

10. HEALTH

How many days and periods of absence have you had as a result of illness during the past two years? _____ Days _____ Periods

Have you been absent through illness for more than two consecutive weeks during the past two years? Yes No
If YES please give details:

Are you aware of any medical condition that could affect your performance at work? Yes No
If YES please give details:

11. PEOPLE WITH DISABILITIES

Do you consider yourself to be disabled? Yes No
Please indicate if you need any special help or assistance should you be shortlisted for interview:

12. REFEREES

Please provide the names and full addresses of two referees, one of whom **must** be your current or most recent employer. Please indicate by ticking the box adjacent if you **do not** wish a referee to be approached prior to interview. Unless you indicate otherwise, the College will contact your referees to obtain written references. Confirmation of your appointment will depend upon these references being satisfactory.

NAME:
POSITION:
ADDRESS:

NAME:
POSITION:
ADDRESS:

TELEPHONE NUMBER:
CAPACITY IN WHICH YOU KNOW THE ABOVE:

TELEPHONE NUMBER:
CAPACITY IN WHICH YOU KNOW THE ABOVE:

13. REHABILITATION OF OFFENDERS ACT 1974 (EXCLUSIONS & EXCEPTIONS) (SCOTLAND) ORDER 2003 (AS AMENDED)

The above act applies to the majority of posts within the College. If you are appointed to such a post, you will be required to complete a form giving permission for a Disclosure Scotland Application to be made.

14. DATA PROTECTION ACT 1998

In order to comply with Data Protection obligations, Reid Kerr College reserves the right to use the information you have provided in the application form for personnel record and payroll purposes. Data may be held both electronically and manually and will be processed for the purposes of management reporting, supplying statistical information to our funding bodies and for any authorised requests from external third parties.

You have the right to ask for a copy of the information held in our records. You also have the right to correct any inaccuracies in your information.

Further information can be obtained from the College Data Controller.

15. DECLARATION

I declare that all information contained within this form is true and correct to the best of my knowledge. I understand that false information may result in withdrawal of any offer of appointment or dismissal without notice. I also agree to the College processing such information as may be necessary for personnel administration including sensitive data held within the Equal Opportunities, Health and Criminal Conviction sections.

Signature: _____ Date: _____





TEMPORARY LECTURER APPLICATION FORM

IN CONFIDENCE

Please complete this form in black ink or type

1. POST APPLIED FOR

SUBJECT SPECIALISM /S:

How did you hear of this vacancy?

2. AVAILABILITY *(Please tick relevant box)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.						
p.m.						
Evening						

3. PERSONAL DETAILS (BLOCK CAPITALS)

FIRST INITIAL:

SURNAME:

ADDRESS:

POSTCODE:

HOME TEL. NO:

WORK TEL. NO:

CURRENT DRIVING LICENCE: YES / NO

NON UK / EU NATIONALS –WORK PERMIT NO: _____

GTC NO. (TEACHING STAFF ONLY): _____

4. SECONDARY EDUCATION

FROM (dd/mm/yy)	TO (dd/mm/yy)	LEVEL OF EXAM	SUBJECT WITH GRADES OR BANDS

5. FURTHER/HIGHER EDUCATION, FORMAL TRAINING OR APPRENTICESHIPS

FROM (dd/mm/yy)	TO (dd/mm/yy)	COLLEGE OR UNIVERSITY	QUALIFICATION AND GRADE	DATE AWARDED

6. MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF INSTITUTE/ PROFESSIONAL BODY	CLASS OF MEMBERSHIP	METHOD OF ADMISSION	DATE AWARDED

7. TEACHING EXPERIENCE - *If applicable (Starting with the most recent first)*

FROM (dd/mm/yy)	TO (dd/mm/yy)	INSTITUTION	POST	HOURS PER WEEK	SUBJECTS TAUGHT	GRADE TAUGHT

8. INDUSTRIAL / COMMERCIAL EXPERIENCE - *(Starting with the most recent first)*

FROM (dd/mm/yy)	TO (dd/mm/yy)	NAME & ADDRESS OF EMPLOYER	JOB TITLE	HOURS PER WEEK	MAIN DUTIES OF POST

9. FURTHER INFORMATION

Please give a general statement about the way in which you consider your skills, knowledge and experience to date are relevant to this post and your reasons for applying. You may wish to include reference to experience gained at work or in a voluntary capacity, details of any education or training undertaken, or any other interests you may feel are relevant to your application. Please ensure that your surname and post reference number appear on all attachments.

EQUALITY DIVERSITY AND INCLUSION MONITORING FORM

Reid Kerr College recognises the benefits of having a diverse community of staff and is committed to being an inclusive organisation where everyone is treated with respect, dignity and where there are equal opportunities for all.

The aim of our policy is to ensure that job applicants are recruited according to their competence and ability and that they have the on-going potential to progress within our College as opportunities occur.

In order to monitor our effectiveness and to comply with equalities legislation, we request that you complete the following questionnaire as fully as possible and return it with your application form. The information will be treated as confidential, kept separate from your application form and used for statistical purposes only.

Please complete:

POST APPLIED FOR: REFERENCE NO:

TITLE: FORENAME: SURNAME:

AGE: DATE OF BIRTH: N.I. NO.:

MARITAL STATUS: _____

GENDER: Male: Female:

Other, please specify: _____

Have you ever identified as being transgender? Yes No

DISABILITY:

Reid Kerr College is positive about disability. As a Disability symbol user, the College is committed to interviewing any candidate with a disability who meets the essential criteria for appointment to this post.

Do you consider yourself to have a disability? Yes* No

Do you wish to be considered under this scheme? Yes No

*If 'yes' please tick the box(es) which best describe your disability:

Visual Speech Co-ordination, dexterity or mobility Mental health Hearing Learning difficulty

Other (give details) _____

SEXUAL ORIENTATION:

Heterosexual Gay man / Homosexual man Gay woman / Homosexual woman / Lesbian

Bisexual I prefer not to say