

This form, when completed, should be returned to the Human Resources 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 & Responsibilities:**

**Reason for Making this Application:**

**Scottish Borders Campus, Nether Road, Galashiels, TD1 3HE  
Phone Number: 08700 50 51 52, Fax Number: 01896 758179**

**QUALIFICATIONS** *(Please start with most recent and include qualifications gained at school, however, details of school attended need not be given)*

Qualifications Gained	Date Started	Date of Award	Method of Study <i>(i.e. Part-time, full time)</i>

**MEMBERSHIP OF PROFESSIONAL BODIES**

Class of Membership	Organisation	Date Joined

<b>PREVIOUS EMPLOYMENT</b> <i>(Please start with most recent and include any period not in paid employment)</i>	
<b>DATES</b> <i>(Day/Month/Year)</i>	
<b>From</b>	<b>To</b>
<b>Name and Address of Employer</b>	
<b>Position Held, Description of Duties and Responsibilities</b>	
<b>Reason for Leaving</b>	
<b>DATES</b> <i>(Day/Month/Year)</i>	
<b>From</b>	<b>To</b>
<b>Name and Address of Employer</b>	
<b>Position Held, Description of Duties and Responsibilities</b>	
<b>Reason for Leaving</b>	
<b>DATES</b> <i>(Day/Month/Year)</i>	
<b>From</b>	<b>To</b>
<b>Name and Address of Employer</b>	
<b>Position Held, Description of Duties and Responsibilities</b>	
<b>Reason for Leaving</b>	
<b>DATES</b> <i>(Day/Month/Year)</i>	
<b>From</b>	<b>To</b>
<b>Name and Address of Employer</b>	
<b>Position Held, Description of Duties and Responsibilities</b>	
<b>Reason for Leaving</b>	

## **ADDITIONAL INFORMATION**

**Please include details of any skills, aptitudes, or personal qualities and explain how you might use them in this Post. Additional information may be added on a separate sheet.**

# 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.**

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.

<b>POST APPLIED FOR:</b>			
<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>	
<b>Maiden Name:</b>			
<b>Home Address:</b>		<b>Address for Correspondence (if different):</b>	
<b>Town:</b>		<b>Town:</b>	
<b>Postcode:</b>		<b>Postcode:</b>	
<b>Home No:</b>	<b>Mobile No:</b>	<b>Work No: (if convenient)</b>	
<b>Email Address:</b>			
<b>Where did you hear about the vacancy?</b>			

<b>Date of Birth:</b>	<b>Age:</b>	<b>Marital Status:</b>	<b>NI No:</b>
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Do you have a current UK Driving Licence? Do you have any endorsements? If YES, please describe
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<b>Emergency Contact</b> Name: Relationship:	Address: Postcode: Telephone Number:
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## **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 write in:

#### ***Mixed/multiple ethnic groups***

Any other mixed background, please write in:

#### ***Asian/Asian British***

Any other Asian background, please write in:

#### ***Black/African/Caribbean/Black British***

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?

Is your gender identity the same as the sex you were assigned at birth?

## DISABILITY

Borders College is positive about disability and is aware of the obligations arising from the Disability Discrimination Act 1995. 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(s) below that best describe your disability:

Visual

Speech

Co-ordination, Dexterity or Mobility

Learning Difficulty

Mental Health

Hearing

Other, please specify:



OR

What is your current working pattern?

What is your flexible working arrangement?

If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None  Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

## PVG MEMBERSHIP

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

## 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](http://www.disclosurescotland.co.uk).

<b>Spent/Unspent Convictions</b>	<b>Details</b>
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).	

<b>Pending court appearances / outstanding charges</b>	<b>Details</b>
Please state what you have been charged with and when you are due to appear in court.	

<b>REFEREES</b> <i>(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.)</i>		
EMPLOYMENT	OTHER	EMPLOYMENT
Name:	Name:	Please state if these referees may be approached now 1 2
Designation:	Designation:	
Address:	Address:	
Tel No:	Tel No:	
Email:	Email:	

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**