**Academic Year 2023/2024**

Part-time Tutor Application Form
(British Sign Language (BSL) Tutor)

Adult Learning Wales is committed to support and promoting equality and diversity and to creating an inclusive working environment.  We believe having a diverse workforce at all levels allows us to represent the communities we serve.

Diverse perspectives and experiences are critical to our success and we welcome applications from all people from all backgrounds with the experience and skills needed to perform this role.

Our Employment Privacy Notice is available on the ‘Jobs’ page of the Adult Learning Wales website at: <https://www.adultlearning.wales/en/about/jobs>

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| **Filter Questions** |  |
| Can you give evidence that you possess a recognised teaching qualification at level 3 or above? | **YES/NO** |
| Can you provide evidence of your prior experience of tutoring or teaching?  | **YES/NO** |
| Can you provide evidence of your eligibility to work in the UK?  | **YES/NO** |
| **Please note: if you have answered NO to any of the above questions we will be unable to progress with your application at the present time. Please contact the HR team at Adult Learning Wales for further details. Thank you for your interest in working for Adult Learning Wales.** |
| Are you registered with the Education Workforce Council?Successful candidates will be expected to register with the Education Workforce Council and will be required to meet the registration fee themselves. | **YES/NO****I understand that I will need to meet the registration fee for Education Workforce Council myself 🞏**  |
| Are you currently under investigation by the EWC or subject to any sanctions imposed by the EWC? | **YES/NO** |

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| **SECTION 1**  |
| **PERSONAL DETAILS**Your personal details will be removed from your application form and your suitability for the role will be based on the information provided in section 2 which relates to your qualifications, skills, knowledge and experience.  |
| **Title:**  | **First name(s):**  | **Last name:** |
| **Address:****Postcode:** | **Email address:***Please note that your email address will be used as a primary source of communication wherever possible, so please ensure its accuracy* |
| **National Insurance No:** |
| **Daytime Telephone number:**  | **Mobile:**  |

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| **SECTION 2** |
| **EMPLOYMENT HISTORY****Please give details of employment to date including voluntary work in chronological order starting with your current or most recent employment**. |
| **Dates** | **Employer** | **Brief outline of Duties and Responsibilities** | **Reason for Leaving** |
| **From:** | **To:** |
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| **Personal Statement****Please outline your suitability for the post, referring to the person specification when writing your personal statement.**  |
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| **Membership of Professional Bodies** |
| **Name of Body** | **Grade of membership** | **Renewal Date** |
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| **QUALIFICATIONS** **Please indicate academic and teaching qualifications.** **Please note that all tutors registering with Adult Learning Wales must hold a recognised teaching qualification.** |
|  | **Grade** | **Date Achieved** |
| GCSE (or equivalent) Mathematics  |  |  |
| GCSE (or equivalent) English |  |  |
| **Qualification** | **Classification and Subject** | **Grade** | **Date Achieved** |
| Certificate of Higher Education, HNC, MSD  |  | 🞎 |  |
| Intermediate HNC, HND, Foundation Degree |  | 🞎 |  |
| Honours Degree |  | 🞎 |  |
| Masters |  | 🞎 |  |
| Doctoral |  | 🞎 |  |
| **Teaching Qualifications** |
| **Level**  | **Type (please specify)** | **Date Achieved** |
| Level 3 | AETPTTLSFAETC | 🞎🞎 🞎 |  |
| Level 4  | FAETC Level 4CTTLSPCET CET Cert Ed | 🞎🞎 🞎🞎 🞎 |  |
| Level 5  | DTTLSPGCEBed | 🞎🞎 🞎 |  |

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| **Assessor Awards** |
| **Level**  | **Type (please specify)** | **Date Achieved** |
| Level 3 | Assessors Award A1D32 | 🞎🞎 🞎 |  |
| Level 4 | IQAV1D33 | 🞎🞎 🞎 |  |
| **Essential Skills/ESOL Qualification (please give details)** |
| **Level**  | **Type (please specify)** | **Date Achieved** |
| Level 3                                      | Certificate for Essential Skills Practitioners (Literacy)Certificate for Essential Skills Practitioners (Numeracy)Certificate for Essential Skills Practitioners (Digital Literacy) | 🞎🞎 🞎 |  |
| Level 5      | Certificate in Teaching LiteracyCertificate in Teaching Numeracy | 🞎🞎 |  |
| Level 3  | Certificate for Essential Skills Practitioners (ESOL) | 🞎  |  |
| Level 5  | TESOLCELTA   | 🞎 🞎  |  |
| Level 7  | DELTA   | 🞎  |  |

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| **Are you interested in delivering:**  | **Online**[ ]  | **Face to Face**[ ]  | **Both**[ ]  |
| **If you are interested in online delivery, please outline your experiences of delivering online including which platforms you have used.**  |
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**Please indicate when you would be available to teach:**

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| **Available Daytime** | **Yes/No** | **Available****Evening** | **Yes/No** | **Licence Holder****Access to car** | **Yes/No****Yes/No** |

