advised to complete a personal statement. Please describe any area of work, special expertise or experiences that you wish to be taken in to account**

**I confirm, that to the best of my knowledge, the information provided on this form is correct and gives a true representation of my qualifications and employment history and agree that this information can be used for monitoring purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998.**

Signed.....

Date.....