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| College Way  Applicant No.  Office Use Only  East Kilbride G75 0NE  Tel: 01355 807780  Fax: 01355 807708 (Human Resources) | | | | | | **R:\Logos\College\New Logos 300714\SLC_Logo_1.png** |
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| **APPLICATION FORM** | | | | | | |
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| **PLEASE USE BLOCK LETTERS OR TYPESCRIPT AND RETURN TO THE HUMAN RESOURCES DEPARTMENT AT THE ABOVE ADDRESS** | | | | | | |
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| South Lanarkshire College is committed to ensuring that every applicant is treated fairly, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Protected Characteristics).  The personal details and equalities monitoring information that you give will be detached and retained confidentially for monitoring purposes. It will not be made available to the selection panel and does not form part of the selection process.  Please assist us by providing the equalities monitoring and support information requested below. However, if you do not wish to supply this information, you may indicate that you would prefer not to do so and this will not affect your application. | | | | | | |
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| **POST APPLIED FOR:** | | | | | | |
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| **PERSONAL DETAILS** | | | | | | |
| TITLE: | |  | | SURNAME: | | |
| FORENAME(S): | |  | | | | |
| ADDRESS:  POST CODE: | | | | | | |
|  | | | | | | |
| DATE OF BIRTH: | | | | NATIONAL INSURANCE NUMBER: | | |
| EMAIL ADDRESS: | | | | CURRENT DRIVING LICENCE: YES / NO | | |
| CONTACT TELEPHONE NUMBERS: | | | HOME | | BUSINESS | |
| MOBILE | | | |
|  | | | | | | |
| **ADVERTISEMENT SOURCE** | | | | | | |
| Where did you learn of this vacancy: | | | | | | |
|  | | | | | | |
| **EQUALITIES MONITORING AND SUPPORT INFORMATION** | | | | | | |
| **GENDER:** | Male Female Other Prefer not to say | | | | | |
| Is your gender identity the same as the gender you were assigned at birth?  Yes No Prefer not to say | | | | | | |

Applicant No.

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| **EQUALITIES MONITORING AND SUPPORT INFORMATION continued** | |
| **SEXUAL ORIENTATION:**  Bisexual  Gay Man    Gay Woman  Heterosexual  Other  Prefer not to say | |  | | --- | | **DEPENDANTS:** | |  | | Do you have any dependant(s)? | |  |  |  | | --- | --- | | Yes – under 16 |  | | Yes – other relatives / friends |  | | Yes – both young people and other relatives / friends |  | | No dependants |  | | Prefer not to say |  | |
| Are you currently pregnant? Yes No Prefer not to say  Have you given birth within the past 26 weeks? Yes No Prefer not to say | |
| **NATIONALITY & ETHNIC ORIGIN:**   |  |  |  |  | | --- | --- | --- | --- | | White Scottish |  | Caribbean |  | | White English |  | Black African |  | | White Welsh |  | Any other black background |  | | White Irish |  | Any other background |  | | Any other white background |  | Northern Irish |  | | Any mixed background |  | British |  | | Indian |  | Gypsy / Traveller |  | | Pakistani |  | Polish |  | | Bangladeshi |  | Arab |  | | Chinese |  | Prefer not to say |  | | Any other Asian background |  |  |  |  |  | | --- | --- | | Nationality |  | | |
| **RELIGION OR BELIEF:**   |  |  |  |  | | --- | --- | --- | --- | | No religion |  | Jewish |  | | Buddhist |  | Muslim |  | | Christian – Church of Scotland |  | Sikh |  | | Christian – Roman Catholic |  | Spiritual |  | | Christian – other denomination |  | Any Other Religion or belief |  | | Hindu |  | Prefer not to say |  | | |
| **DISABILITY:** *Please tick all boxes which apply to you*   |  |  |  |  | | --- | --- | --- | --- | | No known disability |  | Mental health difficulties |  | | Dyslexia |  | Unseen disability (eg diabetes, epilepsy) |  | | Blind / partially sighted |  |  |  | | Deaf / hearing impairment |  |  |  | | Wheelchair user / mobility difficulties |  |  |  | | Personal care support |  |  |  |  |  | | --- | | If you are disabled, have you had the opportunity to discuss your needs? Yes No |  |  | | --- | | Do you wish to discuss your needs with an appropriate member of staff? Yes No | | |

Applicant No.

