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.
I/D CARD OR PASSPORT NO.

2. PERSO	DNAL IN	FORMAT	ION			
Title:			Surname			
Forenam	es:					
Previous	Name if	Applicab	le:			
Date of E	Birth:					
Nationalit	y:					
Address:						
Postcode (if applica						
Driving L (if application please stategory	able, tate					
Diagon in	diaata wh	siah of the	fallowing was	- may 1100 to		(Dlagge tight)
Please in	uicate wr	iich of the	e iollowing we	rnay use to	o contact you:	(Please tick)
Home Te	elephone	Number:				
Work Tel	ephone I	Number:				
Mobile To	elephone	Number	:			
email add	dress:					

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 recer	(a) Current (or most recent) Employer's Name and Address:				
		-			
Dates of Employment:	From:		To:		
Job Title:					
Reason for leaving:					
Brief outline of Duties:					
(b) Previous Employer's N	Name an	d Address:			
Dates of Employment:	From:		To:		
Job Title:					
Reason for leaving:					
Brief outline of Duties:					
(c) Previous Employer's N	lame an	d Address:			
Dates of Employment:	From:		To:		
Job Title:					

Reason for leaving:						
Brief outline of Duties:						
4 01141 1510 4 510 110						
4. QUALIFICATIONS						
Diagona sive details of an	v suplification(s) hold s	nd whom obtained				
Please give details of an	y qualification(s) neid a	na where obtained.				
School(s)	Date(s)	Subject(s)	Grade(s)			
F FURTUED & HIGHER EDUCATION						
5. FURTHER & HIGHER EDUCATION						

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

College / University/	Date(s)	Subject(s)	Qualification(s)/Grade(s)

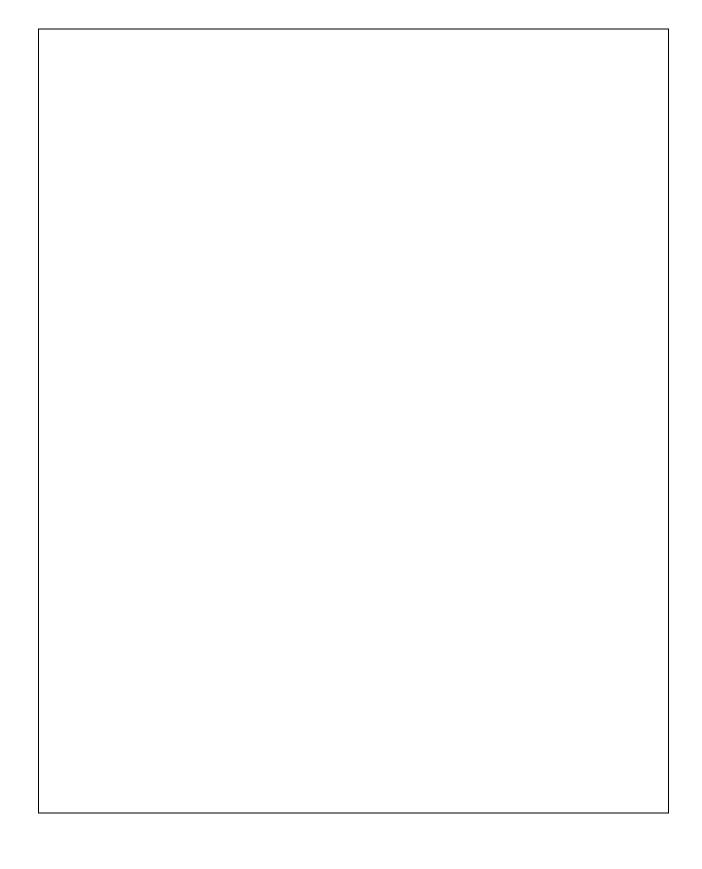
Training provider		

6. TRAINING AND DEVELOPMENT

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)

7. SUBJECT SPECIALISM
Please state subject specialism and level at which it can be offered:
a DEDOONAL OTATEMENT
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.
(DI EASE LISE ADDITIONAL SHEETS IF NECESSARY)
(PLEASE USE ADDITIONAL SHEETS IF NECESSARY)



9. REFERENCES
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.
Referees should not be relatives.
(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

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 APP	PLIED FOR:		
	QUALIFIEI	O TEACHER		
14. DECLAR	RATION OF CRIMINAL OFFEI	NCES		
•	en court martialled, or been co in Gibraltar or elsewhere? (Ple		ffence within the last 10	
YES		NO		
If you have tionsheet if neces	cked yes then you must complessarv.	ete the table below.	Please use additional	
Date	Offence	Sentence	Pending Charges (provide dates)	
Government circumstance comments yo	ninal record will not necessari of Gibraltar. This will depend of s and background of your offe ou may wish to make in this and only considered in relation	on the nature of the pences. (Please use the regard). Any informa	osition applied for and the e space below to add any tion given will be treated	

Name (in block letters)