

CONFIDENTIAL

Application Ref:

HR Use only

For photocopying purposes this form should be completed in black ink or typescript. Please complete all sections of the application form in full. Additional documents should be enclosed inside the application form, please do not staple.

Information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, if you are unsuccessful this form will be destroyed.

1. POST DETAILS

Post Applied for:

2. PERSONAL DETAILS

Title: Surname:

Forename(s):

Address (including Post Code):

Home Telephone No:

Work Telephone No:

May we contact you on this number?

National Insurance No:

GTC Ref No (Teaching Staff only):

Dumfries & Galloway College is committed to equal opportunities in recruitment and employment. No applicant will receive less favourable treatment on grounds of sex, age, marital status, disability, race, ethnic background, religion, sexual orientation or be disadvantaged by conditions or requirements which cannot be shown to be justifiable. In order to ensure the effectiveness of our policy in relation to the recruitment and selection of staff, all applicants are requested to complete this form.

PLEASE MARK YOUR ANSWERS LIKE THIS **X**

3. GENDER

Male ☐

Female ☐

4. MARITAL STATUS

Single ☐

Married ☐

Divorced ☐

Widowed ☐

Co-habiting ☐

Civil ☐

Partnership ☐

5. DATE OF BIRTH

Day/Mth/Year

6. AGE

16-19 ☐

20-29 ☐

30-39 ☐

40-49 ☐

50-59 ☐

60-65 ☐

>65 ☐

7. SEXUAL ORIENTATION

Heterosexual ☐

(Straight)

Gay Man ☐

Gay Woman / ☐

Lesbian

Bisexual ☐

Other ☐

Do not wish ☐

To respond

8. ETHNIC ORIGIN

Scottish ☐

English ☐

Welsh ☐

Irish ☐

Other White ☐

Mixed
Background ☐

Black African ☐

Chinese ☐

Pakistani ☐

Other Asian
Background ☐

Black Caribbean ☐

Other Black
Background ☐

Indian ☐

Bangladeshi ☐

Other Ethnic
Background ☐

9. RELIGION / FAITH

10. HAVE YOU EVER IDENTIFIED AS TRANSGENDER PERSON

☐ Yes

☐ No

☐ Prefer not to say

11. DISABILITY

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Do you consider yourself to have a disability? If so, please describe. If none, please state 'None'.

If you are invited for interview, are there any special arrangements/adjustments that need to be made? Please state yes or no. Should you be shortlisted for interview we will contact you to discuss these arrangements further.

This information will not be circulated to the selection panel, but will form part of the personal confidential record of the successful applicant. This page will be removed by Human Resources prior to circulating to the shortlisting panel.

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature:

Date: