This information will be treated as confidential and will not be disclosed without your permission. We are required under the Data Protection Act 1999 to inform you that some data you have supplied will be held on computer or paper-based files.

If you have difficulty completing this application form, or you have a disability which prevents you from completing this form, please contact us on 0131 559 4255

|  |
| --- |
| GUIDANCE ON COMPLETING THIS APPLICATION FORM* All sections of this form to be completed in black ink or typed
* If you have difficulty completing this application form, or you have a disability which prevents you from completing this form, please contact us on 0131 559 4255
* To ensure fairness, equal opportunities part of this form will not be seen by the shortlisting panel. Please try to avoid putting your name anywhere else in your application
 |

PERSONAL DETAILS

|  |  |
| --- | --- |
| **First Name:**  |       |
| **Surname:** |       |
| **Address:** |       |
| **Mobile tel:** |       |
| **Home tel:** |       |
| **Work tel:** |       |
| **Email:**  |       |
| **Dates unavailable for interview:**  |            |
| **Do you require any special provisions if selected for interview?**  |
| [ ]  Yes [ ]  NoIf ‘Yes’, please give details:      |

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| EQUAL OPPORTUNITIES MONITORING |
| **NON-EU citizens only: will you require a work permit to take up the position?** |
| [ ]  Yes [ ]  No If ‘yes’ please provide your home office reference number. This is to verify compliance with the Immigration, Asylum and Nationality Act 2006 |
| **Home Office Reference Number:**  |       |
| **Are there any restrictions on your continued residence or employment in the UK?** |
| [ ]  Yes [ ]  NoIf ‘Yes’ please give details:      |

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| --- |
| **Which of the following best describes your gender?**  |
| [ ]  Male [ ]  Female [ ]  Other [ ]  Prefer not to say |
| **Does the gender you live in match the gender you were assigned at birth?** |
| [ ]  Yes [ ]  No [ ]  Prefer not to say |
| **Marital status** |
| [ ]  Married [ ]  Civil Partner [ ]  Partner [ ]  Single [ ]  Prefer not to say |
| **Age band** |
| [ ]  Under 18 [ ]  18–29 [ ]  30–39 [ ]  40–49 [ ]  50–59 [ ]  60–65 [ ]  Over 65 [ ]  Prefer not to say |
| **How do you define your sexual orientation?** |
| [ ]  Lesbian/Gay [ ]  Bisexual [ ]  Straight/Heterosexual [ ]  Other [ ]  Prefer not to say |
| **Do you consider yourself to have a disability?** |
| [ ]  Yes [ ]  No |
| **If ’Yes’, broadly what is your impairment or condition?** |
| [ ]  Physical [ ]  Sensory [ ]  Mental health [ ]  Specific learning difficulty/disability [ ]  Long-term health condition [ ]  Other [ ]  Prefer not to say  |
| **Race/nationality/ethnic origin:** |
| White | [ ]  English [ ]  Scottish [ ]  Welsh [ ]  Irish [ ]  British [ ]  Other |
| Mixed  | [ ]  White and Black Caribbean [ ]  White and Black African [ ]  White and Black British [ ]  White and Asian [ ]  Other mixed background |
| Asian | [ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  British [ ]  Other Asian background |
| Black | [ ]  Caribbean [ ]  African [ ]  British [ ]  Other black background  |
| Chinese | [ ]  Please specify |
| Other ethnic group | [ ]  Please specify |
| Prefer not to say | [ ]   |
| **Religion:** |
| [ ]  Christian [ ]  Jewish [ ]  Sikh [ ]  Muslim [ ]  Hindu [ ]  Buddhist [ ]  Rastafarian [ ]  None[ ]  Other religion [ ]  Prefer not to say |

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

|  |  |
| --- | --- |
| Signed:       | Date:       |

REFEREES

All appointments are subject to receipt of satisfactory references. Please give details of two people who we can approach for references. We will not approach your referees without your permission. Both referees should be from previous employment or study; one should be your present or most recent line manager. ECSA does not accept referees who are friends or work colleagues in an equivalent or junior role to the most senior position you have held at that organisation.

REFEREE ONE

|  |  |
| --- | --- |
| **Name:** |       |
| **Address (incl. Postcode):** |       |
| **Position held:** |       | **Can we approach this referee immediately?** | [ ]  Yes [ ]  No |
| **Telephone:** |       | **Fax:** |       |
| **Email:** |
|       |

REFEREE TWO

|  |  |
| --- | --- |
| **Name:** |       |
| **Address (incl. Postcode):** |       |
| **Position held:** |       | **Can we approach this referee immediately?** | [ ]  Yes [ ]  No |
| **Telephone:** |       | **Fax:** |       |
| **Email:** |
|       |

REHABILITATION OF OFFENDERS ACT 1974

|  |  |
| --- | --- |
| **Have you ever been convicted of a criminal offence?** | [ ]  Yes [ ]  NoIf ‘Yes’ please give details:      |
| **Have you had a CRB check in the last six months?**  | [ ]  Yes [ ]  No |
| **Are you related to or do you have a personal relationship with any NUS employee, Elected Officer, Trustee or Board Member?** | [ ]  Yes [ ]  NoIf ‘Yes’ please give details:      |
| **How did you hear about this position (Name of publication/website)?** |       |

DECLARATION

I declare that the details on this application are correct to the best of my knowledge and belief.
I understand that withholding relevant information or giving false information may result in my application being rejected or that I may be dismissed if I have already been appointed.

|  |  |
| --- | --- |
| Signed:       | Date:       |