



# Job Application Form

**Part A**.....1  
**Part B**.....3  
**Part C**.....7

## Part A

Post details	
Job Title:	

Personal details	
Full name:	
Address and Postcode:	
Contact Number:	
Email Address:	

In the next two tables, 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.

Referee 1	
Name:	
Designation:	
Address:	
Post Code:	
Telephone:	
E-Mail:	

Referee 2	
Name:	
Designation:	
Address:	
Post Code:	

Telephone:	
E-Mail:	

<b>Application questions</b>	
Do you have the right to work in the UK? (Yes/No)	
Do you claim a guaranteed interview (assessment) under the 'Positive about Disability' scheme? (Y/N)	

<b>Advertisement source</b>	
Where did you see this vacancy advertised?	

**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:	

## 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)

<b>Which of the following best describes your gender?</b>	
Man	
Woman	
Prefer not to say	
If you prefer to use your own term, please write here:	

<b>Which of the following best describes your current marital status?</b>	
Married/Civil partnership	
Separated/Divorced	
Widowed	
Single	
Prefer not to say	

<b>Age</b>	
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 here:	

What is your Nationality?	
Scottish	
English	
Welsh	
Irish	
British	
Prefer not to say	
If other, please write here:	

**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 here:	

<b>Mixed/multiple ethnic groups</b>	
White and Black Caribbean	
White and Black African	
White and Asian	
If other please write here:	

<b>Asian/Asian British</b>	
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 here:	

<b>African</b>	
African, African Scottish or African British	
If other please write here:	

<b>Caribbean or Black</b>	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
If other please write here:	

<b>Other ethnic group</b>	
Arab	
Arab Scottish or Arab British	
If other please write here:	

<b>Prefer not to say</b>	
--------------------------	--

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

Do you hold a current UK driving licence? (Please tick appropriate box)	
Yes	
No	
Full	
Provisional	
Car	
Motorcycle	
LGV	
PCV	
If LGV or PCV, please state Class	
No. of Penalty points and please give details	

**School education – please list qualifications relevant to the role you are applying for and the result obtained**

Subjects indicating level e.g. Maths – Standard Grade	Results obtained

**Further/higher education – please list qualifications relevant to the role you are applying for and the result obtained**

College/university or other (please give details)	Qualification(s), modules or units gained

**Other training – please list other training you have undertaken that is relevant to this role**

Course:	
Provided by:	
Topics covered:	
Duration:	



Course:	
Provided by:	
Topics covered:	
Duration:	

Course:	
Provided by:	
Topics covered:	
Duration:	

## Membership of professional bodies

Name of institution:	
Membership no.	
Class of Membership:	

Name of institution:	
Membership no.	
Class of Membership:	

Name of institution:	
Membership no.	
Class of Membership:	

## Current employment

Name and address of employer:

Position held and nature of duties:

Date from:

Date to:

Contract hours:

Current salary:

Period of notice to be worked:

**Previous employment – Please list experience relevant for the post you are applying for**

**Previous employment 1**

Name and address of employer:

Position held and nature of duties:

Date from:

Date to:

Reason for leaving:

**Previous employment 2**

Name and address of employer:

Position held and nature of duties:

Date from:

Date to:

Reason for leaving:

### **Previous employment 3**

Name and address of employer:

Position held and nature of duties:

Date from:

Date to:

Reason for leaving:

### **Supporting information**

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.

