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  No  If ‘Yes’, please give details: | |

|  |  |
| --- | --- |
| 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  No  If ‘Yes’ please give details: | |

|  |  |
| --- | --- |
| **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  No  If ‘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  No  If ‘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: |