**Job Application Form**

**Part A**

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| **Post details** |
| Job Title: |  |

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| **Personal details** |
| Title: |  |
| Full name: |  |
| Preferred name: |  |
| Address inc. Postcode |  |
| Contact Phone Number: |  |
| Email Address: |  |

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| **Right to Work:** |
| Do you have the right to work in the UK? | Yes / No |

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| **Disabilities:** |
| Do you have a Disability? | Yes / No |
| Under the Equalities Act (2010) a person has a disability if they have a physical or mental impairment and this has a substantial and long term (longer than 12 months) adverse effect on their ability to carry out normal day-to-day activities.  If you require more guidance please visit:  [Definition of disability under the Equality Act 2010 - GOV.UK (www.gov.uk)](https://www.gov.uk/definition-of-disability-under-equality-act-2010) | |

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| **Advertisement source:** |
| Where did you see this vacancy advertised? |  |

**Declaration and consent (please read carefully before signing):**

I confirm that to the best of my knowledge, the information provided in Part C of this document is correct and gives a fair representation of my qualifications and employment history. I understand that the information contained in Parts A & B may be stored as part of CNPA’s monitoring of equal opportunities and the effectiveness of our recruitment procedures, and I give my consent for my details to be used for this purpose. CNPA will use all personal data collected in this form in accordance with its privacy notice, which can be accessed on the CNPA website or is available on request.

Most posts are covered by the Rehabilitation of Offenders Act 1974, before being offered an appointment a Disclosure Scotland check may be carried out.

* I agree to a Disclosure Scotland check being made, if required.
* I certify that all the information contained within this form is correct and false information or omissions may lead to dismissal without notice.
* I consent to the processing of my personal data for the purpose stated above.

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| **Signed:** |  |
| **Date:** |  |

**Part B**

We are committed to being an equal opportunity employer and recognise the value that a diverse workforce can bring. The information requested on this form will be used to monitor the effectiveness of our equality and diversity practices and will be separated from your application form prior to the selection process.

The information you provide will be treated as special category personal data under the applicable data protection legislation. This form will be held in the personnel file of the successful candidate and information used to populate the equality and diversity information in the HR database. It will be treated as confidential information and only accessible to HR staff. For unsuccessful candidates, the information will be recorded anonymously and used for recruitment equality and monitoring statistical purposes.

Please mark the relevant box in each section, or complete the details as appropriate.

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| **Do you consider yourself to have a disability?** | | | |
| Yes |  | No |  |
| I prefer not to disclose |  |

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| **What is your marital status?** | | | |
| Married / Civil Partnership |  | Single |  |
| Separated / Divorced |  | Widowed |  |
| I prefer not to disclose |  |

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| **What is your age?** | | | |
| 16 – 24 years |  | 45 – 54 years |  |
| 25 – 34 years |  | 55 – 64 years |  |
| 35 – 44 years |  | 65 + years |  |
| I prefer not to disclose |  |

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| **Which of the following best describes your gender?** | | | |
| Male |  | Female |  |
| Intersex |  | I prefer not to disclose |  |
| I prefer a term not listed,  please write here |  | | |

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| **How do you currently identify your gender?** | | | |
| Same as assigned at birth |  | Non-binary |  |
| Trans Man |  | Agender / Gender neutral |  |
| Trans Woman |  | I prefer not to disclose |  |
| I prefer a term not listed,  please write here |  | | |

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| **What is your sexual orientation?** | | | |
| Bi, Pan or Polysexual |  | Gay, Lesbian or Homosexual |  |
| Heterosexual |  | Asexual / Aromantic |  |
| Multiple identities |  | I prefer not to disclose |  |
| I prefer a term not listed,  please write here |  | | |

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| **What is your religion or belief?** | | | |
| No religious affiliation |  | Hindu |  |
| Agnostic |  | Humanist |  |
| Atheist |  | Jewish |  |
| Baha’i |  | Muslim |  |
| Buddhist |  | Pagan |  |
| Christian - if you wish specify denomination below |  | Rastafari |  |
|  | | Sikh |  |
| Esoteric tradition |  | I prefer not to disclose |  |
| Other,  please write here |  | | |

