

# APPLICATION FORM

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| For the Post of:  |       |
| Job Reference: |       |

As it may be necessary to photocopy this form, if you are completing it by hand please use BLOCK CAPITALS and **black** or **blue** ink. A curriculum vitae (CV) will not be accepted in place of this application form.

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| 1 | Personal Details |  |  |  |
| Last Name: |       |  | First Name: |       |
| Address: |       |  | Telephone: |       |
|  |       |  | Email: |       |
|  |       |  |  |       |
|  |       |  | Postcode: |       |

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| **2** | **References** |
|  | Please give the names and addresses of **two** persons, including your present or most recent employer, whom we may approach for a reference. Members of your family should not be given as referees. In normal circumstances references will only be taken up for those successful at interview. We reserve the right to contact any previous employer. |

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| Present or Most Recent Employer |  | Referee 2 |
| Full name: |       |  | Full name: |       |
| Job Title: |       |  | Job Title: |       |
| Company: |       |  | Company: |       |
| Address: |       |  | Address: |       |
|  |       |  |  |       |
|  |       |  |  |       |
| Email: |  |  | Email: |  |
| Is this a Home Address? [ ]  |  | Is this a Home Address? [ ]  |
| Telephone: |       |  | Telephone: |       |
| If you **do not wish us to approach this referee prior to interview, please mark here** |  | If you **do not wish us to approach this referee prior to interview, please mark here** |
|  |  [ ]  |  |  |  [ ]  |

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| Kibble Education and Care CentreScottish Charity No. SC026917Company limited by guarantee.Registered in Scotland No. SC158220Registered Office: Abercorn House,79 Renfrew RoadPaisley PA3 4DA | KibbleworksScottish Charity No. SC035861Company limited by guarantee.Registered in Scotland No. SC269349Registered Office: Abercorn House,79 Renfrew Road Paisley PA3 4DA |

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| **3** | **Present or Most Recent Employment** |
| Job Title: |       |
| Name of Employer: |       |
| Address of Employer: |       |
|  |       |
|  |       |
| Date of Appointment:       | Date of Leaving:       |
| Period of Notice Required:       | Present or Most recent Salary:       |
| Full-time [ ]  Part-Time [ ] Part-Time [ ]  | (Please tick appropriate box) |
| Summary of Duties and Responsibilities:        |
|  | Reason for leaving/ Wishing to Leave:       |

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| **4** | **Employment History** |
| Please provide details of your employment history to date, starting with the most recent and accounting for any periods of time since leaving school not spent in employment e.g. full-time education or other circumstances (continue on additional sheets if necessary). |
| **Name and Address of Employer**  | **From****(month and year)** | **To****(month and year)** | **Job Title and Main Duties** | **Reason For Leaving** |
|       |       |       |       |       |
| **5** | **Secondary, Further and Higher Education (or equivalent)** |
| **School/College/****University Attended** | **From**  | **To** | **Subjects/Courses** | **Results** |
|       |       |       |       |       |

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| **6** | **Professional Qualifications Obtained** |
| **Name of Awarding Body** | **Qualification** | Grade (if applicable) |
|       |       |       |

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| **7** | **Other Qualifications and Training not Covered Above** |
| **Title** | **Date** | **Areas Covered** | Where Undertaken |
|       |       |       |       |

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| **8** | **Membership of Professional Associations** |
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Proof of all qualifications and membership of professional associations will be required before appointment is confirmed.

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| **9** | Interests |
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| **10** | Driving Licence |
| Do you hold a current driving licence ?  | Yes [ ]  No [ ]  |
| Restrictions & Endorsements (past or pending)  |
|       |

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| **11** | **Additional Information in Support of your Application** |
| *Please describe how your skills, knowledge and experience are relevant to the post applied for. Please consider carefully the information you have been given before completing this section. If necessary, continue on additional sheets of A4 paper. Please ensure your name and the post you are applying for are clearly marked on any supplementary sheets.* |

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| **12** | **Declaration** |
| I certify that, to the best of my knowledge, the information given in this form is accurate and without omission. I understand and agree that this information may be stored and processed in accordance with the Data Protection Act 1998 and that Kibble may take steps to verify the information I have provided, through references and checks of my qualifications and professional memberships. I also confirm that I am physically and mentally fit to undertake the role for which I have applied and there are no health issues that would prevent me from carrying out the responsibilities of the post.[[1]](#footnote-1)§ |
| ***Applicant’s Signature*** |       |  | ***Date*** |       |

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| On completion, this form should be returned to: | **HR Office****Kibble Education and Care Centre****Goudie Street****Paisley, PA3 2LG** |

**Please ensure that your name and the title of the post you are applying for are clearly marked on all additional sheets**

**Strictly Private and Confidential**

**Kibble**

**Equality and Diversity Monitoring Form**

Kibble wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, and therefore we would ask that you complete the following questionnaire. This information is used **only** for monitoring purposes and is not part of the selection process. Information provided will be stored on a computerised database for statistical analysis and controlled in accordance with current General Data Protection Regulation.

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| **Post(s) Applied For** |  |
| **Title & Full Name** |  |

##### wHAT IS YOUR ETHNICITY?

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****Mixed/Multiple Ethnic Groups****Asian/Asian British****Black/African/Caribbean/Black British****Other Ethnic Group** | Scottish [ ]  Welsh [ ]  English [ ]  Northern Irish [ ]  Irish [ ]  British [ ]  Gypsy or Irish Traveller [ ]  Prefer not to say [ ]  Any other white background, please write in:White & Black Caribbean [ ]  White & Black African [ ]  White & Asian [ ] Prefer not to say [ ]  Any other mixed background, please write in:Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Prefer not to say [ ] Any other Asian background, please write in:African [ ]  Caribbean [ ]  Prefer not to say [ ] Any other Black/African/Caribbean background, please write in:Arab [ ]  Prefer not to say [ ]  Any other ethnic group, please write in: |
| **Religion or Belief** | No religion or belief [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  Prefer not to say [ ]  If other religion or belief, please write in: |
| **Gender** | Man [ ]  Woman [ ]  Intersex [ ]  Non-binary [ ]  Prefer not to say [ ]  If you prefer to use your own term, please specify here: |
| **Sexual Orientation** |  Heterosexual [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Prefer not to say [ ] If you prefer to use your own term, please specify here: |
| **Age** | 16-24 [ ]  25-29 [ ]  30-34 [ ]  35-39 [ ]  40-44 [ ]  45-49 [ ] 50-54 [ ]  55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say [ ]  |
| **Marital Status** | Are you married or in a civil partnership?Yes [ ]  No [ ]  Prefer not to say [ ]   |

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| **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 main role) [ ]  Prefer not to say [ ]  |
| **Do you require a work permit?** | Yes [ ]  No [ ]  |
| **Do you consider yourself to have a disability or health condition?** Yes [ ]  No [ ]  Prefer not to say [ ] What is the effect or impact of your disability or heath condition on your ability to give your best at work? Please write in here:The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. |
|  |  |
| Where did you learn of this vacancy? (please give name of publication/individual):      |
| Are you connected in any way to any present or past pupils or employees of Kibble? If yes, please give name of pupil or employee and nature of relationship.      |

***Thank you for your co-operation. Please return this form with your application.***

1. ***§ Kibble will meet our obligations under the Equality Act 2010 to make ‘reasonable’ adjustments, where appropriate.*** [↑](#footnote-ref-1)