



# Coatbridge College

## APPLICATION FORM

Position applied for:

### PERSONAL DETAILS

Surname:

Title

Forename(s):

Former Name(s):

National Insurance Number:

Address :

Home Tel:

Business Tel:

Mobile Tel:

Email Address:

### DRIVING LICENCE

Do you hold a full current driving licence

Yes

No

If yes, please give details of any current endorsements

**EDUCATION AND TRAINING (all dates should be in chronological order)**

**SCHOOL EDUCATION**

<b>Dates To/From</b>	<b>Subjects passed</b>	<b>Level</b>	<b>Grade</b>

**FURTHER AND HIGHER EDUCATION**

<b>Dates To/From</b>	<b>Full-time/part -time</b>	<b>Name of College /University</b>	<b>Qualification gained (please state subject)</b>

**MEMBERSHIP OF PROFESSIONAL INSTITUTIONS**

<b>Name of Institution</b>	<b>Membership Category</b>	<b>Date awarded</b>

**TEACHING QUALIFICATION**

<b>Dates To/From</b>	<b>College of Education /Other</b>	<b>Qualification gained</b>

**RELEVANT SHORT COURSES ATTENDED**

<b>Course Subject</b>	<b>Organising Body</b>	<b>Date</b>	<b>Duration</b>

## PRESENT EMPLOYMENT

<b>Name of organisation:</b>	<b>Nature of Business:</b>
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<b>Address:</b>	<b>Present Position:</b>
	<b>Commencement:</b>
	<b>Salary:</b>

<b>Post Code:</b>	<b>If part-time, number of hours:</b>
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<b>Telephone Number:</b>	<b>Notice Period:</b>
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<b>Outline of duties and responsibilities:</b>

## PREVIOUS EMPLOYMENT

Give details of **all** previous employment in date order, include any periods of unemployment and relevant vocational and voluntary work (continue on separate sheet if necessary). Please note substitution of a CV is not acceptable.

<b>Employer Name and Address</b>	<b>Dates from/to</b>	<b>Job Title and Duties</b> (if teaching post include subjects taught)	<b>Part-time Days /Hours</b>	<b>Reason for leaving</b>


**STATEMENT IN SUPPORT OF APPLICATION**

Using the Person Specification and Job Specification, state how your experience and knowledge make your application for this post particularly relevant. You may continue on a separate sheet, but please remember to include your name and details of the post applied for:



**HEALTH DECLARATION**

How many periods of absence have you had in the past two years?

Have you been absent through ill health for more than two consecutive weeks during the past two years?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If so, please give details

Give details of any chronic/long term/recurrent illness from which you suffer.

Are you aware of any medical condition that could affect your performance at work?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details.

**Note: All appointments are subject to satisfactory health screening**

**DISABILITY**

Please indicate if you have a disability that you wish to inform us of:

Do you have any special requirements when attending for interview?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details

**REHABILITATION OF OFFENDERS**

It is provided by the Rehabilitation of Offenders Act 1974 (exceptions) order 1975, paragraph 3 that, in relation to certain types of employment (e.g. teacher in an establishment for Further Education or certain other types of employment there), none of the provisions of Section 4(2) of the 1974 Act apply regarding questions to assess the suitability of persons for such employment. Applicants are not, therefore, entitled to withhold information about convictions, which, for other purposes are 'spent' under the provisions of the Act. Failure to disclose convictions could, in the event of employment, result in dismissal or disciplinary action by the College. Any information given will be treated as completely confidential and will be considered only in relation to any applications for positions to which the order applies.

Have you ever been convicted of a criminal offence?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give particulars (offence, judgement and date)

**The successful candidate will be required to complete a full disclosure records check**

## REFERENCES

Please give details of two referees of appropriate standing, one of whom should have direct knowledge of your professional ability. At least one of these should be your present employer. A request that this person not be contacted in the first instance will be respected but it should be noted that a reference from this source will be required before a final decision can be made. If you are not at present employed, please state your most recent employer. Please ensure all details are completed fully.

