



North East
Better Health
at Work Award
Continuing Excellence



APPLICATION FORM

IMPORTANT

- Please read the Applicants Guide and person specification before completing this form
- Please complete the form in type or black ink
- The information you provide on the form will be treated in the strictest confidence
- The form is split into Part A and Part B and will be separated by a member of the Human Resources team on receipt
- If you require this form in an alternative format, such as braille, large print or audio, please contact our HRM department on 0191 511 6371 or email vacancies@sunderlandcollege.ac.uk

PART A

Title of post	
Post reference number	

PERSONAL DETAILS

Title			
Surname		Forename(s)	
Home Address			
		Postcode	
Telephone (Home)			
Telephone (Mobile)			
Telephone (Work)			
May we contact you at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Email Address			
National Insurance number			
How would you prefer us to contact you?	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>

OFFICE USE ONLY

Applicant reference number	Date received	

EQUAL OPPORTUNITIES MONITORING

Sunderland College is required to ask for applicants' personal information. We collect the equal opportunities information you provide here to fulfil that duty and use it for monitoring purposes in line with guidance from the Equality and Human Rights Commission. Only information in Part B will be used for shortlisting purposes. You can find out more about our commitment to equal opportunities in our Equality & Diversity Policy and Single Equality Scheme.

Date of birth		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	
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MARITAL STATUS

Civil partnership <input type="checkbox"/>	Cohabiting <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>
Widowed <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>				

SEXUAL ORIENTATION

Bisexual <input type="checkbox"/>	Gay or lesbian <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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RELIGIOUS BELIEF

Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	None <input type="checkbox"/>	Sikh <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Any other religion (please specify)							

ETHNIC GROUP

WHITE

British: English <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	
Irish <input type="checkbox"/>	Any other white background (please specify)			

MIXED

White and black Caribbean <input type="checkbox"/>	White and black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>
Any other mixed background (please specify)		

ASIAN, ASIAN BRITISH, ASIAN ENGLISH, ASIAN SCOTTISH OR ASIAN WELSH

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background (please specify) <input type="checkbox"/>	
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BLACK, BLACK BRITISH, BLACK ENGLISH, BLACK SCOTTISH, OR BLACK WELSH

Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other black background (please specify) <input type="checkbox"/>	
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CHINESE, CHINESE BRITISH, CHINESE ENGLISH, CHINESE SCOTTISH, OR CHINESE WELSH

Chinese <input type="checkbox"/>	
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OTHER ETHNIC GROUP

Any other background (please specify) <input type="checkbox"/>	
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The Equality Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability, we can make reasonable adjustments to where you work, your work arrangements and at interview.

Do you consider yourself to have a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Please state the type of disability you have by marking all the types that apply to you.
If none of the categories apply, please specify in 'Other'.

Physical difficulty <input type="checkbox"/>	Sensory difficulty <input type="checkbox"/>	Mental health difficulty <input type="checkbox"/>	Learning disability/difficulty <input type="checkbox"/>
Long-standing illness <input type="checkbox"/>	Other <input type="checkbox"/>		

Please tell us here if you need any specific arrangements to enable you to attend for interview.

DECLARATIONS

Have you ever been convicted of or cautioned for any criminal offence or do you have any prosecutions pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please give details including dates.

Have you ever been banned from working with young people and vulnerable adults?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you currently subject to any disciplinary action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please give details including dates.

PLEASE TELL US WHERE YOU SAW THIS POST ADVERTISED:

Evening Chronicle (Jobs North East) <input type="checkbox"/>	Specialist magazine <input type="checkbox"/>	Times Educational Supplement <input type="checkbox"/>
Fish4jobs.co.uk <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	TES Online <input type="checkbox"/>
Internal advertisement <input type="checkbox"/>	Sunderland Echo <input type="checkbox"/>	College website <input type="checkbox"/>
	The Guardian <input type="checkbox"/>	
Other (please specify)		

Do you need a work permit or visa to work in the UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Visa type		Expiry date	
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CANVASSING

Canvassing, directly or indirectly, will disqualify an applicant. This includes any attempt to unfairly promote your application. If such an attempt is discovered after appointment, you may be liable for dismissal. (Canvassing does not include general enquiries about the vacant post.)

Are you related to or do you have a personal relationship with any employees or governors at Sunderland College?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please state the name of the relative or partner and the position held.

By submitting this application form, I authorise Sunderland College to process the information I have given in line with the Data Protection Act 1998. I confirm that the information I have given on the form is correct. I understand I may be required to validate any or all information provided. I also understand that providing inaccurate information may disqualify me from employment or, if it is discovered after my appointment, make me liable for dismissal.

Name		Date	
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PART B

DETAILS OF PRESENT OR MOST RECENT POST

Post title		Salary		Notice required	
Employer's name and address					
			Postcode		
Employment dates from		to			

Brief description of duties:

Reason for seeking alternative employment or for leaving:

PREVIOUS EMPLOYMENT RECORD (STATE MOST RECENT FIRST)

Please include part-time and unpaid work. If you have recently left school or college or had a break from employment, you must state this clearly here. You may continue on a separate sheet if required.

Employer's name and address	Post held	Employment dates from/to	Reason for leaving

EDUCATION AND QUALIFICATIONS

(continue on a separate sheet if required)

Place of study	Type of qualification	Subject	Grade	Date obtained

MEMBERSHIP OF PROFESSIONAL BODIES

For teaching posts, please include Institute for Learning registration.

Name of body	Class/grade of membership	Date obtained	Grade	Date obtained

DRIVING

Do you hold a valid full driving licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would you have the use of a vehicle for work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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WORK-RELATED TRAINING

Organising body and course title	Length of course	Grade/class of diploma/ degree (where applicable)	Date attended

REFERENCE/CONTACT WITH PRESENT OR MOST RECENT EMPLOYER

We will contact your referees when we ask you to attend an interview.

Please give details below of your present or most recent employer. We may contact them to confirm details of your present or most recent employment and your suitability for the job you are applying for.

Name			
Address			
		Postcode	
Telephone			
Email Address			

ADDITIONAL REFERENCE

Please give the name and address of another person who has agreed to act as a referee. Do not use a relative as a referee.

Name			
Address			
		Postcode	
Telephone			
Email Address			

PERSONAL STATEMENT

Please use this section to describe how you meet the criteria in the person specification for the post. If you are applying for a teaching or curriculum leadership role please state your views of what effective teaching and learning are. (You may continue on up to two separate sheets of A4 if needed.)

PLEASE RETURN TO:

HRM Department, Washington Campus, Stone Cellar Road, Washington, NE37 2NH
or vacancies@sunderlandcollege.ac.uk