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| **Please indicate your preferred teaching location (eg Local Authority area, and any restrictions on location)** |  |

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| **Please record your Welsh language skills levels using the** **Welsh Language Skills Level Table**  |
|   | **Understanding**  | **Speaking**  | **Reading**  | **Writing**  |
| 0 |   |   |   |   |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |

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| **Do you have experience of Welsh medium teaching?** | **Yes / No**  |
| **Do you have experience of bilingual teaching?** | **Yes / No**  |
| **Please state your preferred language of communication** | **Welsh / English** |
| **Please state your preference of language for interview should your application be successful:****\*Please note this may be provided through simultaneous translator** | **Welsh / English** |

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| **Please indicate the days and times you would be available for interview, should your application be successful:** |  |

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| **CLOSE PERSONAL RELATIONSHIPS**  |
| Close personal relationships are defined as follows: romantic/sexual relationships; family relationships; business/financial/commercial relationships; and close friendships. These include:* Spouse/partner
* Dating couples
* Parents/in laws/Step parents
* Children/Step children
* Siblings
* Grandparents and grandchildren
* Aunts, uncles and cousins
* Close friends
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| **Do you have a close personal relationship with an existing member/s of Adult Learning Wales staff?** | Yes [ ] No [ ]  |
| **If yes, please describe the nature of this relationship:** |  |

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| **REFERENCES** |
| Please provide in full, the name, address (including post code) and telephone number of two references. References will be requested for all successful applicants.Please sign below to give your consent to your referees being contacted should your application be successful. |
| **REFEREE 1.** |
| **Organisation name:** |
| **Organisation address:** | **Name of Referee:****Email address/telephone number:** |
| **REFEREE 2.** |
| **Organisation name:** |
| **Organisation address:** | **Name of Referee:****Email address/telephone number:** |

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| I give my permission for the above referees to be contacted in order for references to be obtained, should my application be successful.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Many thanks for completing this form. Please note that the submission of this form is a declaration that all the information you have provided is correct.**

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| **EQUAL OPPORTUNITIES MONITORING** |
| We would be grateful if you take the time to provide us with the equal opportunities information detailed below. We collect this information to monitor and evaluate distribution of diversity across the Adult Learning Wales. We also use this information to ensure that we comply with legislation.Please indicate the categories which you feel most appropriately describe yourself.  |
| What is your gender? Man [ ]  Woman [ ]  Non-binary [ ]  Prefer not to say [ ] If you prefer another term, please enter it here: |
| What is your date of birth?  |
| What is your religion or belief?

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| No religion or belief | [ ]  | Atheist | [ ]  | Buddhist | [ ]  |
| Christian | [ ]  | Hindu | [ ]  | Sikh | [ ]  |
| Muslim | [ ]  | Jewish | [ ]  | Prefer not to say | [ ]  |

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| If you have another religion or belief not on this list, please enter it here: |
| Are you married or in a civil partnership?Married [ ]  Civil Partnership [ ]  Prefer not to say [ ]  |
| Race and Nationality

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| White Welsh [ ]  | White English [ ]  | White Scottish [ ]  | White Northern Irish [ ]  |
| White Irish [ ]  | White British [ ]  | White Gypsy or Irish Traveller [ ]  |
| Any other white background, please enter it here: |
| Asian/Asian British [ ]  | Indian [ ]  | Pakistani [ ]  | Bangladeshi [ ]  | Chinese [ ]  |
| Any other Asian background, please enter it here: |
| Black/African/Caribbean/Black British [ ]  | African [ ]  | Caribbean [ ]  |
| Any other Black/African/Caribbean background, please enter it here: |
| Mixed/multiple ethnic groups [ ]   | White and Black Caribbean [ ]  |
| White and Black African [ ]  | White and Asian [ ]  | Asian and Black Caribbean [ ]  |
| Asian and Black African [ ]  |
| Any other mixed background, please enter it here: |
| Other ethnic group [ ]   | Arab [ ]   |
| Any other ethnic group, please enter here: |
| Prefer not to say [ ]  |

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| What is your sexual orientation?Heterosexual [ ]  Gay woman/lesbian [ ]  Gay man [ ]  Bisexual [ ]  Prefer not to say [ ] If you prefer to use your own term, please specify here:  |
| Do you consider that you have a disability under the Equality Act 2010?Yes [ ]  No [ ]  Prefer not to say [ ] If yes, what is the nature of the disability? Please enter here:\*\* Please note that this information is being sought for monitoring purposes. If you require adjustments to your job because of your disability, please talk to your line manager \*\**Applicants with a disability who successfully secure an interview will be given the opportunity to discuss how we can accommodate their needs both during the recruitment process and in the event that they secure employment with Adult Learning Wales.*  |
| Do you have caring responsibilities? If yes, please tick all that apply.[ ]  None [ ]  Primary carer of a child/children (under 18) [ ]  Primary carer of a disabled child/children [ ]  Primary carer of a disabled adult (18 and over)[ ]  Primary carer of an older person [ ]  Secondary carer (another person carries out the main caring role)[ ]  Prefer not to say |

