

**Post Applied For:** Please enter post title

## Personal details

<b>Title:</b> Please select title If other please specify: Please specify	
<b>Surname</b> Please enter surname	<b>First name(s)</b> Please enter first name(s)
<b>Address</b> Please enter address	
	<b>What is your preferred method of communication?</b> Please select preferred method
<b>Email</b> Please enter email	<b>Tel no (mobile)</b> Please enter mobile number
<b>Tel no (day) May we call you during the day?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Tel no (home)</b> Please enter home number
<b>Are you a British Citizen?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Do you have the right to work and live in the UK without restriction?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Where did you see the post advertised?</b> Please enter where you found the post advertised	

### Additional requirements/adjustments

If you are invited to attend an interview, do you have any special requirements/adjustments?  
 Yes  No

If you answered yes, please provide details below:  
 Please provide details

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# Education and Qualifications

a) Further/higher education/professional qualification(s) currently being undertaken

Qualification/Level	Subject(s) and method of study (e.g. full-time, part time, distance learning)	Exam/end date	Institution/provider
Qualification/Level	Subjects and method of study	Date	Institution / Provider
Qualification/Level	Subjects and method of study	Date	Institution / Provider
Qualification/Level.	Subjects and method of study	Date	Institution / Provider

b) Completed further and higher education and professional qualifications, giving highest qualification first. If period of study was longer than normal to obtain the qualification, explain (e.g. part-time study)

Period of study		Academic qualification(s)	Subject(s)	Level/grade	Institution/Provider
From D/M/Y	To D/M/Y				
Date	Date	Qualification	Subjects	Level/Grade	Institution/Provider
Date	Date	Qualification	Subjects	Level/Grade	Institution/Provider
Date	Date	Qualification	Subjects	Level/Grade	Institution/Provider
Date	Date	Qualification	Subjects	Level/Grade	Institution/Provider

c)Secondary education

Qualification(s)	Subjects	Level/grade
Qualification	Subjects	Level/Grade
Qualification	Subjects	Level/Grade
Qualification	Subjects	Level/Grade
Qualification	Subjects	Level/Grade
Qualification	Subjects	Level/Grade

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## Current or latest work experience

Name and address of employer Please enter name and address		
Position held Please enter position	From (D/M/Y) Date From	To (D/M/Y) Date To
Notice required Notice Period	If p/t, state hours per week/ weeks per year Hours per week / weeks per year	
Reason for leaving or wishing to leave current/last employment Please state the reason		
Please summarise your current duties and responsibilities Please insert summary		



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## Supporting Statement

Please provide any further evidence of the extent to which you meet each of the selection criteria included in the personal specifications document.

Insert supporting statement here

## References

Please give details below of two relevant referees, one of whom must be your present or most recent line manager (not more than 2 years) or major client in the case of self-employed candidates.

Personal referees should only be given if there is no previous employer or educational establishment to which references can be made. It is good practice to advise your referee that they may be contacted to help the recruitment process flow as smoothly as possible. References not returned within a reasonable time frame could have a detrimental effect on your ability to begin employment

Title/Name Please select title	Title/Name Please select title
Position Enter position	Position Enter position
Working relationship and date(s) Please enter relationship	Working relationship and date(s) Please enter relationship
Address Please insert address	Address Please insert address
Post code Please enter postcode	Post code Please enter postcode
Tel no (day) Please enter telephone number	Tel no (day) Please enter telephone number
Email Please enter email	Email Please enter email
May we contact this referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

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# Declaration

I have not canvassed and will not canvass, either directly or indirectly, in connection with the above appointment and I am aware that canvassing will lead to a disqualification.

**I am related to an employee of Argyll College UHI Ltd** Yes  No

**I am related to a member of the Board of Argyll College UHI Ltd** Yes  No

Name of Individual Please enter name  
.....

Nature of Relationship Please enter nature of relationship  
.....

The information on this form will be used in accordance with the Data Protection Act 1998 to consider your application for employment and, if appointed, may be processed by computer, or form the basis of manual records. If used to produce summary statistics, it will not be possible to identify individuals and you consent to the information being used for these purposes.

