

Application Form

Qualifications Gained:

Date Started:

This form, when completed, should be returned to the People Services

Department, marked 'Confidential'. **Notes:** Please complete each section as appropriate, ensuring that there are no chronological gaps. **Post Applied for: Employment History** (present or most recent appointment) Dates (Month/Year) From: To: Name and Address of Employer: **Position Held: Current Salary: Notice Period: Description of Main Duties and Responsibilities: Reason for Making this Application:**

Qualifications (Please start with most recent and include qualifications

gained at school; however, details of school attended need not be given)

Date of Award:
Method of Study (i.e. part-time, full-time)
Qualifications Gained:
Date Started:
Date of Award:
Method of Study (i.e. part-time, full-time)
Qualifications Gained:
Date Started:
Date of Award:
Method of Study (i.e. part-time, full-time)
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Qualifications Gained:
Date Started:
Date of Award:
Method of Study (i.e. part-time, full-time)
Qualifications Gained:
Date Started:

Date of Award:
Method of Study (i.e. part-time, full-time)
Continue on a separate sheet, if required.
Membership of Professional Bodies e.g. ACCA for Accountants
Class of Membership Organisation Date Joined
Class of Membership Organisation Date Joined
Class of Membership Organisation Date Joined
Continue on a separate sheet, if required.
Previous Employment (Please start with most recent and include any period not in paid employment)
Dates (Day/Month/Year)
From To
Name and Address of Employer
Position Held, Description of Duties and Responsibilities
Reason for Leaving
Dates (Day/Month/Year)
From To

Position Held, Description of Duties and Responsibilities

Name and Address of Employer

Reason for Leaving

Dates (Day/Month/Year)

From To

Name and Address of Employer

Position Held, Description of Duties and Responsibilities

Reason for Leaving

Dates (Day/Month/Year)

From To

Name and Address of Employer

Position Held, Description of Duties and Responsibilities

Reason for Leaving

Additional Information

Please include details of any skills, aptitudes, or personal qualities and explain how you might use them in this Post. You should refer to the person specification and where you meet the criteria for this role.

Diversity Monitoring Form (Confidential)

Borders College is committed to being an equal opportunities employer. This means the College needs to know details of applicants' protected characteristics as defined by the Equality Act 2010, so that we can ensure that our recruitment is fair and does not discriminate against any group. You can help by completing this form.

The information provided in the monitoring form is not used in the selection process. It is used purely to monitor equal opportunities as required by the Equality Act 2010 under the Public Sector Duty. **Recruiters do not see the information contained in the monitoring forms and are only provided with your name once the interviews have been arranged.**

In addition, if your application is successful, the information will be held on a computerised human resources system and will be used to produce depersonalised statistical reports. **Individuals cannot be identified from these reports.**

Thank you for your help.

If YES, please describe

Post Applied for	or:	
Title:	Surname:	Forename:
Maiden Name:		
Home Address:		
Town:		
Postcode:		
Address for Corres	spondence (if different):	
Town:		
Postcode:		
Home Number:		
Mobile Number:		
Work Number (if di	fferent):	
Email Address:		
Where did you hea	r about the vacancy?	
Date of Birth:		
Marital Status:		
Do you have a curre	ent UK Driving Licence?	
Do you have any en	dorsements?	

Emergency Contact

Name:	Relationship:	
Address:		
Postcode:		
Telephone Number:		
Are you a settled worker (i.e. do you UK – for example as a British or EE	u have the permanent right to work in the EA citizen)?	
If no, do you already have tempora	ry permission to work in the UK?	
If yes, please specify your visa type	e and visa end date (Month/Year):	
Ethnicity		
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 select from the appropriate drop-down list.		
White		
Any other white background, please	e write in:	
Mixed/multiple ethnic groups		
Any other mixed background, pleas	se write in:	
Asian/Asian British		
Any other Asian background, please	e write in:	
Black/African/Caribbean/Black B	ritish	

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Any other ethnic group, please write in:

Religion, Belief and Faith (please select from the drop-down list)

What is your religion or belief?

If other religion or belief, please write in:

Sexual Orientation (please select from the drop-down list)

What is your sexual orientation?

If other, please write in:

Gender

What best describes your gender?



Borders College is positive about disability and is aware of the obligations arising from the Equality Act 2010. As a Disability Confident Employer, if a disabled applicant meets the minimum criteria for the job, they will be given the opportunity to demonstrate their abilities at an interview.

Do you consider yourself to have a disability?

Do you wish to be considered under this particular scheme?

If "Yes", please tick the box(es) below that best describe your disability:

Visual		
Speech		
Co-ordination, Dexterity or Mobility		
Learning Difficulty		
Mental Health		
Hearing		
Other, please specify:		
Working Arrangements		
What is your current working pattern	1?	
What is your flexible working arrang	ement?	
If other, please write in:		
Do you have caring responsibilities?	If yes, please tick all that apply:	
None		
Primary carer of a child/children (un	der 18) 🗌	
Primary carer of disabled child/children		
Primary carer of disabled adult (18 and over)		
Primary carer of older person		
Secondary carer (another person ca	arries out the main caring role) \Box	
Prefer not to say		

PVG Membership

and/or protected adults to be members of the PVG Scheme. Please indicate your current PVG Scheme status by ticking the appropriate box:

Member of the PVG Scheme for regulated work with children

Member of the PVG Scheme for regulated work with protected adults

PVG Membership Number (if applicable)

Not currently a member of the PVG Scheme

It is a requirement for individuals carrying out "regulated work" with children

Criminal Conviction Declaration Form

The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended) applies to all posts within the College where staff may be expected to work in positions where they have substantial contact with vulnerable groups of people. If appointed to such a post, you will be required to complete a Protection of Vulnerable Groups (PVG) Scheme Application.

Please note that any declaration made will not be used in the interview selection process. If you have no previous convictions, pending sentences or outstanding charges to declare, please go to Section B.

If you have any spent or unspent convictions, pending sentences or outstanding charges to declare, please complete the provide details below. If you require further information on the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended), please log onto www.disclosurescotland.co.uk.

Spent/Unspent Convictions

When did the offence(s) take place?

What were you charged with?

What sentence(s) did you receive?

Please give details of the reasons and circumstances that led to your offence(s).

What have you learned from the experience(s)?

Please give details of how you completed the sentence(s).

Pending court appearances/outstanding charges

Please state what you have been charged with and when you are due to appear in court.

Referees (No approach will be made to your current employer without your prior agreement where this is not the employment reference given. Your current employer will, however, be contacted for a reference should you be offered a post.)

1 Employment Name: Designation: Address: Telephone Number: Email: 2 Other Name: Designation: Address: Telephone Number: Email: Please state if these referees may be approached now:

2

Employment is subject to satisfactory references and may also require a medical examination.

Declaration

I declare that, to the best of my knowledge, all the information provided as part of my application is true and correct and can be treated as part of any subsequent contract of employment.

Data Protection

By accepting this statement, you acknowledge and agree that the College is permitted to hold personal information about you as part of its human resources and other business records, and may use such information in the course of their business. You agree that the College may disclose such information to third parties in the event that such disclosure is, in the view of the College, required for the proper conduct of the College's business or that of any associated company. This clause applies to information held, used or disclosed in any medium.

Signature Date