

## NOTES FOR COMPLETION

The application form is the main way we decide whether or not to invite you to an interview. It is important that you give the best overall impression of yourself.

- Read all of the form first so that you understand what information is requested and how to complete the form. Make sure you have the **Job Information Pack** which provides detailed information about the job, the address that you have to return this form to and contact details should you have any questions about the specific job.
- Complete all sections of the form either typed or in black ink as it will be photocopied. Insert an X in question boxes that do not require a written answer.
- Practise first either on a separate sheet, or a copy of the form. It might be useful to keep a copy of the completed form for your own use.
- If you use additional sheets put your name (initials and last name only) and the vacancy reference number on them. If you complete the form on a computer it should expand and sections may move to the next page. This is acceptable.
- Check the **closing date** and the **return address** in the **Application Pack**. Send your application in plenty of time to reach the right person **by the closing date**.

### DETAILS OF THE POST YOU ARE APPLYING FOR

Job Title:	Vacancy Ref No:
Service:	Section:
Location:	

### PERSONAL DETAILS

Initials:	Last Name:									
Address:										
Daytime Tel No:					Home Tel No:					
Postcode:										
Email Address:										
National Insurance Number:										
To ensure fairness and openness, please state by marking X in the appropriate box whether you have any close connection with an elected Councillor or senior employee of the Council								Yes		
								No		
If Yes, please give details										
Fife Council operates the Positive about Disabled People scheme. All disabled candidates who meet the minimum essential criteria for a job vacancy, will be guaranteed an interview. Do you wish to be considered for this post under this scheme? Please state by marking X in the appropriate box.								Yes		
								No		

## REFERENCES

- Please ensure that you have sought agreement from your referees before submitting their details. Referees **must not** be relations or friends.
- Two references are required.
- If you have been previously employed, you **must** provide references from employers within the past 3 years, one of which **must be** your last employer.
- If you have been out of the labour market for some time, you **must** provide a reference from your last employer. If this is not possible use the contact details in the application pack to obtain advice on how to complete this section.
- If you have not previously been in employment you **must** provide a reference from an appropriate person (course leader or a manager that has known you in an organisation).
- For internal candidates one reference must be from your current supervisor or manager.
- If you are coming straight from education, you **must** provide a reference from your Head Teacher or Course Tutor.
- For teaching posts please attach open reference forms instead of using the section below. Open references must comply with **all** the above bullet points.

### REFEREE 1 – current or most recent employer

Name:	<input type="text"/>	Organisation:	<input type="text"/>
Position:	<input type="text"/>	Time Known:	<input type="text"/>
Email Address:	<input type="text"/>	Contact Tel No:	<input type="text"/>
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Post Code:	<input type="text"/>
Can we contact him or her now?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

### REFEREE 2

Name:	<input type="text"/>	Organisation:	<input type="text"/>
Position:	<input type="text"/>	Time Known:	<input type="text"/>
Email Address:	<input type="text"/>	Contact Tel No:	<input type="text"/>
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Post Code:	<input type="text"/>
Can we contact him or her now?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

## DECLARATION

The information you give on this Application is used for selection purposes and also forms the basis of any subsequent employment relationship. If you are successful, we will keep this application in your personnel file. Otherwise, it will be destroyed when the recruitment process is completed.

I consent to the use of my personal information in the above stated purposes. *(Submitting the form by e-mail gives this consent)*

I declare that the information I have given in all the pages of this Application Form is correct. I understand that by giving false information, or withholding information that may be relevant, I may be excluded from the recruitment process or dismissed if appointed to the post.

Signature (Initial/Last Name):

Date:



## EDUCATION, QUALIFICATIONS AND TRAINING

Please give details of any courses/training, vocational or professional qualifications relevant to this application whether or not it led to a qualification.