Providing false or misleading information anywhere on your application will disqualify you from appointment or if appointed will render you liable to dismissal without notice. By signing below, you declare that the information you have given is to the best of your knowledge true and complete.

Signed: Please type name	Date: Insert date
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(type name if submitting electronically)

**Forms should be emailed to [ACHR@uhi.ac.uk](mailto:ACHR@uhi.ac.uk) or posted to HR, Glenshellach Business Park, Oban PA34 4RY**

## Monitoring Form

The information on this form will not be divulged to any member of short-listing or interviewing panel.

We are committed to our equality policy to ensure that all candidates are treated based on their merits and abilities, and that unfair and unlawful discrimination is eliminated. We positively welcome applications from all sections of the community.

Date of Birth: Insert date	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality: Insert Nationality
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**Ethnic Origin: Please tick/highlight one of the choices below:**

<p><b>White</b></p> <p><input type="checkbox"/> British English</p> <p><input type="checkbox"/> British Irish</p> <p><input type="checkbox"/> British Scottish</p>	<p><input type="checkbox"/> British Welsh</p> <p><input type="checkbox"/> British Other (please specify):</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other White background (please specify):</p>
<p><b>Black or Black British</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Other Black background: Please specify</p>	<p><b>Asian or British Asian</b></p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Other Asian background: Please specify</p>
<p><b>Mixed</b></p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background: Please specify</p>	<p><b>Other ethnic background (please specify):</b></p> <p>Please specify</p>

### Disability

Disability is defined in the Disability Discrimination Act 1995 as a physical or mental impairment that has a substantial long-term effect on ability to carry out normal day to day activities. 'Long-term' is taken to mean lasting for a period longer than 12 months or where the total period is likely to last at least 12 months. Please tick/highlight the choices below as appropriate:

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| You do not have a disability or special need | <input type="checkbox"/> | Need personal care support                             | <input type="checkbox"/> |
| Dyslexia                                     | <input type="checkbox"/> | Mental health difficulties                             | <input type="checkbox"/> |
| Blind/partially sighted                      | <input type="checkbox"/> | Other unseen disability, eg diabetes, epilepsy, asthma | <input type="checkbox"/> |
| Deaf/hearing impaired                        | <input type="checkbox"/> | Disability or special need not listed above            | <input type="checkbox"/> |
| Wheelchair user/mobility difficulties        | <input type="checkbox"/> | Please specify   |                          |

Disabled candidates who meet the essential criteria will be contacted to discuss any support needed during the selection programme and employment.



**PUBLIC SECTOR EQUALITY DUTY INFORMATION – Protected Characteristics**

**Sexual Orientation**

<b>Which one of the following most adequately describes your sexual orientation? Please tick</b>							
Gay/Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Choose not to disclose	<input type="checkbox"/>

**Gender re-assignment**

<b>Trans-sexual status: Do you currently or have you previously considered yourself a trans-sexual person? Please tick</b>					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Choose not to disclose	<input type="checkbox"/>

**Religion or Belief**

<b>Which of the following religions or belief systems, if any, do you belong to or affiliate with? Please tick</b>					
Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Paganism	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>	No religion or belief	<input type="checkbox"/>	Choose not to disclose	<input type="checkbox"/>
Other: Please state					

Are you currently a member of the Disclosure Scotland PVG scheme for working with children? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offence which has not become 'spent' under the Rehabilitation of Offenders Act 1974? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details on a separate sheet.
Argyll College will seek a PVG Disclosure through the Scottish Criminal Record Office Disclosure Service for the successful candidate.
Please read the guidance notes on the link below before making a declaration.
<a href="https://www.mygov.scot/convictions-higher-disclosures/">https://www.mygov.scot/convictions-higher-disclosures/</a>

The development of a comprehensive monitoring system for employees is an essential element of the College's continued commitment to equality. It is by monitoring, evaluating, setting targets, and taking action that we will be able to progressively implement our Equality Policies.

*Thank you for taking the time to complete this form.*