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| **POST APPLIED FOR :** | | | | | | | | | | |
| **QUALIFICATIONS** | | | | | | | | | | | | | | | | |
| **SECONDARY EDUCATION** | | | | | | | | | | | | | | | | |
| FROM: | | | | | | | | TO: | | | | | | | | |
| **QUALIFICATIONS GAINED** | | | | | | | | | | | | | | | | |
| **EXAMINING BODY**  **(e.g. SEB/SCOTVEC)** | **SUBJECT / MODULE TITLE** | | | **INDICATE GRADE (e.g. ABC, 123 etc)** | | | | | | | | **SCOTVEC MODULE (TICK BOX)** | | **YEAR** | | **TICK IF AWAITING RESULTS** |
| **HIGHER** | | **ORDINARY** | **STANDARD** | | **OTHER** | | |
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| **FURTHER / VOCATIONAL / HIGHER EDUCATION** | | | | | | | | | | | | | | | | |
| **COLLEGE / UNIVERSITY** | | **DATES** | | | **METHOD OF STUDY (Full / part-time)** | | | **QUALIFICATION OBTAINED, GRADE(S) & MAJOR SUBJECTS STUDIED** | | | | | | | **DATE AWARDED / AWAITED** | |
| **FROM** | **TO** | |
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| **TEACHING QUALIFICATIONS** | | | | | | | | | | | | | | | | |
| **DATES** | | **COLLEGE OF EDUCATION OR OTHER** | | | | | | | | | | | **QUALIFICATION GAINED** | | | |
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| **MEMBERSHIP OF PROFESSIONAL ASSOCIATION(S)** | | | | | | | | | | | | | | | | |
| **NAME OF ASSOCIATION** | | | | | **CURRENT STATUS** | | | | | **DATE AWARDED** | | | | | | |
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| **INDUSTRIAL / COMMERCIAL PROFESSIONAL EXPERIENCE** | | | | | | | | | | | | | | | | | | | |
| **CURRENT EMPLOYMENT (or most recent employment)** | | | | | | | | | | | | | | | | | | | |
| **NAME & ADDRESS** | | | | | | | | | | | | **POSITION HELD** | | | | **DURATION** | | | |
|  | | | | | | | | | | | |  | | | | From: | | | |
| To: | | | |
| **NATURE OF DUTIES** | | | | | | | | | | | | **SALARY / WAGE** | | | | **NOTICE REQUIRED** | | | |
|  | | | | | | | | | | | | £ | | Per week / year | |  | | | |
| **REASON FOR LEAVING (if appropriate)** | | | |
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| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | Give details of all employment, including voluntary service and periods of unemployment.  *Continue on a separate sheet if necessary.* | | | | | | |
| **EXACT DATE** | | | | | | | | | | | **FULL-TIME / PART-TIME**  **(number of days / week)** | | **EMPLOYER** | | **JOB TITLE** | | | **BRIEF DUTIES OF POST** | **REASON FOR LEAVING** |
| **START** | | | | | | **FINISH** | | | | |
| **D** | | **M** | | **Y** | | **D** | **M** | | **Y** | |
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| **PARTICULARS OF FORMAL TRAINING OR APPRENTICESHIP** | | | | | | | | | | | | | | | | | | | |
| **DETAILS** | | | | | | | | | | | | | | | | | | **DATE AWARDED** | |
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| **TO BE COMPLETED BY THOSE APPLYING FOR A TEACHING POSITION ONLY** | | | | | | | | | | | | | | | | | | | |
| **TEACHING EXPERIENCE** | | | | | | | | | | | | | | | | | | | |
| **EXACT DATE** | | | | | | | | | | | **SCHOOL, COLLEGE OR OTHER** | | **POST** | | | | **SUBJECT(S) TAUGHT** | | |
| **START** | | | | | **FINISH** | | | | | |
| **D** | **M** | | **Y** | | **D** | | | **M** | | **Y** |
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| **OTHER INFORMATION** | | | | | | |
| **REFEREES** | | | | | | |
| Please give names, addresses and official positions of three referees, two of whom must have direct knowledge of your professional ability.  One of your referees must be your present or most recent employer. | | | | | | |
|  | | | | | | |
| TITLE: | Mr/Mrs/Ms/Other (please specify) | | | | | |
| FORENAME: |  | | | SURNAME: | |  |
| ADDRESS: |  | | | | | |
| POST CODE: |  | | | OCCUPATION: | |  |
| TELEPHONE NO: |  | | | FAX NO: |  | |
| EMAIL ADDRESS: |  | | | | | |
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| TITLE: | Mr/Mrs/Ms/Other (please specify) | | | | | |
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| POST CODE: |  | | | | | |
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| TITLE: | Mr/Mrs/Ms/Other (please specify) | | | | | |
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| **REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 2003** | | | | | | |
| The Rehabilitation of Offenders Act 1974 (Exceptions) Order as amended applies to many posts with South Lanarkshire College. All staff will be required to join the Protecting Vulnerable Groups Scheme before their appointment can be confirmed. This is a criminal records check and is required for any successful candidate who will work in the College. | | | | | | |
| **CANVASSING** | | | | | | |
| Canvassing of Members of the Board of Management or employees of South Lanarkshire College, directly or indirectly in connection with any appointment shall disqualify the applicant. | | | | | | |

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| **ADDITIONAL INFORMATION IN SUPPORT OF APPLICATION** |
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| Please state how your experience, skills and training both inside and outside work make your application for this post particularly relevant. |
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| *Continued Overleaf* |

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| **ADDITIONAL INFORMATION (Continued)** | |
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| **DECLARATION (Read Carefully)** | |
| I certify that all the information contained in this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.  The information contained in this form may be recorded on a computerised Personnel system and may be accessed by employees as per the Data Protection Act 2018. | |
|  | |
| Signature: | Date: |