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. PERSO	DNAL	INFORMAT	ION				
Title:			Surname				
Forenam	ies:						
Previous	Name	if Applicab	le:				
Date of E	Birth:						
Nationalit	y:						
Address							
Postcode (if application							
Driving L (if application please street	able, tate	:					
Please in	dicate	which of the	e following we	e may use to	o contact you:	(Please	tick)
Home Te	elephor	ne Number:					
Work Tel	ephon	e Number:					
Mobile T	elepho	ne Number	:				
email ad	dress:						

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*)

(a) Current (or most rece	nt) Empl	loyer's Name and Add	lress:	
Dates of Employment:	From:		To:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				
(b) Previous Employer's	Name an	nd Address:		
	-	1		
Dates of Employment:	From:		То:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				
(c) Previous Employer's	Nama an	od Addross:		
(c) Frevious Employer's	ivallie ali	ia Address.		
Dates of Employment:	From:		То:	
Job Title:	1 10111.		10.	
Reason for leaving:				
Brief outline of Duties:				
1				

4. QUALIFICATIONS Please give details of ar	ny qualification(s) h	eld and where obtained	
School(s)	Date(s)	Subject(s)	Grade(s)
5. FURTHER & HIGHE	R EDUCATION		
Diagonalis details of an		- d ti /	ivensition attanded and any
qualifications obtained.	ly further or higher	education - colleges/un	iversities attended and any
College / University/	Date(s)	Subject(s)	Qualification(s)/Grade(s)
Training provider			

llege / University/	Date(s)	Subject(s)	Qualification(s) /
ning provider			Grade(s)
SUBJECT SPECIA	ALISM		
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	zoolalioni ana lo	voi at willon it can be o	
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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)

(a) FIRST REFERENCE	
Full Name of Referee	
Full Address of Referee	
email address	
(b) SECOND REFERENCE	
Full Name of Referee	
Full Address of Referee	
Full Address of Referee	
email address	
ornan 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.
- 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 help us implement our equal opportunities policy effectively, please indicate below if you would like us to provide any particular assistance for your interview, as a result of disability.

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

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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				

POST APPLIED FOR:					
QUALIFIED TEACHER					
44 DEGLADATION OF ODIMINAL OFFENORS					
14. DECLARATION OF CRIMINAL OFFENCES					
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	Offence	Sentence	Pending Charges		
Date	Offerice	Semence	(provide dates)		
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					
in block letters)					

Date