Name:	Name:
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Job Title:	Job Title:
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Organisation:	Organisation:
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Address:	Address:
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Post Code:	Post Code:
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Telephone Number:	Telephone Number:
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### Permission to contact in the first instance

YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Note: All appointments are subject to satisfactory reference checks**

### How did you learn about this vacancy?

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I hereby declare that all the information in this form is true and correct to the best of my knowledge. I am aware that false information or omissions may lead to dismissal without notice. For those completing this application form electronically/online, typing your name in the signature box will be accepted as you signing this as an accurate statement.

Date:	Signature:
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**This form should be returned to:  
The Human Resource Department,  
Coatbridge College,  
Kildonan Street,  
Coatbridge  
ML5 3LS  
E-Mail: [jrichardson@coatbridge.ac.uk](mailto:jrichardson@coatbridge.ac.uk)**

The information contained in this form may be recorded on a computerised personnel system. The information held in the system may be accessed by employees as per the Data Protection Act 1984.



# Coatbridge College

## EQUAL OPPORTUNITIES MONITORING FORM

Coatbridge College is committed to providing equal opportunities to all members of staff and job applicants and will not discriminate either directly or indirectly on grounds of gender, race, age, ethnic or national origin, disability, sexual orientation or religion or belief.

In order to assess the effectiveness of such a policy, it is necessary to monitor all job applicants in relation to these areas. Your co-operation in completing this questionnaire would be greatly appreciated, however, you are under no obligation to provide such data. All information is gathered in order to provide statistical information for monitoring purposes and will be treated in strictest confidence.

On receipt of your application, the questionnaire will be detached from the application form and will not be made available to any person involved in the selection process. Should you have any questions regarding completion of this form, please contact Human Resources on 01236 422316 or by email to [jrichardson@coatbridge.ac.uk](mailto:jrichardson@coatbridge.ac.uk)

**Please select the appropriate box for each question. Thank you for your assistance.**

<b>1. NAME:</b>			
<b>2. POST APPLIED FOR:</b>			
<b>3. GENDER:</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
<b>4. AGE:</b>	29 or less <input type="checkbox"/> 30 -49 <input type="checkbox"/> 50 – 59 <input type="checkbox"/> 60 or over <input type="checkbox"/>		
<b>5. DATE OF BIRTH:</b>			
<b>6. DISABILITY</b>  A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.	<b>Do you consider yourself to have any disabilities?</b>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, please give details:</b>			
<b>7. SEXUAL ORIENTATION</b>	Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/>	

<b>8. ETHNIC ORIGIN</b> Relates to a sense of identity/ belonging on the basis of race and/or culture. The College is required to report on an annual basis to the Scottish Funding Council regarding the ethnic diversity of the College's workforce. This information also assists us meet our obligations under the Race Relations Act 1976(as amended) and associated legislation.	<b>WHITE</b>	
	Scottish <input type="checkbox"/> English <input type="checkbox"/>	Irish <input type="checkbox"/> Welsh <input type="checkbox"/>
	<b>BLACK, BLACK SCOTTISH, BLACK ENGLISH, BLACK WELSH or OTHER BLACK BRITISH</b>	
	African <input type="checkbox"/> Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>
	<b>MIXED BACKGROUND</b>	
	Mixed background <input type="checkbox"/>	
	<b>ASIAN, ASIAN SCOTTISH, ASIAN ENGLISH, ASIAN WELSH, or OTHER ASIAN BRITISH</b>	
	Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>
	<b>OTHER ETHNIC BACKGROUND (please state)</b>	
Prefer not to say <input type="checkbox"/>		
<b>9. RELIGION or BELIEF</b>	Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Church of Scotland <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other <input type="checkbox"/> Jewish <input type="checkbox"/> None <input type="checkbox"/>
	Other Religion or Belief, please state:	
<b>CONSENT</b> Under the terms of the Data Protection Act 1998, I consent to the information that I have provided being used to monitor the effectiveness of Coatbridge College's Equal Opportunities Policy and for statistical monitoring and reporting purposes. I understand that the information I have provided will be entered into the College's computerised Human Resources system and that it will be treated in the strictest confidence in accordance with the College's Data Protection Policy.		
Signature:	Date:	