

## **NEW COLLEGE APPLICATION FORM**

Please use type or black ink

This is the first stage in our selection process and the decision to invite you to attend for interview will be based on the information you provide. Please type or write clearly using black ink as this form may be photocopied.

1. Application for the post of:		
(as advertised)		
Personal Details		
Surname	Forenames	
Preferred Title (Ms, Miss, Mrs, Mr, other)	Are you a car o	owner Yes No
Date of birth	Are you register	red disabled Yes No
	If yes, Disablem Equal Opportunitie	ent Reg. No. es apply
Address (including post code)		
Daytime tel. no.	Evening tel. no	).
Current Salary	Date available	to commence
Education and Qualifications (most recent, first) expand as necessary within CV		
Name of Secondary School/College/Professional	Dates	Qualifications Obtained/Subjects/Grades
Institute	From To	
Institute	From To	,
Institute	From To	,
Institute	From To	,
Institute	From To	

Training/Non-Qualification Courses (most recent, first) expand as necessary within CV **Course Title** Dates Full-time/Part time Course Provider From То **Evening/Distance** Employment History (most recent, first) expand as necessary within CV
Employers Name & Address Dates Full-time/Part time Job Title - outline of duties From To (for part-time posts held. please state hours)

Please explain any gaps in employment/education

## ADDITIONAL INFORMATION

Applicants for an Administrative post (if applicable)

Typing speed (estimated number of wo	ords per minute)	
Applicants for a Teaching post		
DfEE number	Date of recognition as qualified teacher	
Age range and subjects qualified to tea	ach	
For all Applicants		
Number of days and instances of sickn	ess absence in the last two years	
Comments (if any)		
National Insurance number		
	· · · · · · · · · · · · · · · · · · ·	
Are you related to any member of the g	governing body or staff at New College Yes No	
If yes, please give name and relationship	nip	
•	f long-listed candidates prior to the selection event. <b>If you do</b> at this stage, please place a cross in the relevant box below space provided.	
Current/Most Recent Employer Refere	nce 2. Second Reference	
Name	Name	
Job Title	Job Title	
Address (including post code)	Address (including post code)	
Tel	Tel	
Fax	Fax	
Email	Email	
1 <sup>st</sup> Referee	2 <sup>nd</sup> Referee	

**CRIMINAL CONVICTIONS** Rehabilitation of Offenders Act Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the college. Any information given will be completely confidential and will be considered only in relation to any application for positions to which the Order applies. You are asked to note that a check is always carried out in police records for details of any criminal offence. No Yes Have you been convicted of any criminal offence? If yes, please give details. **MONITORING Equal Opportunities** Recruitment The college seeks to provide equality of opportunity to all learners and employees regardless of gender, sexual orientation, faith, nationality, race or ethnic origin, age, marital status, responsibility for dependents, disability, non- compromising criminal convictions or any other stereotypical expectations. To ensure that the equal opportunities policy remains effective, monitoring of applications is carried out. As part of the monitoring, the Corporation seeks the co-operation of all applicants by the completion of the enclosed Equal Opportunities sheet. The information that you provide will form part of a confidential statistical record which will not be used for any other purpose than the analysis of the college's equal opportunity policy. DECLARATION I hereby declare that to the best of my knowledge the information given in this application is correct. I understand that any false or misleading information given in this application may lead to my dismissal. I also understand that I must not, under any circumstances, attempt to influence any member of the governing body or staff concerning my application for employment. I agree that the college can approach my previous employers for a reference and to confirm the basis of any factual information provided. I consent to the college using my personal data for personnel, monitoring and management purposes. Signed Date ..... **DATA PROTECTION** 

The college collects & keeps information from job applications so that we are able to send details of future job opportunities to you. We keep your name and address together with details of your application. If you do not want us to do this, please indicate by ticking the box below.

I do not want you to keep my details on file if I am unsuccessful in my application

## **NEW COLLEGE MONITORING FORM**

In order to help us monitor the implementation of equal opportunities policies, candidates are requested to provide the following information. The information that you give on this questionnaire will be treated in the strictest confidence and is not seen by anyone involved in the selection process.

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NAMES Including first name(s) and surname/family name		
PREVIOUS NAMES		
PREFERRED TITLE Mr/Miss/Mrs/Ms/Dr/Other	DATE OF BIRTH	
PLEASE TICK RELEVANT BOX		
MALE	FEMALE	
ETHNIC ORIGIN		
White	Asian or Asian British	
British Irish Other White	Indian Pakistani Bangladeshi Other Asian	
Chinese or Other Ethnic Group	Black or Black British	
Chinese Other Ethnic Group	Black Caribbean Black African Other Black	
Mixed	_	
White and Black Caribbean White and Asian	White and Black African Other Mixed	
<b>DISABILITY:</b> Disability Discrimination Act, 1995 defines a person with a disability as someone who has "a physical or mental impairment which has a substantial and adverse, long term effect on his or her ability to carry out normal day-to-day activities".  Using this definition do you consider yourself to have a disability?  Yes/No		
ADVERTISING: To enable us to monitor the effectiveness of our advertise	sing please inform us where you heard about this position.	
Agency	Local Newspaper (please specify)	
National Newspaper (please specify)	Friend	
Other – please give details below		