



No.

SWANSEA COLLEGE

APPLICATION FORM

As an equal opportunities employer, we encourage applications from all sections of the community. Please complete in **BLACK INK** as this form may be photocopied

Data Protection Act 1998

The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by Swansea College to monitor the implementation of its Equal Opportunities and related employment policies. It will not be used for any other purposes or disclosed to any other organisation except in pursuance of our statutory obligations.

Section 1

PERSONAL DETAILS (BLOCK LETTERS PLEASE)

Application For Position of: Post Ref. No.

Location:

Preferred Title: Family Name/Surname:

Known As:

Previous Surname (if applicable):

Forename(s):

Address:

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Postcode:

Date of Birth:

Email Address:

Daytime Telephone Number:

National Insurance No:

Mobile Number:

Are you recognised by the Department for Education as a qualified teacher? Yes/No Registration No.

Date of Recognition:

Do you require a work permit? Yes/No

Are you holding a work permit: Yes/No

Do you possess a United Kingdom or E.U. Passport? Yes/No

Have you resided outside of the United Kingdom in the last 5 years? Yes/No

If yes, please provide full details of residencies including dates:

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IF YOU DO NOT HOLD EITHER A WORK PERMIT OR A VALID PASSPORT, WE WILL REQUIRE SIGHT OF THE APPROPRIATE DOCUMENTATION CONFIRMING YOUR ELIGIBILITY TO WORK IN THE UNITED KINGDOM.

Disclosure

Rehabilitation of Offenders Act 1974 (Exceptions) Order As Amended

Have you ever been convicted of, or cautioned for, any criminal offence, other than a minor road traffic offence such as parking, or are there any such proceedings pending? (Tick as appropriate).

No Yes

Please refer to the College Policy on Recruitment of Ex-offenders before completing this section.

Please give details including dates:

Are you, or have you ever been subject to disciplinary procedures during your employment or any disciplinary procedures by any professional body. (Tick as appropriate)

No Yes

Please give full details including dates:

Acknowledgement

Please identify any family member/ relation / acquaintance that you know who is currently employed by Swansea College stating name, position and relationship. (Please continue on additional sheet if necessary)

Name: Position:

State the relationship:

Name: Position:

State the relationship:

I certify that:

I hereby confirm that the information provided above is accurate and correct and that I have not withheld any information that may affect my application. I understand that if appointed false information or omissions may lead to dismissal. The information supplied above may be verified by the College.

Data Protection Act 1998

I consent to the information which I have provided on this form being used by the College in the decision making process which may include requesting a Disclosure Check from the Criminal Records Bureau.

Signature **Date**

If you are appointed to a post, this form is securely stored in accordance with the enclosed Code of Practice. If you are unsuccessful, this form will be retained with the papers relating to the vacancy and kept for six months before being destroyed.

PRESENT EMPLOYMENT

Name and address of present employer:

Nature of employer's business:

Present Post:

Date appointed: Notice required to terminate present employment:

Annual salary £

List of main duties:

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Do you have any other form of paid employment? (including self employment) Yes No

If you have more than one employment, please attach these supplementary details separately, following the format of this form

PREVIOUS EMPLOYMENT (Within the last 10 years)

(Starting with most recent first and exact dates)

Employer	Post	Salary	Full or Part-time (if PT give hours)	Dates				Reason for Change
				From		To		
				M	Y	M	Y	

Continue on separate sheet if necessary

EDUCATION

Secondary School / Further / Higher Education	Qualifications Gained / Examinations Passed and Grade Obtained

TEACHING QUALIFICATIONS

Please identify your teaching qualification status e.g. B.Ed, M.Ed, Cert. Ed., PGCE.	Place of Study	Completed Date
You will be required to present your certificates prior to commencing employment		

TRAINING COURSES ATTENDED WITHIN THE LAST FIVE YEARS

Organising Body / Course Title	Qualifications Gained (where appropriate)	Full or Part-Time	Date Completed

MEMBERSHIP OF PROFESSIONAL BODIES

Name of Body	Type of Membership	Date Obtained

REFERENCES

Give names and addresses of two referees, including telephone numbers if possible, who can be approached to provide relevant comment on your ability to carry out the job for which you are applying. At least one should be your present employer or last employer if unemployed or college if a student. If unemployed, please give details of your last employer. If a student, please provide details of your lecturer/tutor.

NAME:

NAME:

Position:

Position:

Address:

Address:

.....

.....

..... Post Code:

..... Post Code:

Tel. No:

Tel. No:

References will be sought prior to interview with your consent.

Tick to confirm that we can approach Yes No

SUPPORTING STATEMENT

Please pay particular attention to this section as it is a key part of your application.

You are invited to make a statement in support of your application. The supporting statement should provide evidence why you are suitable for this post and should focus on the key requirements and challenges of the role. Please note that a CV is not acceptable as a substitute for the supporting statement. Please continue on a separate sheet of paper if required.

LANGUAGE SKILLS

Are you a Welsh Speaker? Yes / No

If yes, please state level:

Verbal:	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Fluent	<input type="checkbox"/>
Written:	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Fluent	<input type="checkbox"/>

Are you fluent in any other languages? Yes / No

If yes please specify

HEALTH / MEDICAL DETAILS

Any offer of employment will be subject to completing a confidential statement of medical history and undergoing a medical examination to establish your suitability for the role.

DECLARATION

I declare that, to the best of my knowledge and belief, the information contained on this form is accurate. I understand that, should my application be successful and it is discovered subsequently that information has been falsified or omitted, then disciplinary action may be taken which may include dismissal from the post.

Signature Date

Please return the completed application to:

**Human Resources Department
Swansea College
Tycoch
Swansea
SA2 9EB**

Swansea College aims to be an equal opportunities employer and selects staff solely on merit. All stages of the recruitment process are monitored to check that unfair discrimination does not take place.

To help us ensure this, we request all applicants provide the relevant information below.

In order to avoid any possibility of bias or prejudice, this information will not be used in the short-listing or interview process.

Any information supplied will be held on computer and will, therefore, be subject to the Data Protection Act, 1998.

I describe my ethnic origin as:

White British <input type="checkbox"/> (Welsh, English, Scottish)	Black British <input type="checkbox"/> Caribbean <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/>	Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>	Chinese British <input type="checkbox"/> Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	White & Asian <input type="checkbox"/>		
Other White background Please give details	Other Black background Please give details	Other Mixed background Please give details	Other Asian background Please give details	Other background Please give details

Age: 16-24 25-34 35-44 45-54 55 or over

Gender: Male / Female

Where did you first see this vacancy?

Internal Vacancy Bulletin Newspaper/Journal (give name if known)

Swansea College Web site Other Internet Web site (please give name if known)

Job Centre Plus Other, (please give details)

The Disability Discrimination Act 1995 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. Long-term is defined as having lasted or expected to last at least 12 months. Adverse effects may arise from external barriers experienced by people with impairments. Taking this into account, do you consider yourself to be a disabled person?

Yes No

If you are asked to attend an interview or appointed to the role, will you require any special provisions or facilities? If so, please give details in the box below: