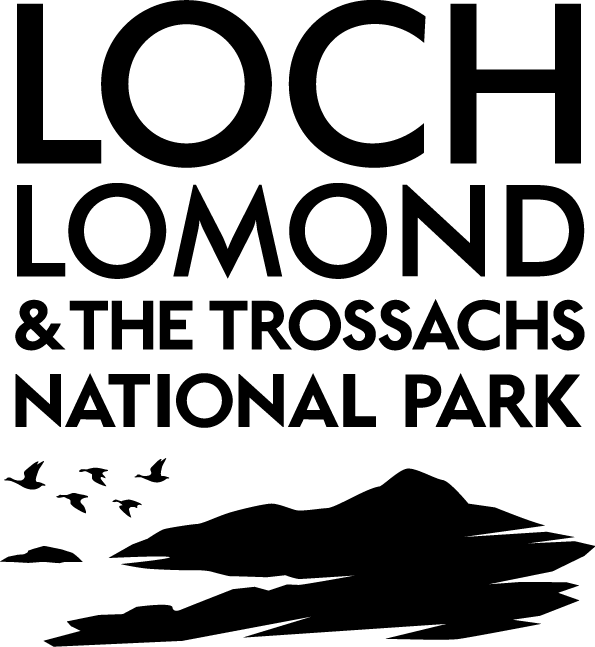
**Application Form – Part A**

|  |  |  |
| --- | --- | --- |
| **A** | POST DETAILS | |
| Job Title: | |  |

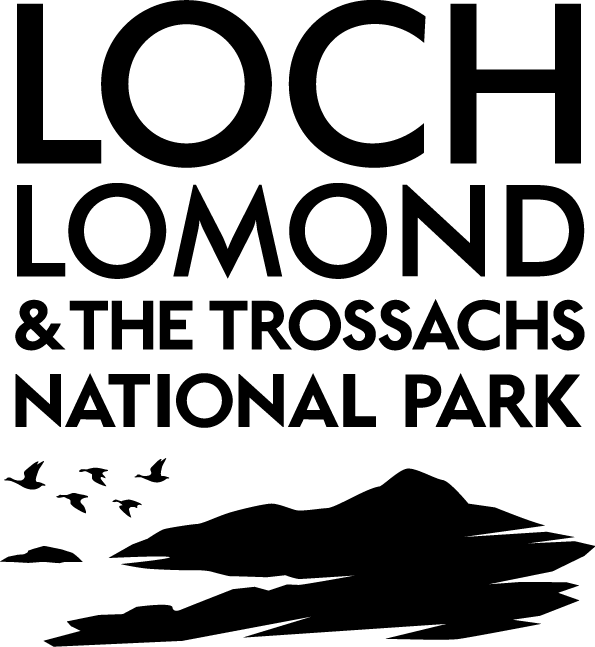
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B** | **PERSONAL DETAILS** | | | | |
| Surname: | |  | | Forename: |  |
| Address and Postcode: | |  | | | |
| Contact Number: | |  | Email Address: | |  |

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| C | **REFEREES** | | |
| Please provide details of two referees (one of which must be your current or most recent employer). We will not contact your references until an offer of employment has been made. | | | |
|  | | First | Second |
| Name: | |  |  |
| Designation: | |  |  |
| Address: | |  |  |
| Post Code: | |  |  |
| Telephone: | |  |  |
| E-Mail: | |  |  |

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| D | APPLICATION QUESTIONS | | |
| Do you have the right to work in the UK? | | Yes | No |
| Do you consider yourself to be disabled? | | Yes | No |

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| --- | --- | --- |
| **E** | **ADVERTISEMENT SOURCE** | |
| Where did you see this vacancy advertised? | |  |

|  |  |
| --- | --- |
| **F** | **DECLARATION AND CONSENT (read carefully before signing)** |
| The information you provide will be held securely and processed in accordance with the Data Protection Act 2018 for the purpose of considering your application for the advertised post. If your application is successful your personal details will be transferred to our HR system and this form will be retained on your personal file. Should your application be unsuccessful, this form will be disposed of securely within 6 months. Please let us know if you have any questions about our handling of your personal data or your rights under the legislation.  Most posts are covered by the Rehabilitation of Offenders Act 1974, before being offered an appointment a Disclosure Scotland check may be made.   * I agree to a Disclosure Scotland check being made if it is required * I agree to a medical check being made if it is required * I certify that all the information contained within this form is correct and false information or omissions may lead to dismissal without notice. * I consent to the processing of my personal data for the purpose stated above.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ | |

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**Application Form – Part B**

We are committed to being an equal opportunity employer and recognise the value

that a diverse workforce can bring. The information requested on this form will be

used to monitor the effectiveness of our equality and diversity practices and will be

separated from your application form prior to the selection process. The information requested counts as special category data under the Data Protection Act 2018. It will be retained in anonymised form for three years, unless your recruitment is successful we then use this information to populate the equality and diversity information on your HR record which you will have full access to. Please let us know if you have any questions about our use of your personal data or your rights under the legislation.

