

Application form

ProtocolNational

Leaders in staffing for colleges

This application form is for use by individuals seeking lecturing and learning support work through Protocol National and also individuals seeking work as an Assessor through Protocol National's sister company Protocol Assessors.

Please complete this application form in **black ink** using block capitals. All shaded areas must be completed by the applicant.

All the information from this form and your subsequent history of work through either Protocol National or Protocol Assessors will be held on a single database maintained by Protocol National in full compliance with the terms of the Data Protection Act 1998.

If you indicate that you are interested in finding work as an Assessor, Protocol National will make your personal data available to Protocol Assessors for the purpose of considering you for assessing contracts and Protocol Assessors may share this information with clients.

Any assignments that may be offered to you will be subject to the relevant terms and conditions of either Protocol National or Protocol Assessors.

Please indicate which types of work you are interested in being considered for (tick all that apply):

- Protocol National Visiting Lecturer (working under a contract for services with Protocol National)
- Protocol Assessors [Associate Assessor] (working under a contract for services with Protocol Assessors)

If you are uncertain which of these arrangements you wish to be considered for, please call our helpline on 0115 911 1166

How did you hear about Protocol National? _____

1. Personal details

1.1 Name and address

Title: _____ Initials: _____ Surname: _____ Previous surname(s): (if applicable) _____

Forename(s): _____ Previous forename(s): (if applicable) _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Mobile number: _____

Email address: _____
(We need an email address to send you important information and current work opportunities)

Emergency contact name: _____ Emergency contact number: _____

Gender: Male Female Date of Birth: _____ National Insurance No: _____

Are you registered with the General Teaching Council? (please tick box as appropriate) Yes No

Are you registered with the Institute for Learning (IfL)? (please tick box as appropriate) Yes No

If yes please supply IfL Reg. No.: _____

Country of citizenship: _____

1.2 Ethnicity (optional)

Please tick relevant box. This will be used for monitoring purposes only.

- | | | |
|--|--|---|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Mixed - White/Asian | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed – White/Black African | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Mixed – White/Black Caribbean | |
| <input type="checkbox"/> African | <input type="checkbox"/> Any other Mixed Background | |

2. Skills and experience

2.1 Qualifications

Do you hold a Level 2 (GCSE, GCE 'O' Level, CSE Grade 1, Key Skills or equivalent) qualification in:

English? Yes No

Maths? Yes No

Please list all educational, professional and trade qualifications that you have been awarded or are currently studying for. **Original certificates must be supplied for all qualifications stated.** Please continue on a separate sheet if necessary.

Teaching Qualifications	Awarding Body	Level	Date of Award (if studying for, please provide expected completion date)	Grade/Class (if applicable)
Trade/Vocational Qualifications	Awarding Body	Level	Date of Award (if studying for, please provide expected completion date)	Grade/Class (if applicable)
Degree	Awarding Body	Level	Date of Award (if studying for, please provide expected completion date)	Grade/Class (if applicable)
Assessing and Verifying Qualifications	Awarding Body	Level	Date of Award (if studying for, please provide expected completion date)	Grade/Class (if applicable)

2.2 Teaching and Training experience

Please include all relevant details and continue on a separate sheet if necessary.

College / Organisation	Subject Taught / Trained	Level	Age Range	Start date	End date

2.3 Assessing experience

Please include all relevant details and continue on a separate sheet if necessary.

College / Organisation	Subject Assessed	Level	Age Range	Start date	End date

2.4 Other work experience

Please include all relevant non-teaching work experience lasting more than 6 months within the last five years. Please continue on a separate sheet if necessary..

Organisation	Job Title	Start date	End date

2.5 Availability check

When are you available to undertake assignments? Please tick as appropriate.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

3 Nature of work sought

3.1 Teaching and Lecturing Subjects

Please indicate which subjects you would like to teach and at what Level. Please refer to the subject code list attached.

Subject	Code	Level 1	Level 2	Level 3	Level 4	Level 5 Diploma / Post Graduate	Other Level

3.2 Assessing Subjects

Please indicate which subjects you would like to assess and at what Level. Please refer to the subject code list attached.

