



APPLICATION FOR EMPLOYMENT IN CONFIDENCE

Please complete this form in black ink or type

POST APPLIED FOR:

REF. NUMBER:

How did you hear of this vacancy?

1. 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): _____

2. SECONDARY EDUCATION

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

3. FURTHER/HIGHER EDUCATION, FORMAL TRAINING OR APPRENTICESHIPS

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

4. MEMBERSHIP OF PROFESSIONAL BODIES

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

7. 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 appear on all attachments.

8. JOB SHARING

All full-time posts are open to job sharing, unless indicated otherwise in the job advertisement.

Would you be prepared to job share this post?

Yes

No

9. HEALTH

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

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:

10. 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:

11. 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: <input type="checkbox"/>	NAME: <input type="checkbox"/>
POSITION	POSITION:
ADDRESS:	ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
CAPACITY IN WHICH YOU KNOW THE ABOVE:	CAPACITY IN WHICH YOU KNOW THE ABOVE:

12. REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975

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.

13. 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.

14. 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 Convictions sections.

Signature: _____

Date: _____



CRIMINAL CONVICTION – DECLARATION FORM

The Rehabilitation of Offenders Act 1974 (Exceptions) Order applies to post within the College where staff may be expected to work in positions where they have substantial contact with vulnerable groups of people.

If appointed to such a post, you will be required to complete a form giving permission for a Disclosure Scotland Application to be made. If you have no previous convictions, pending sentences or outstanding charges to declare, please go to Section 3 and sign the declaration form.

If you have any spent or unspent convictions, pending sentences or outstanding charges to declare, please complete the form below under the following headings. If you require further information on the Rehabilitation of Offenders Act 1974, please contact the College's Human Resource Department.

Section 1: Spent / Unspent Convictions

a) When did the offences take place? What were you charges with? What sentences did you receive?

b) What were your circumstances at the time? i.e family, school etc.

c) What have you learned from the experience?

d) What is your present situation and your future expectations?

Section 2: Pending Court Appearances or Outstanding Charges

Please state what you have been charges with and when you are due to appear in court.

Section 3: Declaration

I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information may lead to termination of employment.

Signature: _____

Date: _____

Note: The information given in this form will be treated in strictest confidence.

Ref No: _____ App No: _____

COMMITTED TO EQUAL OPPORTUNITIES & NON-DISCRIMINATION

Reid Kerr College is an equal opportunities employer. We are totally committed both to the principle of equal employment opportunities and to the implementation of equal opportunities legislation and codes of practice.

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.

Accordingly, no job applicant or employee will be treated more or less favourably on the grounds of their gender, marital status, disability, race, colour, ethnic belief or ethnic origin, religion or religious belief, sexual orientation, gender reassignment, nationality, trade union activity, responsibility for dependants, employment status or age.

This information is required for monitoring purposes. Please complete the 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 NUMBER:

TITLE:

FORENAME:

SURNAME:

AGE:

DATE OF BIRTH:

NI NO:

Please tick appropriate box:

GENDER: Male: Female:

MARITAL STATUS: Married: Divorced: Single: Widowed: Other:

ETHNIC ORIGIN:

Bangladeshi:	<input type="checkbox"/>	Black African:	<input type="checkbox"/>	Black Caribbean:	<input type="checkbox"/>
Chinese:	<input type="checkbox"/>	Indian:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>
White Scottish:	<input type="checkbox"/>	White English:	<input type="checkbox"/>	White Welsh:	<input type="checkbox"/>
White Irish:	<input type="checkbox"/>	Other Asian:	<input type="checkbox"/>	Other Black:	<input type="checkbox"/>
Other White:	<input type="checkbox"/>	Other Mixed:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

NATIONALITY:

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

