FUJAIRAH PRIVATE ACADEMY

APPLICATION FORM

P.O. BOX 797, FUJAIRAH, UNITED ARAB EMIRATES

FAX:009719-2221710 E mail: principal@fpa.sch.ae

PRINCIPAL: Ms Jan Brettingham

Recent passport photo

Please complete the following:	
POST APPLIED FOR:	
1.0 PERSONAL DETAILS	
Last name:	Forename(s)
Date of Birth(dd:mm:yr)	Marital Status:*
Present Nationality	Previous Nationality
Passport Number	Date/Place of issue
Expiry Date	_
2.0 SPOUSE DETAILS	
Last name:	Forename(s)
Date of Birth(dd:mm:yr)	_
Present Nationality	Previous Nationality
Passport Number	Date/Place of issue
Expiry Date	_
Occupation	Seeking employment. Yes/No

*Please note the school is unable to accept applications from unmarried couples. The status of partner is not recognised in Fujairah

1.3 ACCOMPANYING CHILDREN

Name	Date of Birt	th
		_
		_
		_
2.0 HOME ADDR		
Home <u>Tel:</u>	Mobile:	
E Mail:	Skype name	
		F DIFFERENT FROM ABOVE
Tel:	Fax:	E Mail:
3.0 EDUCATION		
Secondary		
Secondary		Qualifications
Secondary	School Name	Qualifications
Secondary Dates	School Name	

Dates	Institution	Title of Award	Class	Subject
		Status in your home country		
Give date of	otained	Awarding Body		
Age Group	qualified to teach			
Teacher regi	istration number:			
Country in v	which you are registered	d:		
Do you have	e experience of preparis	ng students for external exam	ination? Y	/es/No
List title of	examinations/examinat	ion board and subjects.		
5.0 CURRE	ENT POST			
Position:		Salary p.a		
School name	e/Location			
Date of join	ing	Contract dates		
Length of ti	me in current post:			
Title and na	me of person to whom	you report		
Total Schoo	l role:	Student age range:_		
Age range ta	aught:	TEFL experience_		

Curriculum/	External exami	nation offered	by the school:		
•	l a post of respo LS OF EXPER	•	o what		
	details of all po Leave no gaps				
Date	Employer		Address		Position
7.0 LANGA	AUGES				
First Langua	age				
Other langu	ages. Classify y	our degree of	fluency as weal	k, competent, f	luent, bilingual
Language		Spoken		Wri	tten
8.0 REFER	EES				
8.1 Current	t Employer (H	ead or Direct	or)		
Name of Re	feree:		Profession	nal relationship)
Address:					

Tel:	_ Fax:	Email:
May we approach your cur	rent employer at th	is stage. Yes/No
8.2 Professional referee		
Name of Referee:		_ Professional relationship
Address:		
Tel:	_Fax:	Email:
	r worked outside th	S issued in the last 6 months? Yes/No he UK then a police certificate or its Yes/No
Please scan and attach a c	opy if possible	
I declare the information g	iven to be accurate	
Signed:		Date:

Kindly submit with this form:

- A letter of application scanned
- Ensure a scanned passport photograph is on this application form
- Please do not send CV's or other documentation at this stage. We regret that applications that are not completed as requested, cannot be considered. Also because of government work visa restrictions applications cannot be accepted from those over the age of 59 when commencing the contract.
- Please email your completed application to principal@fpa.sch.ae as a pdf or zipped file. Putting the post applied for as the subject of the email.