Subject	Code	Level 1	Level 2	Level 3	Level 4	Level 5 Diploma / Post Graduate	Other Level

For example:

Level 1 = GNVQ foundation, Pre-GCSE, Basic Skills (Literacy, Numeracy and ESOL), NVQ1, SVQ1

Level 2 = GCSE, NVQ2, SVQ2, GNVQ intermediate

Level 3 = A Level, NVQ3, SVQ3, GNVQ Advanced, BTEC National, City and Guilds Advanced Craft, Scottish Higher

Level 4 = First Degree, HND/C, PGCE

3.3 What types of assignments would you like to deliver?

- | | | |
|--|---|--|
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Assessing | <input type="checkbox"/> Learning Support |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Permanent | <input type="checkbox"/> Sickness Cover |
| <input type="checkbox"/> 14-16 year olds | <input type="checkbox"/> Basic Skills | <input type="checkbox"/> Examination Marking |
| <input type="checkbox"/> 16 - 19 year olds | <input type="checkbox"/> Internal Verifying | <input type="checkbox"/> Lesson Observation |
| <input type="checkbox"/> Adults | <input type="checkbox"/> External Verifying | <input type="checkbox"/> Tutorial Skills |
| <input type="checkbox"/> Key Skills | <input type="checkbox"/> Invigilating | <input type="checkbox"/> Workshop |

Would you like to work with learners with learning difficulties and disabilities? Yes No

If yes, please state any specialist areas: _____

4 Additional Information

4.1 Referees

Please nominate two referees, one of whom should be your current or most recent employer.

Protocol National will take up both references. These references or their contents may be disclosed to Protocol Assessors and / or to clients of Protocol National where this is necessary and appropriate to the type of work you are seeking.

Academic or vocational referee 1

Name / Title: _____

Position: _____

Address: _____

_____ Postcode: _____

Tel no: _____

Email address: _____

Relationship to applicant: _____

Academic or vocational referee 2

Name / Title: _____

Position: _____

Address: _____

_____ Postcode: _____

Tel no: _____

Email address: _____

Relationship to applicant: _____

4.2 Professional Indemnity Insurance

Do you currently have Professional Indemnity Insurance to the value of £5,000,000 per claim? Yes No

If yes, please provide a copy of your policy, including the contents of the cover provided.

4.3 Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986 (SI 1986 No. 1249)

Assignments may involve you teaching or assessing students under the age of 18, or students with learning difficulties or disabilities. Your registration on the Protocol National database is therefore **exempt** from the provisions of the Rehabilitation of Offenders Act 1974 and supporting regulations. You will therefore be required to apply for an Enhanced Disclosure police check through the Criminal Records Bureau or if in Scotland, the Scottish Criminal Records Office (Please find the Disclosure form enclosed). Consequently you are NOT entitled to withhold information about convictions, which for other purposes are spent under the act. Protocol National will check all information given in this section with the relevant authorities and may pass it on to clients.

Have you ever been convicted of a criminal offence, or do you have knowledge of any pending prosecutions in respect of alleged criminal offences, excluding road traffic offences not involving injury to a third party or a sentence of imprisonment? Yes No

If yes, please give details:

Date	Offence	Sentence Imposed

5 Payment Details

Any fees due to you will be paid directly into your bank account.

Please note that if you are engaged as an Independent Consultant the party you are working for will be solely responsible for the payment of your fees and these details will be provided to them on your acceptance of an assignment so that they can make arrangements to pay you.

Sort Code: _____ Account Number: _____

Building society roll number: _____

Holders name: _____

Bank/building society name: _____

Branch name: _____

Branch address: _____

6 Compliance

All individuals who register on the Protocol National database must provide evidence of their Right to Work in the UK and also satisfy Protocol National that they hold, or are applying for, a valid enhanced disclosure certificate issued either through the CRB or Disclosure Scotland. Protocol National will provide confirmation of checks and copies where required to its clients and to Protocol Assessors, as appropriate.

- Yes** - I have provided original documentation to confirm my eligibility to work in the UK. Photocopies cannot be accepted.
- Yes** - I have submitted a completed enhanced disclosure application form with payment and the required original documentation. Photocopies cannot be accepted.

You will find details of the documents you need to provide on an additional sheet in this pack or you can log on to www.protocol-national.co.uk

In addition to the above, Protocol National will need to provide you with a Visiting Lecturer Identity Card before we can offer you any assignments. To enable us to do this, **please supply a passport sized photograph and 1 piece of photo ID** (This could be a passport, a valid national identity card or your UK driving license photocard).

- Yes** - I have enclosed a passport sized photograph.
- Yes** - I have enclosed photo ID to confirm my identity.

7 Declaration

The information that you provide in this form will be checked. It is your responsibility to keep all your personal details held on the database up to date and also to inform us of any changes in your circumstances that may affect your availability or suitability for any of the types of work that you are registered for.

If we reasonably believe that you have withheld relevant details or provided false information on this form one or more of the following actions may be taken:

- Cancellation of any existing Protocol National Visiting Lecturer assignments or Protocol Assessor contracts
- Removal of your details from active consideration for further work opportunities
- Any further action permitted for the enforcement of the rights of Protocol National, Protocol Assessors and their respective clients and clients' students.

