



The Sixth Form College Colchester

Application for Employment

Data Collected on this form will be used to facilitate the recruitment process. The successful candidate's information will, on appointment, be managed in accordance with our requirements to process data for employment purposes. All other forms will be destroyed after 6 months unless prior permission is sought for them to be held for a longer period to aid future recruitment.

All information will be held securely and shared only with those involved in the recruitment process.

| |
|-----------------------|
| Position applied for: |
|-----------------------|

| PERSONAL DETAILS (CAPITAL LETTERS PLEASE) | |
|--|---|
| Surname: | Title: (e.g. Mr/ Mrs/Miss/Ms/Dr) |
| Forename (s): | |
| Address: | |
| Post code: | |
| Telephone: (home and/or mobile) | Telephone: (work if it may be used) |
| Email Address: | National Insurance No: |
| Do you need a work permit to work in the UK? If No, please provide a copy of your work permit | Are you free to reside and/or work in the UK? |
| Do you require assistance in order to attend an interview? | |
| Have you previously applied to the Sixth Form College, Colchester for a position? If YES please give details: | |
| Are you a relative or partner, or do you have a close personal relationship with, any employee or governor of the college? If YES please state name and relationship: | |
| Failure to disclose personal relationships as above may disqualify you. Canvassing of governors or senior managers by or on your behalf is not allowed. | |

| PRESENT OR MOST RECENT POST, including self-employment | |
|---|---|
| Name of Employer: | |
| Employer's Address: | |
| Post Code: | Telephone No.: |
| Current Position/Job Title: | |
| Salary: | Grade: |
| Employment status: (e.g. permanent short-term, full-time, part-time, self-employed) | |
| Date commenced: | Finish date: (if applicable) |
| Notice period: | If appointed, when would you be able to start work? |
| Brief outline of current responsibilities: | |
| Reason for leaving: | |

PREVIOUS EMPLOYMENT

Please list details of all posts you have held, starting with the most recent but excluding your current post. If you have had any gaps in employment or education please give details of these periods.

| From (month/year) | To (month/year) | Employer's name, address & type of business | Post held (and full time or part time) | Reason for leaving |
|----------------------|--------------------|---|--|--------------------|
| | | | | |

EDUCATION (in chronological order)

Original documentary evidence of qualifications will be required of applicants shortlisted for interview

| From (month/year) | To (month/year) | School/college/university | Qualifications obtained Include subjects, dates & grades |
|----------------------|--------------------|---------------------------|---|
| | | | |

PROFESSIONAL QUALIFICATIONS/OTHER TRAINING/FURTHER STUDY

| Qualification/Course Title (include brief description) | Organising Body | Date |
|---|-----------------|------|
| | | |

ADDITIONAL INFORMATION

Please provide below a brief statement here in support of your application. Please make direct reference to the job description and person specification and demonstrate, where possible, how you meet the required criteria.

GENERAL

This post is exempt from the provisions of the rehabilitation of Offenders Act 1974. Shortlisted candidates will therefore be required to disclose all criminal convictions or cautions including any that may be "spent".

The successful candidate will be required to complete a Criminal Records Bureau form because the post being applied for will provide an opportunity for access to children or young persons.

1. Have you ever been convicted of a criminal offence? (See attached notes)

If yes, please specify date of conviction, court, nature of offence and sentence imposed

REFERENCES

Please give the names and addresses of two referees, one of which must be your present previous employer or educational establishment. Referees may be contacted prior to short-listing unless you indicate otherwise. If either referee knew you by another name, please give details.

| | |
|---|---|
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Tel: | Tel: |
| Fax: | Fax: |
| E-mail: | E-mail: |
| How do they know you? | How do they know you? |
| May we contact prior to short-listing or interview? | May we contact prior to short-listing or interview? |

DECLARATION

I certify that to the best of my belief, the information I have provided is true and accurate and I understand that any false information or failure to disclose relevant criminal convictions may in the event of employment, result in dismissal or disciplinary action by the College.

I confirm that I have read and understood the College's Privacy Notice.

Signed _____

Date _____

You will be asked to sign your application form at interview stage.

Please return the completed form to:

Human Resources Department
The Sixth Form College, Colchester
North Hill
Colchester
Essex CO1 1SN

e-mail: humanresources@colchsfc.ac.uk

Tel: 01206 50074/45

Equal Opportunities in Employment

MONITORING QUESTIONNAIRE

The Sixth Form College has an Equal Opportunities policy in place. To assist in the implementation and monitoring of our equal opportunities policy you are asked to provide the information below:

| |
|---|
| NAME |
| JOB APPLIED FOR |
| WERE DID YOU <u>FIRST</u> SEE THIS JOB ADVERTISED? |

GENDER

| | | | |
|-----------|--------------------------|-------------|--------------------------|
| I am male | <input type="checkbox"/> | I am female | <input type="checkbox"/> |
|-----------|--------------------------|-------------|--------------------------|

AGE

| | | | |
|-------|--------------------------|-------|--------------------------|
| I am: | | | |
| 16-19 | <input type="checkbox"/> | 20-29 | <input type="checkbox"/> |
| 30-39 | <input type="checkbox"/> | 40-49 | <input type="checkbox"/> |
| 50-59 | <input type="checkbox"/> | 60+ | <input type="checkbox"/> |

DISABILITY

| | |
|--|--------------------------|
| Do you consider yourself to have a disability? | |
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| If yes, please specify | |
| | |
| If you have a disabled registration number, please quote it and the expiry date. | |
| | |

RACIAL ORIGIN

| | |
|---|--------------------------|
| I would describe myself as (please tick the appropriate box): | |
| White | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| White – other (please specify) | <input type="checkbox"/> |
| Black – British | <input type="checkbox"/> |
| Black – Caribbean | <input type="checkbox"/> |
| Black – African | <input type="checkbox"/> |
| Black – other (please specify) | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
| Other Asian (please specify) | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Mixed parentage (please specify) | <input type="checkbox"/> |

The information you provide will be treated in the strictest confidence and will not be available, except in statistical format, to the shortlisting panel or staff outside of the Human Resources team.

If you have any questions regarding this form, please telephone 01206 500745/44.

THANK YOU for taking the time to complete this form.