



Application Summary	Post Ref No	SIC
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Post Title

Personal Details

E-mail Address	Preferred Mail Type	e-mail / letter (delete as applicable)	
Initials	Surname		
Latest Job Title	Latest Employer Name		
Most Recent Salary	£	Current Notice Period	weeks
Home Address			
Town/City			
Country			
Postcode			
Mobile Phone No.		Home Phone No.	
Sourced From	Paper Application		

Qualifications - Please continue on 'Additional Information' sheet if necessary

Type	Subject	Result	Expected Result

Work History – Please continue on 'Additional Information' sheet if necessary

Employer (name and address)			
Job Title			
Start Date			
End Date			
Please add a brief description of responsibilities, experience and knowledge gained.	Please give your reason for leaving		

Employer (name and address)		
Job Title		
Start Date		
End Date		
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Job Title		
Start Date		
End Date		
Please add a brief description of responsibilities, experience and knowledge gained.	Please give your reason for leaving	

Referees

Please give the names of two persons not related to you who are able to give confidential information with regard to your work. One referee must be from your current or most recent employment, preferably your immediate supervisor (if you have not been employed since leaving school/college, then you must give a tutor as a replacement). If you have previously worked for Shetland Islands Council we will, in addition to any referees listed, contact your previous employing department for reference information.

With the exception of posts working with children and vulnerable adults, your referees will be contacted only if you are successful in being shortlisted for interview. References for posts working with children and vulnerable adults must always be available to the panel prior to interview, and additional references may be sought as deemed necessary. If you do not wish your referee(s) to be contacted prior to interview please state below.

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First Name		Surname	
Address			
City		Position Title	
Country		Organisation Name	
Post Code		Work Phone No	
		E-mail	
Firstname		Surname	
Address			
City		Position Title	
Country		Organisation Name	
Post Code		Work Phone No	
		E-mail	

Qualifications – Teaching Posts only

Please state below the following information:

1) GTCS Registration Number	
2) Full/Provisional	Full / Provisional (delete as applicable)
3) Classification/Registered Subject	

Qualifications – Social Work Posts only

Please state below the following information:

1) SSSC Registration Number	
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Branching Questions

Do you wish to apply for this post on a Job Share basis?

YES / NO (delete as applicable)

Do you currently or have you previously worked for Shetland Islands Council?

Currently / Previously / Never (delete as applicable) ***If yes, please give full details in 'Experience' section above.***

Please give brief details of relevant training, including apprenticeships.

Please details any professional membership or registration eg CIPD membership.

▪ Institute / Professional body / registering body

▪ Class of membership (including registration number where appropriate)

▪ Date achieved / registered

▪ Method obtained: eg by examination experience or election

Use this section to tell us about:

- Your most relevant experience to the post you are applying for
- Your skills and abilities which are relevant

Please refer closely to the criteria in the person specification.

Teachers: please confirm subjects you are qualified to teach.

Why are you applying for this post?

Are you related to any senior Shetland Islands Council employee or elected member?

YES / NO (delete as applicable)

If yes, please give name and relationship

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Do you hold a current full driving licence?

YES / NO (delete as applicable)

Please use this space to detail any other relevant information for your application.

Do you have a suitable vehicle for use in your employment?

YES / NO (delete as applicable)

Guaranteed Job Interview Scheme for People with Disabilities

As part of the Shetland Islands Council's commitment to Equal Opportunities, applicants who have a *disability are guaranteed an interview – provided the essential qualifications and experience requirements for the particular post applied for are met.

Do you have a disability Yes / No (delete as applicable)

If "Yes", are there any particular arrangements you require us to make to enable you to attend for interview? For example, a sign language interpreter, location with ramp or information in large print etc.

Please provide the relevant details below.

* Definition of a disability "A physical or mental impairment which has substantial long term adverse effect on the ability to carry out normal day to day activities."

You will be notified if the post you are applying for is exempt from the provisions of The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003. In this case you must give details of any convictions, both spent and unspent, on a separate form. A Disclosure Scotland check will be undertaken prior to appointment to defined occupations.

Data Protection - The information you supply will be processed in accordance with the provisions of the Data Protection Act 1998 (the Act) and will be used solely for the purposes of recruitment and personnel administration. Shetland Islands Council will not otherwise copy or transfer your data to any person. If your application is unsuccessful Shetland Islands Council will retain the information you supply for 12 months and then delete it.

Declaration - I declare that the information I have given is, to the best of my knowledge, true and correct. I understand that deliberately falsifying or omitting information will disqualify my application and, if discovered after appointment, could constitute grounds for dismissal. I consent to the processing by Shetland Islands Council of the information submitted by me, including any information qualifying as sensitive information for the purposes of the Act. I undertake to inform Shetland Islands Council of any changes to the information provided.

Signature

Print Name

Date

Equal Opportunities Monitoring Form

Shetland Islands Council seeks to be an Equal Opportunities employer. Applicants for jobs with the Council are asked to provide the information below. This page will be detached upon receipt and kept separate from your application form. The information you have provided will be treated in confidence and will not be available to members of the appointment panel, or used for any purposes other than equal opportunities monitoring. The details will be recorded on a database. Please tick the appropriate box, and/or fill in the space for each question.

Post Title:			
Post Number:		Grade of Post:	
Department:		Service:	

1. Where did you see/hear this post advertised?							
Internal Bulletin/Intranet	<input type="checkbox"/>	Job Centre Plus	<input type="checkbox"/>	SIBC	<input type="checkbox"/>		
Shetland Times	<input type="checkbox"/>	SIC Web Site	<input type="checkbox"/>	External Internet	<input type="checkbox"/>		
National Press: Please specify publication							
2. Are you requesting Job-Share?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
3. Are you:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
4. Do you have a disability?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
5. Do you have any children under 16 who rely on you for care?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Do you have any sick or elderly relatives who rely on you for care?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Age group – please tick the appropriate box:							
Under 21	<input type="checkbox"/>	22-24	<input type="checkbox"/>	25-30	<input type="checkbox"/>	31-40	<input type="checkbox"/>
41-50	<input type="checkbox"/>	51-60	<input type="checkbox"/>	61-70	<input type="checkbox"/>	>70	<input type="checkbox"/>
8. I would describe myself as		Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
		White	<input type="checkbox"/>	Other	<input type="checkbox"/>		
9. Ethnic Origin:							
African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
English	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		
10. Would this job be a promotion for you?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Date:							
Thank you for your co-operation							

For Official Use

Staff Group	Local Government Employee	<input type="checkbox"/>	Chief Official	<input type="checkbox"/>	Instructor	<input type="checkbox"/>
	Lecturer	<input type="checkbox"/>	Music Instructor	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Applicant Status	Successful	<input type="checkbox"/>	Reserve	<input type="checkbox"/>	Unsuccessful at Interview	<input type="checkbox"/>
	Withdrew	<input type="checkbox"/>	Unsuccessful at Shortlisting	<input type="checkbox"/>		