I declare that all the information that I have provided is accurate, complete and true. I consent to Protocol National holding my personal details on its database and processing them for any legitimate purpose connected with finding me suitable work opportunities or as further described in this form or the terms and conditions applicable to any individual work contract. I confirm that I have read, understood and agree to be bound by my obligations to keep my personal details up to date as set out in this form and the terms of membership of the Protocol National Database. I also confirm that I have read, understood and agree to be bound by the terms and conditions that will apply to work opportunities that I would like to be considered for, specifically:

- Protocol National Visiting Lecturer
 Protocol Assessors Associate Assessor

Signature: _____ **Date:** _____

8 Health Assessment

The purpose of this form is to provide Protocol National with information about your past and present health that may affect your ability to undertake certain tasks whilst working on an assignment. **Please complete all sections of this form.**

Answering YES to any of the questions will not necessarily exclude you from being offered an assignment, but failure to complete this form may result in a delay to the process. A member of the Protocol National team will review your completed questionnaire. Specialist advice maybe sought from a Protocol National appointed Occupational Health Advisor (OHA). You may be asked to speak with the OHA to assess your fitness to work prior to commencing an assignment. The OHA may require further information from your G.P. or specialist, with your consent. All medical information will be kept in strict confidence by our OHA.

The information in this questionnaire will be retained on the Protocol National database and used as a record of your health at the time of application. Where appropriate to the circumstances of a particular work opportunity some or all of the information that you provide as well as advice from our OHA may be shared with Protocol Assessors (where relevant) and clients of Protocol National and/or Protocol Assessors.

8.1 Disability

Depending on the circumstances there may be an obligation on either Protocol National, Protocol Assessors or the party for whom you are delivering assignments to make reasonable adjustments to accommodate any disability that you suffer from and enable you to carry out your role. If you feel that you have a disability or long term illness or condition that may affect your ability to undertake assignments please provide details below together with any adjustments to the role or the working environment you feel we might need to consider.

8.1 Disability (continued)

Do you consider yourself to be disabled? Yes No

If yes, please provide details (including any special facilities you require to assist in undertaking your duties):

8.2 Previous employment

To ensure your well being it is important we know about your previous employment and whether it is causing or may cause health problems that we may need to take into account.

Please tick as appropriate	Yes	No
Are you receiving industrial injury benefit or any other benefit for incapacity?		
Have you been notified that you suffer from a work-related injury or disease?		
Have you retired or been dismissed from a job because of health problems, whether related to work or not?		

8.3 Back, neck and joint problems

These are of a physical nature and may make certain medical conditions worse, such as those referred to below. Do you have, or have you ever had, any of the following health problems:

Please tick as appropriate	Yes	No
Health conditions affecting your back, neck, limbs or joints that may make it difficult for you to: 1. sit, stand, walk or lift? 2. reach, twist, turn or bend? 3. kneel, carry, push, pull or climb?		
Wrist, hand or arm conditions, e.g. rheumatoid or osteo-arthritis, tenosynovitis, carpal tunnel syndrome, Raynaud's disease or syndrome or any similar disorder which may make it difficult for you to carry out repetitive movements?		

8.4 Safety

Some health problems and/or medication can impair your safety. Do you have any condition, or are you taking medication, that might impair your safety? Yes No

8.5 Other health problems

Some health problems can be of concern when working with children. Have you had, or do you have, any of the following:

Please tick as appropriate	Yes	No
A mental or psychological illness which has required you to see a specialist (psychiatrist, psychologist) or required treatment with medication or other treatment lasting longer than 3 months?		
Infection or infestation which has required a long course of medication - more than 2-3 months and could be a risk to children?		

8.6 Absence from work

Please list all absences from work for health reasons during the past 2 years, or state 'none'.

Length of absence	Date	Reason

8.7 Your G.P. / relevant specialist

Name: _____

Address: _____

Telephone number: _____

8.8 Consent

Protocol National complies fully with the Data Protection Act 1998 (DPA). By signing this form, you confirm that you give explicit consent within the meaning of the DPA for Protocol National to process your personal information with respect to pre-employment health assessment and where relevant sharing some or all of this information with Protocol Assessors and clients of both Protocol National and Protocol Assessors.

Declaration (to be signed by all applicants)

I consent to the Protocol National appointed Occupational Health Advisor requesting my General Practitioner and / or appropriate specialist(s) to provide medical reports, as considered necessary by the Protocol National appointed Occupational Health Advisor. I understand this consent in no way diminishes my rights to see such reports before they are submitted, under the terms of the Access to Medical Reports Act 1988.

I declare that the answers I have given above are true to the best of my knowledge. I gave them knowing that I may be subject to termination of assignments and/or removal from the database if I have wilfully given any answers that I know to be false, or do not believe them to be true.

If there are any significant changes in my health which may inhibit my ability to teach I must inform Protocol National.

Signature: _____ Date: _____