



**Principal: Mary R. Perkins**

**Peters Croft,  
Sunbank Lane,  
Altrincham,  
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WA15 0PS**

**0800 083 2171**

**Mary@1-2-1ExpertTuition.co.uk  
www.1-2-1ExpertTuition.co.uk**

If you would like to join our team, please complete the form below and post it to us at the address above. When we receive your completed form we will start processing your application.

Required field are marked thus \*\*

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Male / Female

Email: \_\_\_\_\_

Flat name or number: \_\_\_\_\_

House name or number: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Post town: \_\_\_\_\_

County: \_\_\_\_\_

Post code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: Landline day \_\_\_\_\_ evening \_\_\_\_\_

Mobile: \_\_\_\_\_

## Subjects I am qualified to teach

Please tick any that are applicable

Subject	Level				
	KS1&2	KS3	GCSE	AS&A2	Degree
English					
Maths					
Physics					
Chemistry					
Biology					
French					
German					
Spanish					
History					
Geography					
Computer Studies					
Subject	KS1&2	KS3	GCSE	AS&A2	Degree

I will be happy to give tuition at (delete as applicable): pupils home / my home / another venue

I am prepared to travel \_\_\_\_\_ miles to a pupil.

I would ideally like to give : min \_\_\_\_\_ max \_\_\_\_\_ hours tuition per week

My DFES registration number is \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nationality: \_\_\_\_\_

Teaching qualifications (certificate or degree) \_\_\_\_\_

Other Academic qualifications (degree) \_\_\_\_\_

I have been teaching for \_\_\_\_ years.

Please supply details of a professional referee:-

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Male / Female

Flat name or number: \_\_\_\_\_

House name or number: \_\_\_\_\_ Street: \_\_\_\_\_

Town: \_\_\_\_\_ Post town: \_\_\_\_\_

County: \_\_\_\_\_ Post code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: Landline day \_\_\_\_\_ evening \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please supply details of a personal referee:-

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Male / Female

Flat name or number: \_\_\_\_\_

House name or number: \_\_\_\_\_ Street: \_\_\_\_\_

Town: \_\_\_\_\_ Post town: \_\_\_\_\_

County: \_\_\_\_\_ Post code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: Landline day \_\_\_\_\_ evening \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please complete your employment record for your last five jobs, as applicable, starting with the current or most recent.

1)

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position held: \_\_\_\_\_ Date from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

2)

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position held: \_\_\_\_\_ Date from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

3)

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position held: \_\_\_\_\_ Date from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

4)

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position held: \_\_\_\_\_ Date from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

5)

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position held: \_\_\_\_\_ Date from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

Please enter in this box if you have ever been convicted of a criminal offence. We are not concerned about traffic offences such as speeding, but spent convictions must be revealed as this is an exempt profession under the Rehabilitation of Offenders Act 1974.\*\*

Please tick this box to say that you have an original Enhanced CRB (Criminal Records Bureau) check certificate; We will require a copy of it. [ ]

Write any other relevant details here

Please tick here to confirm that you have read and agree to the Terms of Business\*\* [ ]

Please type your name below as a signature to the following statement:-

(Sign in the box if you have printed this form out)

"I certify that the information given on this form is true and complete."

Signed- \_\_\_\_\_

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