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**Application Form**

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| **DETAILS OF POST APPLYING FOR** |
| Job Title:  | Reference No: |
| **PERSONAL DETAILS** |
| Initials:  | Last Name:  |
| Address: | Daytime Tel No:  |
| Home Tel No:  |
| Mob No:  |
| Postcode:  | Email: |
| National Insurance No: |  |  |  |  |  |  |  |  |  |
| Do You Hold A Current Driving Licence: | Yes/No | Class:  |
| **REFERENCES** |
| **REFEREE 1 - CURRENT OR MOST RECENT EMPLOYER** |
| Name: | Organisation: |
| Address: | Position: |
|  | Contact Tel No: |
|  | Email: |
| Postcode: | Can we contact him/her now? | Yes/No |
| Relationship: | Time Known: |
| **REFEREE 2** |
| Name: | Organisation: |
| Address: | Position: |
|  | Contact Tel No: |
|  | Email: |
| Postcode: | Can we contact him/her now? | Yes/No |
| Relationship: | Time Known: |
| **PRESENT OR MOST RECENT EMPLOYMENT, VOLUNTARY WORK OR PERSONAL EXPERIENCE** |
| Name of Employer: | Post Title: |
| Address of Employer: | Dates Employed: |
| Salary: |
| Notice Required: |
| Duties / Responsibilities / Experience Gained: |
| Reason for Leaving / Wishing to Leave: |
|  |
| **PREVIOUS EMPLOYMENT, VOLUNTARY WORK OR PERSONAL EXPERIENCE**  |
| Dates Employed: | Name & Address of Employer | Post TitleDuties / Responsibilities / Experience Reason for Leaving |
|  |  |  |

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| **EDUCATION, QUALIFICATIONS AND TRAINING** |
| Course Title: | Course Duration: | Qualifications/Results: |
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| **MEMBERSHIP OF RELEVANT PROFESSIONAL OR TECHNICAL BODIES** |
| Institute/Association | How Obtained:(Exam/Election) | Date Obtained: | Membership Grade: | Still ValidYes/No |
|  |  |  |  |  |
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| **OTHER RELEVANT TRAINING** |
| Course Title: | Course Duration: | Qualifications/Results: |
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| **ADDITIONAL INFORMATION** |
| Please describe your experience, skills, abilities, achievements and responsibilities which are most relevant to the post. You may use examples from or make reference to other areas of involvement as well as paid employment. (Max 2 pages) |
|  |
|  |
|  |

**SOURCE** |
| Where did you see the post advertised? |  |
| **DATA PROTECTION** |
| In accordance with the Data Protection Act 1998 and GDPR, you are advised that information provided on this form will be used for recruitment, selection and equal opportunities purposes and may subsequently be used for payroll and SESTRAN’s computerised systems. |
| **DECLARATION** |
| The information you give on this Application is used for selection purposes and also forms the basis of any subsequent employment relationship. I confirm that I do not object to the information in this form being transferred on to computer for the purpose of anonymous statistical reporting, in accordance with statutory requirements and for the basis of compiling correspondence and to assist SEStran in equal opportunities monitoring in respect of job applications.I declare that the information I have given in all the pages of this Application Form is correct. I understand that by giving false information, or withholding information that may be relevant, I may be excluded from the recruitment process or dismissed if appointed to the post. |
| Signature: | Date: |

***This post is subject to the checks specified in the Baseline Personnel Security Standard (BPSS)***

**Personal information**

SEStran will process the information you provide solely for the purposes of filling this vacancy. To find out more see our privacy notice:

<http://www.sestran.gov.uk/wp-content/uploads/2018/05/2018-SEStran-GDPR-Privacy-Notice-v1.0.pdf>

**SESTRAN EQUAL OPPORTUNITIES MONITORING FORM**

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

[Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

**OR**

Please complete this form and return it to angela.chambers@sestran.gov.uk The information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.]

**All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.**

Thank you for your assistance.

**ABOUT THE VACANCY**

Please state which job you have applied for and the closing date given for applications.

|  |  |
| --- | --- |
| Job applied for: | ................................................... |
| Closing date for applications: | ................................................... |

Where did you hear about this job (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Newspaper (please specify)…………………… | [ ] | Friend | [ ] | Recruitment company | [ ] |
| Company website | [ ] | Other website (please specify)…………………… | [ ] | Other (please specify)…………………… | [ ] |

**GENDER**

What is your gender (please tick)?

|  |  |
| --- | --- |
| Male | [ ] |
| Female | [ ] |
| Prefer not to say | [ ] |

 (If you are undergoing gender reassignment, please use the gender you identify with.)

**GENDER IDENTITY**

Do you identify as transgender/transsexual?

|  |  |
| --- | --- |
| Yes | [ ] |
| No | [ ] |
| Prefer not to say | [ ] |

**ETHNIC GROUP**

How would you describe your nationality and/or ethnicity (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A****White:** |   | **B****Mixed race:** |   | **C****Asian or Asian British:** |   |
| British - English, Scottish or Welsh | [ ] | White and Black Caribbean | [ ] | Indian | [ ] |
| Irish | [ ] | White and Black African | [ ] | Pakistani | [ ] |
| Other White background | [ ] | White and Asian | [ ] | Bangladeshi | [ ] |
|   |   | Other Mixed background | [ ] | Other Asian background | [ ] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D****Black or Black British:** |   | **E****Chinese and other groups:** |   |   |   |
| Caribbean | [ ] | Chinese | [ ] | Prefer not to say | [ ] |
| African | [ ] | Other ethnic group | [ ] |   |   |
| Other Black background | [ ] |   |   |   |   |

**AGE**

What is your age (please tick)?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16–17 | [ ] | 18–21 | [ ] | 22–30 | [ ] | 31–40 | [ ] | 41–50 | [ ] |
| 51–60 | [ ] | 61–65 | [ ] | 66–70 | [ ] | 71+ | [ ] | Prefer not to say | [ ] |

**SEXUAL ORIENTATION**

How would you describe your sexual orientation (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual / straight | [ ] | Bisexual | [ ] | Prefer not to say | [ ] |
| Gay man | [ ] | Gay woman / lesbian | [ ] | Other | [ ] |

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
|   | Yes | Partially | No |
| At home | [ ] | [ ] | [ ] |
| With colleagues | [ ] | [ ] | [ ] |
| With your manager | [ ] | [ ] | [ ] |
| At work generally | [ ] | [ ] | [ ] |

**RELIGION OR BELIEF**

Please describe your religion or other strongly-held belief.

|  |  |
| --- | --- |
| I would describe my religion or belief as: | ................................................. |
| I have no particular religion or belief | [ ] |
| Prefer not to say | [ ] |

**DISABILITY**

The Equality Act 2010 defines a disability as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”. An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ] | No | [ ] |
| Used to have a disability but have now recovered | [ ] | Don’t know | [ ] |
| Prefer not to say | [ ] |   |

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|  | **END OF DOCUMENT** |  |