HM GOVERNMENT OF GIBRALTAR

PHOTO



APPLICATION FORM

HUMAN RESOURCES DEPARTMENT
82-86 HARBOUR'S WALK
NEW HARBOURS
ROSIA ROAD
GIBRALTAR

1. POST APPLIED FO	DR:
Post Title:	QUALIFIED TEACHER
Name of applicant:	

- Please ensure that you answer all the questions as fully as possible.
- Type or write neatly in black ink, as this form will be photocopied.
- Original documents as proof of academic and other qualifications must be produced. (These will be photocopied and returned immediately).
- A recent passport sized photograph must be affixed in the space provided above.
- Two references are required to be submitted to the Human Resources Manager at the above address, not later than five working days after the closing date.
- Once completed, this application form must be <u>handed in</u> to The Human Resources Manager, <u>Human Resources Department</u>, 82-86 <u>Harbour's Walk</u>, <u>New Harbours</u>, <u>Rosia Road</u>, <u>Gibraltar</u>, by the closing date for receipt of applications.

<u>NOTE</u>: Should you have any queries relating to your application either prior to or after interview, you may write to the Human Resources Manager, at the above address. Do not write below this line.

FOR OFFICIAL USE ONLY

DOCUMENT	SEEN	RETURNED
Evidence of Nationality		
Qualifications		

I/D CARD OR PASSPORT NO.		

2. PERSONAL IN	FORMATION			
Title:	Surna	ame		
Forenames:				
Previous Name if	Applicable:			
Date of Birth:				
Nationality:		'		
Address:				
Postcode: (if applicable)				
Driving Licence: (if applicable, please state category)				
Please indicate w	hich of the follow	ving we may use to	contact you:	(Please tick)
Home Telephone	Number:			
Work Telephone	Number:			
Mobile Telephone	e Number:			
email address:				

Please state DCFS (UK) number:.....

3. EMPLOYMENT HISTORY

Please list in order (the most recent first), the organisation(s) you have worked for, whether full or part time, including voluntary, unpaid, or self employed work. (PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

() 2	0 E I			
(a) Current (or most recei	nt) Empl	oyer's Name and Addre	SS:	
Dates of Employment:	From:		To:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				
(b) Previous Employer's I	Name an	d Address:		
Dates of Employment:	From:		To:	
	1 10111.		10.	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				
(c) Previous Employer's N	Name an	d Address:		
Dates of Employment:	From:		To:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				

4. QUALIFICATIO	CVIV
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Please give details of any qualification(s) held and where obtained.

School(s)	Date(s)	Subject(s)	Grade(s)

5. FURTHER & HIGHER EDUCATION

Please give details of any further or higher education - colleges/universities attended and any qualifications obtained.

College / University/ Training provider	Date(s)	Subject(s)	Qualification(s)/Grade(s)
Training provider			
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Please give details of further training taken – i.e. Management courses, IT courses, First Aid certificates etc.						
College / University/ Training provider	Date(s)	Subject(s)	Qualification(s) / Grade(s)			
	<u> </u>	1				
7. SUBJECT SPECIAL	7. SUBJECT SPECIALISM					
Please state subject specialism and level at which it can be offered:						

6. TRAINING AND DEVELOPMENT

8. PERSONAL STATEMENT
Add any further information about yourself that you consider relevant to this application. You should describe your knowledge, experience, skills and abilities gained from your paid and/or voluntary work, studies, hobbies etc.
(PLEASE USE ADDITIONAL SHEETS IF NECESSARY)
(FLEAGE USE ADDITIONAL SHEETS IF NECESSART)

(a) FIRST REFERENCE	
Full Name of Referee	
Full Address of Referee	
email address	
(b) SECOND REFERENCE	
Full Name of Referee	
Full Address of Referee	
email address	

Please provide the following information on your referees, whom you should ask to submit a reference letter to the Human Resources Manager, to reach him not later than five working days after the closing date for receipt of applications.

9. REFERENCES

Referees should not be relatives.

10. DATA PROTECTION ACT 2004

Under the Data Protection Act 2004, the Human Resources Department on behalf of the Government of Gibraltar, and the Public Service Commission, reserves the right to collect, store and process personal data about applicants in so far as it is relevant to their application for employment. This Application Form will remain on file for as long as administratively necessary and then be destroyed. All personal information held will be processed in accordance with the Data Protection Act 2004.

We will only disclose personal information contained in this form in the following circumstances:-

• If we are required to do so by any court order, or by law.

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• If selected for the post, (except for information contained in Section 13), to other Government Departments (for administrative purposes) and to the Gibraltar Health Authority (for the purpose of Section 11).

11. (a) EQUALITY OF OPPORTUNITY

The Gibraltar Public Service on behalf of the Government of Gibraltar, is committed to a policy which ensures that all job applicants and employees receive equality of opportunity, therefore ensuring that all recruitment is solely on merit.

No applicant or employee will receive less favourable treatment on the grounds of age, disability, race, religious belief, sex or sexual orientation, or will be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

11. (b) DISABLED APPLICANTS

In order to he	lp us implement	our equal o	pportunities	policy effectively	, please ind	icate below if
you would like	e us to provide a	ny particula	r assistance	for your interview	v, as a resul	t of disability.

Please specify type of assistance required, e.g. wheelchair access.				

12. MEDICAL

I understand that if I am selected for employment to the post for which I am applying, I will be required to undergo a medical examination and be declared fit for employment.

13. STATEMENT TO BE SIGNED BY APPLICANT

I hereby give consent to the collection, storage and processing of my personal details in connection with my application and as outlined in this application form.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information, may result in withdrawal of an offer of employment, or my appointment being terminated if I have already been appointed.

NAME IN BLOCK LETTERS	SIGNED	DATE

CHECKLIST – Please ensure that you have provided the following:-						
(Please tick)						
I.D. or Passport						
Qualifications						
2 Reference Letters						

QUALIFIED TEACHER					
14. DECLARATION OF CRIMINAL OFFENCES					
5262/					
Have you been court martialled, or been convicted of a criminal offence within the last 10 years, either in Gibraltar or elsewhere? (Please tick below)					
YES	NO				
If you have ticked yes then you must complete the table below. Please use additional					
sheet if neces Date	Offence	Sentence	Pending Charges (Give dates)		
			uates)		
Having a criminal record will not necessarily bar you from taking up employment with the Government of Gibraltar. This will depend on the nature of the position applied for and the circumstances and background of your offences. (Please use the space below to add any comments you may wish to make in this regard). Any information given will be treated confidentially and only considered in relation to the post for which you are applying. Failure to disclose any information requested in this Section, may lead to the withdrawal of an offer of appointment, or termination of employment if you have already been appointed.					
Signed					
Name(in block letters)					

Date.....

POST APPLIED FOR: