



# APPLICATION FORM

<b>Job Applying for:</b>	<b>Vacancy Ref:</b>	<b>Source of Advert?</b>
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Please type or write clearly in black ink as this form may be photocopied. CVs will not be accepted on their own. If the application form format prevents you from applying because of your disability, please contact us for alternative formats. Additional copies of this form may be downloaded from our website at [www.stf2.co.uk](http://www.stf2.co.uk).

## PERSONAL DETAILS

Surname:		Forenames:	
Address:		Title <i>(for correspondence purposes)</i> :	
		<b>Telephone Contact Details <i>(if available)</i></b>	
Postcode:		Home:	
		Work:	
		Mobile:	
National Insurance Number:		Email:	

Will you require a work permit in order to take up this position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please specify any dates you will be unavailable for interview:		
Do you have a full current driving licence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide details of any endorsements:		

## EMPLOYMENT AND OTHER EXPERIENCE DETAILS

Please list your employment/experience in chronological order, with the **most recent first** and include unpaid or voluntary work.

### PRESENT OR MOST RECENT EMPLOYMENT OR OTHER EXPERIENCE

Name and Address of Employer:

Start Date:

Notice Required:

Leaving Date (if applicable):

Reason for Leaving:

Job Title:

Salary:

Brief summary of key responsibilities:

### PREVIOUS EMPLOYMENT OR OTHER EXPERIENCE

Name and Address of Employer:

Start Date:

Leaving Date:

Job Title:

Reason for Leaving:

Brief summary of key responsibilities:

## PREVIOUS EMPLOYMENT OR OTHER EXPERIENCE (Continued)

Name and Address of Employer:	
Start Date:	Leaving Date:
Job Title:	Reason for leaving:
Brief summary of key responsibilities:	

Name and Address of Employer:	
Start Date:	Leaving Date:
Job Title:	Reason for leaving:
Brief summary of key responsibilities:	

Name and Address of Employer:	
Start Date:	Leaving Date:
Job Title:	Reason for leaving:
Brief summary of key responsibilities:	

## SUPPORTING INFORMATION

Please provide details of how your skills, qualifications, experience and other personal qualities relate to the job specification. If you require more space, please continue on a separate sheet.

## RELEVANT QUALIFICATIONS

<b>Technical/Professional Qualifications</b> Name of qualification:	Awarding body and (if relevant) grade:	(if relevant) Date:
<b>Further/Higher Education</b> Name of qualification:	Awarding body and (if relevant) grade:	(if relevant) Date:
<b>Secondary Education</b> Name of qualification:	Awarding body and (if relevant) grade:	(if relevant) Date:

## GENERAL

Membership of relevant Trade/Professional Bodies:

## REFEREES

Please give the name and address of your two most recent employers:

Name:	Name:
Position:	Position:
Address:	Address:
Telephone No:	Telephone No:

**NB REFERENCES WILL NOT BE TAKEN UP BEFORE A JOB OFFER**

## CRIMINAL CONVICTIONS

Have you ever been convicted of a criminal offence?  YES  NO

Please give details of offence, date of conviction and sentence imposed below and continue on a separate sheet if necessary. (NB: Convictions which are “spent” under the Rehabilitation of Offenders Act 1974 need not be disclosed.)

If you are applying for a position where you will have regular contact with young people or a vulnerable client group, you should disclose details of any criminal record (including convictions, cautions, reprimands and final warnings). Successful applicants should note that appointment to such positions will also be subject to a satisfactory disclosure from Disclosure Scotland. However, only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining the position. If you require further guidance on completing this section please contact us.

## DISABLED APPLICANTS

As a Disability Symbol holder The Scottish Training Foundation guarantees an interview to any applicant with a disability who meets the Essential Criteria of the Person Specification.