Please tick the relevant box in each section, or complete details as appropriate and return the completed form along with your application form to [recruitment@lochlomond-trossachs.org](mailto:recruitment@lochlomond-trossachs.org)

**Which of the following best describes your gender?**

Man  Woman  Prefer not to say  If you prefer to use your own term,

please write in:………………………………………………………………………..

**Which of the following best describes your current marital status?**

Married/Civil partnership  Separated/Divorced  Single 

Widowed  Prefer not to say 

**Age** 16-24  25-34  35-44  45-54  55-64  65+  Prefer not to say 

**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say 

**Do you currently or have you previously considered yourself to be a trans person?**

Yes  No  Prefer not to say 

**Which of the following best describes your sexual orientation?**

Heterosexual/Straight  Bi/Bisexual  Gay/Lesbian  Prefer not to say  If you prefer to use your own term, please write in:…………………………………………………

**What is your Nationality?**

Scottish  English  Welsh  Irish  British 

Prefer not to say  If other, please write in:……………………………………………………

**Which of the following best describes your ethnic group?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

**White**

Scottish  Irish  Other British  Gypsy or Irish Traveller  Polish 

If other please write in: ……………………………………………………………..

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian 

If other please write in:……………………………………………………………..

**Asian/Asian British**

Pakistani, Pakistani Scottish or Pakistani British 

Indian, Indian Scottish or Indian British 

Bangladeshi, Bangladeshi Scottish or Bangladeshi British 

Chinese, Chinese Scottish or Chinese British 

If other please write in:

**African**

African, African Scottish or African British 

If other please write in:…………………………………………..

**Caribbean or Black**

Caribbean, Caribbean Scottish or Caribbean British 

Black, Black Scottish or Black British 

If other please write in:

**Other ethnic group**

Arab  Arab Scottish or Arab British 

If other please write in: ………………………………………………

Prefer not to say 

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 

Thank you for completing this form your answers will help us monitor the effectiveness of our equality and diversity practices.

**Part C**

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| --- | --- | --- | --- |
| Position Applied for: |  | Contact Number: |  |

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| **H** | **DO YOU HOLD A CURRENT UK DRIVING LICENCE? (Please tick appropriate boxes below)** | | | | | | | | | |
| Yes | | No | Full | Provisional | Car | Motorcycle | LGV | PCV | If LGV or PCV, please state Class | No. of Penalty points and please give details |
|  | |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **I** | **SCHOOL EDUCATION – Qualifications relevant for the post being applied for** | |
| Subjects indicating level  e.g. Maths – Standard Grade | | Results obtained |
|  | |  |

|  |  |  |
| --- | --- | --- |
| **J** | **FURTHER / HIGHER EDUCATION – Qualifications relevant for the post being applied for** | |
| College/university or Other  (please give details) | | Qualification(s), modules or units gained |
|  | |  |

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| **K** | **OTHER TRAINING RELEVANT TO THIS APPLICATION - IF YOU HOLD A FIRST AID QUALIFICATION PLEASE PROVIDE THE DETAILS BELOW INCLUDING THE EXPIRY DATE.** | | | |
| Course | | Provided by | Topics Covered | Duration |
|  | |  |  |  |

|  |  |  |  |
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| **L** | MEMBERSHIP OF PROFESSIONAL BODIES | | |
| Name of Institution | | Membership No. | Class of Membership |
|  | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **M** | **CURRENT EMPLOYMENT (Please highlight all current employment)** | | | | | | |
|  | | |  | | Dates | |  |
| Name and address of employer | | | Position held and nature of duties | | From | To | Contract hours |
|  | | |  | |  | |  |
| Current Salary: | |  | | Period of Notice to be worked: | |  | |

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| N | PREVIOUS EMPLOYMENT – Experience relevant for the post being applied for | | | | |
|  | |  | Dates | |  |
| Name and address of Employer | | Position held and nature of duties | From | To | Reason for leaving |
|  | |  |  | |  |
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| **O** | **SUPPORTING INFORMATION - THIS SECTION SHOULD BE NO MORE THAN 300 WORDS.** |
|  | *Please state how you feel you meet the essential and desirable criteria for the post and why you think you should be considered for the post. You may continue on a separate sheet. (THIS SECTION SHOULD BE NO MORE THAN 300 WORDS.)* |
|  | |