

APPLICATION FORM

Please note that all fields are considered mandatory for your application to be considered complete unless otherwise stated.

Last Name:

Other Names:

Postal code:

Second Nationality (if applicable):

PERSONAL DATA
First Name:

Nationality:

Current Address
Street/Number:

Date of Birth (dd/mm/yyyy):

City:	Country:			
Home Country Address (if different)				
Street/Number:	Postal code:			
City:	Country:			
Contact information				
Phone number(s):	Email address:			
EDUCATION AND TRAINING Starting with your latest studies, list in reverse chronological order. Continue on a separate page, if necessary by copying the same format, and upload it with your application form. form.				
Official Title of Degree / Qualification:	, and aproduce their your	Status:		
Educational organisation:				
Postal Address:	Postal code:			
City:	Country:			
Phone number:	Website:			
Studies start date (mm/yyyy):	Date qualification achieved (mm/yyyy):			
Official Title of Degree / Qualification:	Status:			
Educational organisation:				
Postal Address:	Postal code:	Postal code:		
City:	Country:	Country:		
Phone number:	Website:	Website:		
Studies start date (mm/yyyy):	Date qualification achieved (mm/yyyy):			
List of other qualifications and training which supports your application, if applicable.				
Qualification/Training		From (mm/yyyy)	To (mm/yyyy)	



Safeguarding Training (date and detail of any safeguarding training undertaken)

Qualified Teacher Status, if applicable

Do you have Qualified Teacher Status or equivalent?

What is your Teacher Reference Number?

Are you qualified to teach Primary School (3-11 years old)?

Are you qualified to teach Secondary School (11-18 years old)?

For secondary education, have you taught any additional subjects?

If so, please name them.

Do you have experience in teaching students with Additional Education Needs and/or English as an Additional Language?

When did you last teach using the UK Curriculum?

In total, how many years experience of teaching the UK curriculum do you have?

WORK EXPERIENCE Starting with your current Continue on a separate page, if necessary by copying the		
Name of employer:		
Street and number:	Postal code:	
City:	Country:	
Is this where you are currently employed?	Start Date (dd/mm/yyyy):	End Date (dd/mm/yyyy)
Employment type:		
Job title:		
Duties and responsibilities, including supervisory expe	erience:	
Reason for leaving:		
-		



Name of employer:		
Street and number:		
Postal code:		City:
Country:	Start Date (dd/mm/yyyy):	End Date (dd/mm/yyyy):
Job title:		Employment type:
Duties and responsibilities, inclu	ding supervisory experience:	
Reason for leaving:		
Name of employer:		
Street and number:		City
Postal code:	5	City:
Country:	Start Date (dd/mm/yyyy):	End Date (dd/mm/yyyy):
Job title:		Employment type:
Duties and responsibilities, inclu	ding supervisory experience:	



Name of employer:		
Street and number:		
Postal code:		City:
Country:	Start Date (dd/mm/yyyy):	End Date (dd/mm/yyyy):
Job title:		Employment type:
Duties and responsibilities, including s	supervisory experience:	
Reason for leaving:		
A +		
Are there any gaps in your employment		
Are there any gaps in your employment If yes, please provide the reasons for the		
If yes, please provide the reasons for th		
If yes, please provide the reasons for the	ne gap/s	
If yes, please provide the reasons for the second f	ne gap/s	r, language, etc.) in support to your
If yes, please provide the reasons for the	ne gap/s	r, language, etc.) in support to your
If yes, please provide the reasons for the second f	ne gap/s	r, language, etc.) in support to your
If yes, please provide the reasons for the second f	ne gap/s	r, language, etc.) in support to your
If yes, please provide the reasons for the second f	ne gap/s	r, language, etc.) in support to your



DEPENDENTS Dependents information: The BSN will ONLY use this information if selected.
Full name:
Current year group:
Full name: Current year group:
Full name:
Current year group:

01	THER RELEVANT INFORMATION	
1.	Have you ever worked at the BSN before or are you currently employed by the BSN?	
	If your answer is yes, please give details below.	
2.	Do you have a partner/spouse or family member currently working at the BSN?	
	Indicate their name, relationship and position.	
3.	Have you ever been accused or convicted of a crime.	
	If your answer is yes, please provide details.	
4.	Do you have a Dutch/EU passport or a valid residence permit to work in the Netherlands?	
	If so, please upload both sides of the residency card together with your application.	
5.	Expiration date of your residence/work permit in the Netherlands, if applicable.	
6.	Where/how did you first learn of this vacancy?	
7.	As part of the recruitment processes, references will be required. The BSN requires at least two professional references from the current and most recent employer, either from the	
	Headteacher or HR, if it concerns a teaching role. Please provide us with the contact details of	
	your last two supervisors.	
	Reference 1	
	Name:	
	Functional title:	
	Phone number:	
	Email address:	
	Reference 2	
	Name:	
	Functional title:	
	Phone number:	
	Email address:	
8.	Can we contact your current supervisor?	



MOTIVATION LETTER
Please explain the reasons for your application, covering your profile and particular interest in this position. Add any
other information that might be relevant to your application and specific to the role you are applying for. Also include
any skills, knowledge, experience or personal characteristics which you feel support your application.



By submitting this application form, I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Application Form may result in the application being void.

Place:			
Date:			
Signature:			