If you have a physical sensory or mental impairment or health condition which has a substantial or long term effect on your ability to carry out normal day to day activities, please indicate whether you are you claiming an interview under this scheme?  YES  NO

Please give details of any arrangements or facilities you require to enable you to attend interview (e.g. sign language interpreter, level access etc.):

## DECLARATION

***I declare that to the best of my knowledge the information I have given in support of my application is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, I may be dismissed.***

**SIGNATURE:**

**DATE:**

*Please note that there is no requirement for you to have an original signature on the form if you are emailing it back to us. In emailing the form we accept that you are declaring that the information contained within the application is correct.*

## DATA PROTECTION

*The Scottish Training Foundation will use the information given by you only to assess your application and for statistical purposes, for example to analyse applications by gender, ethnic origin or disability. STF retains information about job applicants for 12 months. Application forms for successful candidates are retained on their personal file.*

Please send completed form to:- Recruitment Department, The Scottish Training Foundation, Bristol & West House, 82 Union Street, Glasgow G1 3QS or email to [recruitment.stf@btconnect.com](mailto:recruitment.stf@btconnect.com). Please note that if you have not been invited to interview within 4 weeks of the closing date you should assume that on this occasion your application has been unsuccessful.

## EQUAL OPPORTUNITIES MONITORING FORM

The Scottish Training Foundation has an Equality & Diversity Policy and Code of Conduct. This is to ensure that employees are recruited, developed and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service.

We ask you to fill out this form so that we can analyse statistics to see if our Policy and Code are effective. This form will not be seen by anyone who is deciding whether or not you get the job. It will be detached from your application as soon as we receive it. This information will be kept confidential and secure and be used for statistical purposes only.

**Vacancy Applied For:**

<b>Job Title:</b>	<b>Vacancy Reference:</b>
<b>Location:</b>	

**Personal Data:**

**SEX:**    **Male**        **Female**        **Transgender**   

**Ethnic Origin:**

**Asian or Asian British**

Bangladeshi	<b>Tick</b> <input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Other Asian origin (please specify)	<input type="checkbox"/>

**Black or Black British**

Black African	<b>Tick</b> <input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black British	<input type="checkbox"/>
Other Black origin (please specify)	<input type="checkbox"/>

**Chinese or other Ethnic group**

Chinese or Chinese British	<b>Tick</b> <input type="checkbox"/>
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**Mixed Parentage**

White & Black Caribbean	<b>Tick</b> <input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other Parentage	<input type="checkbox"/>

**White**

White – Eastern European	<b>Tick</b> <input type="checkbox"/>
White – English	<input type="checkbox"/>
White – Irish Republic	<input type="checkbox"/>
White – Northern Irish	<input type="checkbox"/>
White – Scottish	<input type="checkbox"/>
White – Welsh	<input type="checkbox"/>
White – Western European	<input type="checkbox"/>
White – Any other background	<input type="checkbox"/>

**Other Ethnic Origin**

Tick

Other Ethnic Origin (please specify) **Religion/Belief:**

Tick

Tick

Tick

Atheism/Humanism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>
Jainism	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>

Baha'i	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Parsi(Zoroastrians)	<input type="checkbox"/>

Buddhism	<input type="checkbox"/>
Islam	<input type="checkbox"/>
Rastafarianism	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**Care Responsibilities:**Lone Parent/Carer Prefer not to say **Age:**

Date of Birth:

**Sexual Orientation:**
 Bisexual  Gay Man  Heterosexual  Lesbian/  
 Gay Woman  Prefer not to say 
**Disability:**

A disabled person is defined in law as someone who has a physical, sensory or mental impairment or health condition, which has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

 Do you have an impairment of this kind:  Yes /  No

 Please state how you manage your impairment for our monitoring purposes:
 **ADVERTISING MONITORING**

It is useful for us to monitor the effectiveness of our advertising. Please could you assist us by indicating where you found out about this vacancy in the box below?

Many thanks for your time.

Job Centre	<input type="checkbox"/>
Job Fair	<input type="checkbox"/>
Local Paper (please state)	<input type="checkbox"/>
National Paper	<input type="checkbox"/>
Evening Paper	<input type="checkbox"/>
Radio (please state)	<input type="checkbox"/>
Professional Journal	<input type="checkbox"/>
Website (Scottish Training Foundation)	<input type="checkbox"/>
Website (other)	<input type="checkbox"/>
Community Organisation	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Tick

**STF USE:**

Entry Date: