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e-mail: admin@lomondschool.com

Registered Charity No: SC 007957

**APPLICATION FORM – NON-TEACHING STAFF**

The school prefers candidates to complete this form electronically. It is available from the school’s website at [www.lomondschool.com](http://www.lomondschool.com) in the section Employment Opportunities. Please download this form and complete, then ***e-mail to: recruitment@lomondschool.com***. If you are unable to do this please contact the school.

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| --- |
| Position applied for: Science Laboratory Technician***The following information will be treated in the strictest confidence***. |
| Present term of notice: |

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| First name(s): | Surname: |
| Any previous surnames: | National Insurance number: |
| Current salary: | SSSC Registration number: |
| Current address: |
|  |
| Contact telephone numbers:Daytime:Evening: |  |
| Mobile: |  |  |
| E-mail: |

**2. EMPLOYMENT AND QUALIFICATIONS**

**Employment History**

Please give all details in reverse order, starting with the most recent first. Please give reasons for any periods not in employment or education. Continue on a separate sheet if necessary

|  |  |
| --- | --- |
| Dates From / To:  | Reason for Leaving: |
| Name and Address of Employer: | Position:  |
| Brief outline of duties: |

|  |  |
| --- | --- |
| Dates From / To:  | Reason for Leaving: |
| Name and Address of Employer: | Position:  |
| Brief outline of duties: |

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| --- | --- |
| Dates From / To:  | Reason for Leaving: |
| Name and Address of Employer: | Position:  |
| Brief outline of duties: |

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| --- | --- |
| Dates From / To:  | Reason for Leaving: |
| Name and Address of Employer: | Position:  |
| Brief outline of duties: |

**Academic and professional qualifications**

Please give details of all qualifications gained, starting with the most recent going back to include school qualifications (e.g. A Level, IB, Scottish Highers, Intermediate 1 & 2, GCSEs, and other relevant qualifications (such as vocational, first aid, mountain leadership etc).

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Qualification and Awarding Body | Subject | Attainment Level |
|  |  |  |  |
|  |  |  |  |
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**Educational History**

Please give details of places of education, starting with the most recent, following secondary school education.

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| --- | --- |
| Dates | University / College  |
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**3. REFERENCES**

Please give details below of **two** people who can provide information that will confirm your suitability for this post. Where appropriate, one person should be your current or most recent employer; the others should be someone who has known you in a professional capacity. Current or previous employers will be asked about disciplinary offences relating to children including penalties that are ‘time expired’ and any child protection concerns.

Details of First Referee

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone No: |  |
| Email: |  |

Details of Second Referee

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone No: |  |
| Email: |  |

**4. ADDITIONAL INFORMATION**

Please give reasons for applying for this position.

Are there any other aspects of your career to date that you would like to bring to our attention?

Please detail any other relevant positions of responsibility held.

Personal Statement

**7. TERMS AND DECLARATIONS**

**5. TERMS AND DECLARATIONS**

It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in Regulated Work. Are you a PVG Scheme Member?

**Yes / No**

If YES, please give your PVG Scheme Membership Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note that Lomond School requires that all staff are members of the PVG Scheme and it is up to the individual to apply and pay for this membership.***

Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company’s Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the Disclosure Scotland Codes of Practice) **Yes / No**

If YES, please give full details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before employment? **Yes / No**

Supplementary Details

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| **Declaration** (if you are submitting your application electronically then this form may be signed at the time of interview).* I declare that the information given in this form is complete and accurate.
* I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.
* I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998.
* I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to:* Receipt of a satisfactory PVG Scheme Record or Scheme Record Update from Disclosure Scotland.
* Receipt of 2 satisfactory references being received by the school
* The School being satisfied that there is proof of the right to work in the UK

A copy of the Company’s Equal Opportunities Policy is available on request, which includes information relating to the recruitment of ex-offenders. Signed: Date: |

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| **EQUAL OPPORTUNITIES MONITORING FORM** |  |
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| Lomond School is an equal opportunities employer. We would be grateful if you would complete this page of the application form and return it to us. **It will be detached from the rest of your application before short listing**. **Please tick all the boxes which apply to you, and write in details where appropriate.** |  |
| **GENDER** |  | **RACE/ETHNIC ORIGIN** |   |
|   |  |  |   |  | **White** |   |   |
|   | Male |   |   |  | Scottish |   |   |
|   |   |  | Other British |   |   |
|   |  |  |   |  | Irish |  |   |
|   |  |  |   |  | Gypsy/Traveller |  |   |
|   | Female |   |   |  | Polish |  |   |
|   |   |  | Other white ethnic group (please specify) |   |   |
|   |  |  |   |  | **Mixed/multiple ethnic groups** |   |
|   |  |  |   |  | Any mixed or multiple ethnic groups (please specify) |   |
|   |  |  |   |  | **Asian/Asian Scottish/Asian Black** |   |
|   |  |  |   |  | Pakistani, Pakistani Scottish or Pakistani British |   |
|   |  |  |   |  | Indian, Indian Scottish or Indian British |   |
|   |  |  |   |  | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |   |
|   |  |  |   |  | Chinese, Chinese Scottish or Chinese British |   |
|   |  |  |   |  | Other (please specify) |   |
|   |  |  |   |  | **African** |   |
|   |  |  |   |  | African, African Scottish or African British |   |
|   |  |  |   |  | Other (please specify) |   |
|   |  |  |   |  | **Caribbean or Black** |   |
|   |  |  |   |  | Caribbean, Caribbean Scottish or Caribbean British |   |
|   |  |  |   |  | Black, Black Scottish or Black British |   |
|   |  |  |   |  | Other (please specify) |   |
|   |  |  |   |  | **Other ethnic group** |   |
|   |  |  |   |  | Arab, Arab Scottish or Arab British |   |
|   |   |   |   |  | Other (please specify) |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **AGE** |  |  |
|   | 16-19 |   |   |  |  |
|   | 20-29 |   |   |  |  |
|   | 30-39 |   |   |  |  |
|   | 40-49 |   |   |  |  |
|   | 50-59 |   |   |  |  |
|   | 60-64 |   |   |  |  |
|   | 65+ |   |   |  |  |
|   |   |  |   |  |  |
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| **DISABILITY** |
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| Do you have a disability |  |  |  |  |  |  |  |   |
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|   | Yes |   |  |  |  |  |  |  |  |   |
|   | No |   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |   |
| If you answered Yes to this question, please give brief details below of any adjustments you would like us to make to our selection arrangements (including our interview location and facilities) as a result of your disability status. |
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