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| **GUIDANCE ON COMPLETING THIS FORM*** All sections of this form need to be completed.
* Please send this application form back as a **WORD** document. **We cannot accept PDFs**.
* 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.
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| Please email the completed form to **citysa@cityofglasgowcollege.ac.uk** no later than 5pm on 14th January.If you have any questions, please call the Students’ Association on 0141 375 5322 or e-mail the address above. |

**PERSONAL DETAILS**

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| **First Name:**  |  |
| **Surname:** |  |
| **Position applying for:**  |  |
| **Student number:** |  |
| **Do you require any special provisions regarding your application for the above role?** |
| [ ]  Yes [ ]  NoIf ‘Yes’, please give details:      |
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| **Please use the space below to tell us what skills, qualities and experience you will bring to this post, should you be successful:**  |
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**EQUAL OPPORTUNITIES MONITORING**

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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.

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| Signed:       | Date: |

**SUITABILITY CHECK**

Students will be assessed on an individual basis to determine their suitability for a role.

REFERENCE

We recommend that your reference is from a college member of staff.

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| **Name of Referee**  |  |
| **Referee Job Title**  |  |
| **Referee email address**  |  |

DISCIPLINARY

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| **Do you have a disciplinary record with the College?** | YesNo  |

RELEVANT CRIMINAL CONVICTIONS

You must disclose all unspent relevant criminal convictions. ‘Relevant criminal convictions’ include one or more of the following:

* Any kind of violence including (but not limited to) threatening behaviour, offences concerning the intention to harm or offences which resulted in actual bodily harm;
* Offences listed in the Sex Offences Act 2003;
* The unlawful supply of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking;
* Offences involving firearms, knives, etc;
* Offences involving arson, and/or;
* Offences listed in the Terrorism Act 2006.

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| **Do you have any 'relevant' unspent criminal convictions?** | Yes No |

**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.

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| Signed:       | Date:  |