ACADEMIC COACHES LIMITED

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 APPLICATION FORM

**TUTOR’S DETAIL:**

Full NAME ………………………………………………………………………………………………………………………………

DATE OF BIRTH……………………………………………………………………………………………………………………….

GENDER: MALE ( ) FEMALE ( ) OTHER ( ). IF OTHER, PLEASE GIVE DETAILS ………………………………

ADDRESS ………………………………………………………………………… …………………………………………………………….

PHONE NUMBER ………………………………………………………………………………………………………………………………

POST CODE ………………………………………………………………………………………………………………………………………

EMAIL ADDREE ……………………………………………………………………………………………………………………………….

**TUTORING EXPERIENCE DETAIL:**

 YEARS OF TUTORING EXPERIENCE ……………………………………………………………………………………………………….

SPECIALISED SUBJECTS OR COURSES (ONLY ENGLISH, MATHS AND SCIENCE PREFERED)……………………………………………………………………………………………………….

BRITISH CURRICULUM EXPERIENCE…. YES ( ) NO ( ). IF YES, HOW MANY YEARS OF EXPERIENCE …………?

**SHIFT AVAILABILITY (PART TIME) SELECT THE RANGE OF THE AVAILABLE DAYS BELOW:**

MON-WED ( ), MON-FRI ( ), MON-SUN ( )

10AM-2PM ( ), 2PM-4PM ( ), 4PM-6PM ( ), 6PM-8PM ( ), 8PM-10PM ( )

 **JOB QUALIFICATION**

ARE YOU READY TO PROVIDE PROOF OF YOUR QUALIFICATIONS? YES ( ) NO ( ) IF NO, EXPLAIN ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**LEGAL RESIDENTIAL PERMIT**

DO YOU HAVE RIGHT TO WORK IN THE UK? YES ( ) NO ( ). IF YES, TICK ONE OF THE FOLLOWING RESIDENTIAL PERMIT; BRITISH PASSPORT ( ), INDEFINITE TO LEAVE AND TO REMAIN ( ) BRP ( ), EU SETTLEMENT ( )

CAN YOU PROVIDE ANY EVIDENCE OF DBS? YES ( ) NO ( )

DATE ………………………………………………….SIGNATURE …………………………………………………………………

 **REFERENCE DETAIL (AT LEAST ONE REFERENCE)**

NAME……………………………………………………………………………………………………………………………………………………

POSITION……………………………………………………………………………………………………………………………………………….

PHONE NUMBER……………………………………………………………………………………………………………………………………

EMAIL ADDREE………………………………………………………………………………………………………………………………………

 **MEDICALS**

DO YOU HAVE ANY MEDICAL CONDITION? YES ( ) NO ( ) IF YES, PLEASE EXPLAIN IT FURTHER ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

THIS FORM WAS FILLED BY ME AND ALL THE INFORMATION PROVIDED ABOVE ARE TRUE

SIGNATURE ……………………………………………………………………………………………………………………….

DATE …………………………………………………………………………………………………………………………………