##### Description: Description: Description: GCC_Spot Rasberry_Landscape

# CONFIDENTIAL

|  |
| --- |
| APPLICATION FOR EMPLOYMENT |

Please complete **all** sections clearly using **black ink** and, in section 1-6, block capitals. Selection will be based only on the contents of the application form (section 7 onwards). A Curriculum vitae will not be accepted for the selection process. It is essential that your national insurance number is inserted in the appropriate boxes as it will provide the link to your application. Canvassing, directly or indirectly, will constitute a disqualification.

Glasgow Clyde College pursues a policy of equal opportunities. Our aim is to ensure that job applicants are recruited according to their competence and ability and that they have the ongoing potential to progress within our College as opportunities occur. In order to enhance equality of opportunity and objectivity within the selection process, the data you provide on the Equal Opportunities Monitoring Form will not be used for selection purposes. Sensitive personal details will only be used for equal opportunities monitoring and employee record purposes.

|  |  |  |
| --- | --- | --- |
| **1 POST APPLIED FOR** | | |
|  | | |
|  |  | NATIONAL INSURANCE NUMBER |
|  |
|  | | |
| HOW DID YOU LEARN OF THIS VACANCY? | | |

|  |
| --- |
| **2 PERSONAL DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE (e.g. Mr/Mrs/Miss/Ms) |  | SURNAME |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME(S) |  | PREVIOUS SURNAME  (if applicable) |  |

|  |  |
| --- | --- |
| ADDRESS  (including Post Code) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TELPHONE NO (day) |  | TELEPHONE NO (evening) |  |

|  |  |
| --- | --- |
| E-MAIL |  |

|  |  |  |
| --- | --- | --- |
| NATIONALITY |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NON-UK/EU NATIONALS – Work permit No. |  | EXPIRY DATE |  |

|  |
| --- |
| **3 PART TIME WORKING** |
| DO YOU WISH TO APPLY FOR THIS POST ON A PART TIME BASIS? YES  No  IF YES, PLEASE INDICATE YOUR PREFERED HOURS OF WORK |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4 REFEREES** | | | | | |
| Name, address and occupation of two referees, one of whom should be your current or most recent employer and should know you in a work capacity.  **\* Please tick box if you have objections to a referee being contacted prior to interview.** It should be noted that most recent employer will be contacted prior to final selection. | | | | | |
| Name | | Address | Occupation | Tel No | E-mail |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **5 REHABILITATION OF OFFENDERS** |
| The Rehabilitation of Offenders Act 1974 (Exclusions & Exceptions) (Scotland) Order 2003 as amended applies to all posts as there is provision to persons under 16.  If your application is to be taken further, the College will either undertake a PVG or Police Act Disclosure check with Disclosure Scotland. |

|  |  |  |  |
| --- | --- | --- | --- |
| **6 DECLARATION** | | | |
| The information in this form may be recorded in a computerised Human Resources system. The information held may be accessed by employees as per the Data Protection Act 1998. | | | |
| Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | |
| Acknowledgement date: |  |  | |
|  |  |  |  |
| Interview Date: |  | Selection Result: |  |

|  |  |
| --- | --- |
| NATIONAL INSURANCE NUMBER | POST APPLIED FOR |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7 EDUCATION AND TRAINING** | | | | | | |
|  | | | | | | |
| **SCHOOL EDUCATION** | | | | | | |
|  | | | | | | |
| **DATES** | **QUALIFICATIONS** | | | | | |
| **Subject** | | **Level** | | | **Grade** |
|  |  | |  | | |  |
|  |  | |  | | |  |
| **FURTHER OR HIGHER EDUCATION** | | | | | | |
| **DATES** | **QUALIFICATIONS** | |  | | |  |
| **Subject** | | **Level** | | | **Grade** |
|  |  | |  | | |  |
|  | | | | | | |
| **PARTICULARS OF FORMAL TRAINING OR APPRENTICESHIP(S)** | | | | | | |
|  | | | | | | |
|  | | | | | DATE AWARDED | |
|  | | | | |  | |
|  | | | | | | |
| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | |
|  | | | | | | |
| NAME OF INSTITUTE | | TYPE OF MEMBERSHIP | | DATE AWARDED | | |
|  | |  | |  | | |

|  |  |
| --- | --- |
| NATIONAL INSURANCE NUMBER | POST APPLIED FOR |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8 CURRENT OR MOST RECENT EMPLOYMENT** | | | | |
|  | | | | |
| POST |  | | | |
| CURRENT SALARY | |  | FROM/TO |  |
| EMPLOYER NAME/ADDRESS | |  | REASON FOR LEAVING (if appropriate) | |
|  | |
| PERIOD OF NOTICE | | |  | |
| MAIN DUTIES & RESPONSIBILITIES: | | | | |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NATIONAL INSURANCE NUMBER | | | POST APPLIED FOR | | |
|  | | |  | | |
| **9 PREVIOUS EMPLOYMENT** | | | | | |
|  | | | | | |
| POST |  | | | | |
| SALARY | |  | | FROM/TO |  |
| EMPLOYER NAME/ADDRESS | |  | | REASON FOR LEAVING (if appropriate) | |
|  | |
| MAIN DUTIES & RESPONSIBILITIES: | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| POST |  | | | |
| SALARY | |  | FROM/TO |  |
| EMPLOYER NAME/ADDRESS | |  | REASON FOR LEAVING (if appropriate) | |
|  | |
| MAIN DUTIES & RESPONSIBILITIES: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| POST |  | | | |
| SALARY | |  | FROM/TO |  |
| EMPLOYER NAME/ADDRESS | |  | REASON FOR LEAVING (if appropriate) | |
|  | |
| MAIN DUTIES & RESPONSIBILITIES: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| POST |  | | | |
| SALARY | |  | FROM/TO |  |
| EMPLOYER NAME/ADDRESS | |  | REASON FOR LEAVING (if appropriate) | |
|  | |
| MAIN DUTIES & RESPONSIBILITIES: | | | | |

|  |  |
| --- | --- |
| NATIONAL INSURANCE NUMBER | POST APPLIED FOR |
|  |  |
| **10 EXPERIENCE AND PERSONAL SKILLS** | |
|  | |
| Please give details of your experience, skills and abilities, within training, employment, voluntary work or within a caring role which you feel demonstrate the competencies set out in the job description/person specification. | |
|  | |