



APPLICATION FORM

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.

1 PERSONAL DETAILS

LAST NAME:	_____	FIRST NAME:	_____
ADDRESS:	_____	TELEPHONE:	_____
	_____	EMAIL:	_____
	_____		_____
	_____	POSTCODE:	_____

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.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS: _____

EMAIL: _____

IS THIS A HOME ADDRESS? ☐

TELEPHONE: _____

IF YOU **DO NOT** WISH US TO APPROACH THIS REFEREE
PRIOR TO INTERVIEW, PLEASE MARK HERE

☐

REFeree 2

FULL NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS: _____

EMAIL: _____

IS THIS A HOME ADDRESS? ☐

TELEPHONE: _____

IF YOU **DO NOT** WISH US TO APPROACH THIS REFEREE
PRIOR TO INTERVIEW, PLEASE MARK HERE

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Kibble Education and Care Centre
Scottish Charity No. SC026917
Company limited by guarantee.
Registered in Scotland No. SC158220
Registered Office: Abercorn House, 79 Renfrew Road
Paisley PA3 4DA



Kibbleworks
Scottish Charity No. SC035861
Company limited by guarantee.
Registered in Scotland No. SC269349
Registered Office: Abercorn House, 79 Renfrew Road
Paisley PA3 4DA



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 ☐

(PLEASE TICK APPROPRIATE BOX)

SUMMARY OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING/ WISHING TO LEAVE:

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

6	PROFESSIONAL QUALIFICATIONS OBTAINED		
	NAME OF AWARDING BODY	QUALIFICATION	GRADE (IF APPLICABLE)

7	OTHER QUALIFICATIONS AND TRAINING NOT COVERED ABOVE			
	TITLE	DATE	AREAS COVERED	WHERE UNDERTAKEN

8	MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

PROOF OF ALL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS WILL BE REQUIRED BEFORE APPOINTMENT IS CONFIRMED.

9	INTERESTS

10	DRIVING LICENCE
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DO YOU HOLD A CURRENT DRIVING LICENCE ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RESTRICTIONS & ENDORSEMENTS (PAST OR PENDING)				

11	ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION
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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.

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. [§]	

Applicant's Signature _____ **Date** _____

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**

[§] Kibble will meet our obligations under the Equality Act 2010 to make 'reasonable' adjustments, where appropriate.

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.

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

Do you have caring responsibilities? If yes, please tick all that apply	None <input type="checkbox"/> Primary carer of a child/children (under 18) <input type="checkbox"/> Primary carer of disabled child/children <input type="checkbox"/> Primary carer of disabled adult (18 and over) <input type="checkbox"/> Primary carer of older person <input type="checkbox"/> Secondary carer (another person carries out main role) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Do you require a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself to have a disability or health condition? <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></div> <p>What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:</p> <p>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.</p>	
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.