Course Title	Qualification or Result	Study Method (Eg part time/ full time college/ home study)	Course duration

## MEMBERSHIP OF RELEVANT PROFESSIONAL OR TECHNICAL BODIES

Institute or Association	How obtained (eg Examination or Election)	Date Obtained	Grade of Membership	Still Valid? (Yes/No)

## PROFESSIONAL REGISTRATION *(Please complete as appropriate)*

For Social Work posts, (if you are currently registered.)	SSSC Registration No:	
For teaching posts	GTC Registration No:	
For membership of any other registered professional body.	Name of issuing body:	
	Registration No:	

## DRIVING LICENCE

Please give the following information only where the Job Details show that driving is an essential part of the post. You should indicate your answer by marking X as appropriate.

Do you hold a valid Driving Licence?				Yes		No	
Categories of licence held:	Car		PSV	LGV		HGV	
Do you hold a current MIDAS Certificate?				Yes		No	

**ADDITIONAL INFORMATION**

- Please give details of your abilities, knowledge and experience, relevant to the post, under the following headings. Please continue on a separate sheet if necessary.

**WORKING WITH PEOPLE**

Please give examples of how you have worked with others and how you have influenced them.

**ORGANISATIONAL SKILLS**

Giving examples, please detail your ability to organise work objectives, to solve problems and meet objectives.

**INITIATIVE**

Please give examples of any situations in which you have used your initiative to promote improvement.

**ADAPTABILITY**

Using examples, please describe your ability to deal with work challenges and changes.

**EQUAL OPPORTUNITIES MONITORING FORM**

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and names will not be shown in any statistics produced.

Please complete all sections either typed or in **black** ink and return with your application form. Insert **X** in question boxes that do not require a written answer.

<b>1</b>	Name	
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<b>2: Details of the job you are applying for</b>							
Job Title							
Service							
Job Share		Full-Time		Part Time		Permanent	
Do you see this job as promotion?				Yes		No	

<b>3</b>	Are you an employee of Fife Council?	Yes	No	
	If Yes, are you currently:	Permanent	Temp	

<b>4</b>	What is your Gender?	Male	Female	
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<b>5</b>	Do you have regular caring responsibilities for dependants?	Yes	No	
	Children <input type="checkbox"/> Other Dependants eg elderly or seriously ill adults <input type="checkbox"/>		Both	
Where you are caring for children please say how many are in each age category.				
	under 5 <input type="text"/>	5-16 <input type="text"/>	17-18 <input type="text"/>	

<b>6</b>	<i>This information will help us to monitor marital status and lone parent status</i>			
	Please answer both (a) and (b)			
	(a) Are you married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(b) Are you currently living with a partner or spouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>7</b>	What is your age?	
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<b>8</b>	<i>The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.</i>			
	Do you consider that you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If you answered yes, please state the nature of your disability:			

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*Ethnic origin is about colour and broad ethnic and cultural group. Different groups may face different experiences of discrimination. The categories closely match those used in the 2001 census for Scotland.*

**Ethnic Categories.** (Choose one section from A - F then tick the appropriate box to indicate your cultural background).

<b>A. White</b>		<b>B Black - Black Scottish, Black English, Black Welsh, or other Black British</b>	
Scottish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
English	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>		
Welsh	<input type="checkbox"/>		
Any other White background please write in:		Any other Black background please write in:	
<b>C. Asian - Asian Scottish, Asian English Asian Welsh, or other Asian British</b>		<b>D Chinese - Chinese Scottish, Chinese English, Chinese Welsh, or other Chinese British</b>	
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Any other Asian background please write in:		Any other Chinese background please write in:	
<b>E. Mixed Race</b>		<b>F. Other ethnic background</b>	
Please write in:		Gypsy Traveller	<input type="checkbox"/>
		Any other background please write in:	

<b>10</b>	Please say how you heard about this job.		
	Fife Council Vacancy Bulletin	<input type="checkbox"/>	
	Advertisement (say where)	<input type="checkbox"/>	
	Internet Site (say which)	<input type="checkbox"/>	
	Job Centre	<input type="checkbox"/>	
	Through an organisation (say which)	<input type="checkbox"/>	
	Other (give details)	<input type="checkbox"/>	
	Someone you know	<input type="checkbox"/>	

I give permission for the details from this monitoring form to be held on computer.  
(Submitting the form by e-mail gives this permission)

Signed

Date

*Thank you for helping us to implement our policy of promoting equality of opportunity and eliminating discrimination*