

APPLICATION FOR APPOINTMENT

PLEASE TYPE OR COMPLETE THIS FORM IN BLACK INK AS IT WILL BE PHOTOCOPIED

POST APPLIED FOR:	POST REF. No.:
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1. PERSONAL PARTICULARS

Surname:	Forename(s):
Address:	
Post Code:	Telephone Nos.: Home: Office:
Mobile: e-mail Address:	

2. PRESENT POST

Job Title:	Employer:
Employer Address:	
Date of Appointment:	Present Salary:
Duties:	
.....	
.....	
.....	

3. MEMBERSHIP OF PROFESSIONAL BODIES AND IN SERVICE TRAINING

Details of professional memberships and relevant training courses/seminars attended	
DATES	MEMBERSHIPS/COURSES/SEMINARS ETC

4. INTERESTS

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OFFICE USE ONLY

INVITE LETTER:	REFS REQUESTED:	OFFER LETTER:
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5. EDUCATION

DATES	SCHOOLS, COLLEGES, UNIVERSITIES ATTENDED (INCLUDING PART TIME STUDY)	QUALIFICATIONS GAINED	GRADES OR RESULTS

6. PREVIOUS APPOINTMENTS, COMMENCING WITH YOUR LAST (NOT CURRENT) EMPLOYER

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	FINAL SALARY	PERIOD OF SERVICE	
			FROM	TO

7. EXPERIENCE

Give a brief outline of your experience and personal qualities which you consider make you a suitable applicant for this appointment. Please refer to the job description to prepare this information.
(Attach additional information sheets if necessary).

8. ADDITIONAL INFORMATION

Please indicate your degree of fluency in Welsh by circling the appropriate description

SPOKEN: Good Fair Poor None WRITTEN: Good Fair Poor None

Do you possess a full driving licence? YES/NO Do you own a car? YES/NO

Have you ever been found guilty of any criminal offences or received a formal caution? YES/NO
 If 'yes' please give details (with dates):

To what period of notice are you subject in your present employment?

Please state any dates/period that you will be unable to attend for interview (no guarantee is given that interviews will be re-scheduled to meet your availability):

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9. REFEREES

Persons to whom the college may refer regarding personal character, capabilities, experience etc. at least one of which should be your present or last employer. (Do not nominate family members or personal friends). Referees will be contacted prior to the interview.

NAME: DESIGNATION: ADDRESS: DAYTIME TEL No. e-mail ADDRESS:	NAME: DESIGNATION: ADDRESS: DAYTIME TEL No. e-mail ADDRESS:
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Please indicate the name of any referee that you do not want us to contact prior to the interview:

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10. DATA PROTECTION ACT 1998

Data on this form will be processed for administrative purposes and will be passed to third parties in the selection process. The data collected will be subject to the Data Protection Act 1998. The application form and equal opportunities form will be retained by Coleg Sir Gâr for 6 months after an appointment is made. If you are appointed to the position this application form will remain on your personnel file and will not be destroyed. The information provided on the equal opportunities form will be processed and retained in an anonymous state for collective monitoring purposes. Please note carefully that by signing this form you are giving explicit consent for the data to be collected, recorded and used for the above purposes.

I declare that to the best of my knowledge the information I have given is correct, and I understand that canvassing of members of the college will disqualify me from appointment.

SIGNATURE: DATE:

FORM TO BE RETURNED TO:
 PERSONNEL DEPARTMENT COLEG SIR GÂR, SANDY ROAD, PWLL, LLANELLI, CARMARTHENSHIRE. SA15 4DN

EQUAL OPPORTUNITIES IN EMPLOYMENT

Coleg Sir Gâr is an Equal Opportunities Employer. The aim of the college's policy is to provide equal opportunity in the fields of recruitment, training and promotion. Job applicants and members of staff are treated on the bases of their relevant qualifications, merits and abilities and are not treated less favourably on the grounds of sex, marital status, age, disability, religion, race, colour, nationality or ethnic or national origins.

For the policy of equal opportunities to be effective it is necessary to undertake detailed monitoring of all applications for posts within the college. This requires the collection of information regarding the applicant's sex, ethnic origin, marital status, age and disablement.

The information will be used for statistical purposes only and WILL NOT be made available to those involved in selection procedures.

EQUAL OPPORTUNITIES QUESTIONNAIRE

POST APPLIED FOR:..... POST REF:.....

Please tick ^a the appropriate boxes below:

1. Please indicate which ethnic grouping adequately describes your ethnic origin:

White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Mixed – White & Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Mixed – White & Asian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Other – Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Mixed – White & Black Caribbean	<input type="checkbox"/>	Information refused	<input type="checkbox"/>

2. Please indicate your marital status:

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed/Separated/Divorced	<input type="checkbox"/>
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3. Date of Birth:..... Please state your age:

4. Disability

Under the Disability Discrimination Act 1995 disability is defined as:
 "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities"

In the light of the DDA definition, or any other, do you consider that you have a disability?

Yes No

If you ticked the "YES" box please state the nature of your disability:

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5. Please indicate where you saw this post advertised:

Journal/Star/Evening Post Western Mail Internet Job Centre Other

6. Please provide your Name:

7. Signature:

**PLEASE CAN YOU
ENSURE THAT
APPROPRIATE
POSTAGE IS PAID
WHEN RETURNING
YOUR APPLICATION
FORM**