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| **What is your Nationality?** | | | |
| Scottish |  | Welsh |  |
| English |  | British |  |
| Northern Irish |  | I prefer not to disclose |  |
| Other, please write here: |  | | |

**Which of the following best describes your ethnic group?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

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| **White** | | | |
| Scottish |  | Irish |  |
| English |  | Gypsy / Traveller |  |
| Northern Irish |  | British |  |
| Welsh |  |
| Other,  please write here |  | | |

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| **Mixed or multiple ethnic group** | |
| Any mixed or multiple ethnic group,  please write here |  |

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| **Asian, Asian Scottish or Asian British** | | | |
| Bangladeshi |  | Indian |  |
| Chinese |  | Pakistani |  |
| Other,  please write here |  | | |

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| **African, African Scottish or African British** | | |
| African |  |
| Other,  please write here |  | |

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| **Caribbean or Black, Caribbean or Black Scottish, Caribbean or Black British** | | | |
| Caribbean |  | Black |  |
| Other,  please write here |  | | |

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| --- | --- | --- |
| **Other ethnic group** | | |
| Arab, Arab Scottish or Arab British |  |
| Other,  please write here |  | |

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| **I prefer not to say / self-describe** |  |

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| **Do you have any caring responsibilities? If yes, please indicate all that apply** | |
| None |  |
| Primary carer of child / children (under 18 years) |  |
| Primary carer of disabled child / children (under 18 years) |  |
| Primary carer of disabled adult (over 18 years) |  |
| Primary carer of older person |  |
| Secondary carer (another person carries out the main caring role) |  |
| I prefer not to say |  |

**Gaelic: How would you assess your ability –**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | None | Little | Some | Moderate | Fluent | Prefer not to say |
| Read  Gaelic |  |  |  |  |  |  |
| Write  Gaelic |  |  |  |  |  |  |
| Speak  Gaelic |  |  |  |  |  |  |
| Understand Gaelic |  |  |  |  |  |  |

**Part C**

Please complete the following and return your application, along with Parts A and B to [recruitment@cairngorms.co.uk](mailto:recruitment@cairngorms.co.uk)

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| **Driving Licence:** |
| Only fill out this section if the person specification states that a driving licence is essential | |
| Do you hold a current UK driving licence? | Yes / No |
| Please give details of any endorsements / disqualifications |  |

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| **EDUCATION:**  Name of School / College / University | **Date qualification achieved**  (from - to) | **Examinations passed**  (subjects / credits / honours, etc.) |
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| **DETAILS OF ANY FURTHER TRAINING:**  *(Please include all courses relevant to this position and give dates of attendance)* |

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| **MEMBERSHIP OF PROFESSIONAL BODIES:**  *(Please include name of institution and class of membership)* |

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| **CURRENT (OR LAST) EMPLOYMENT:** | |
| Employer’s name and nature of business | Position held and a concise outline of your duties |
|  |  |
| Dates of Employment (from – to) |  |
| Current Salary |  |
| What was your principal achievement in this position? |  |
| Reason for leaving/ wishing to leave |  |

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| **PREVIOUS EMPLOYMENT 1:** | |
| Employer’s name and nature of business | Position held and a concise outline of your duties |
|  |  |
| Dates of Employment (from – to) |  |
| Reason for leaving/ wishing to leave |  |

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| **PREVIOUS EMPLOYMENT 2:** | |
| Employer’s name and nature of business | Position held and a concise outline of your duties |
|  |  |
| Dates of Employment (from – to) |  |
| Reason for leaving/ wishing to leave |  |

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| **PREVIOUS EMPLOYMENT 3:** | |
| Employer’s name and nature of business | Position held and a concise outline of your duties |
|  |  |
| Dates of Employment (from – to) |  |
| Reason for leaving/ wishing to leave |  |

*Continue on separate sheet if necessary*

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| **SUPPORTING INFORMATION:**  Please state how you feel you meet the essential and desirable criteria for the post and why you think you should be considered for the post. You may continue on a separate sheet. |
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