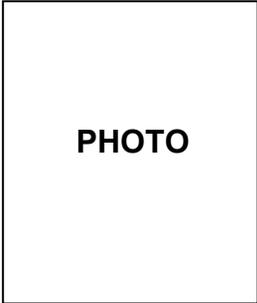


HM GOVERNMENT OF GIBRALTAR



EXTERNAL APPLICATION FORM
DEPARTMENT OF PERSONNEL & DEVELOPMENT
82-86 HARBOUR'S WALK
NEW HARBOURS
ROSIA ROAD
GIBRALTAR

1. POST APPLIED FOR:	
Post Title:	SUPPLY SPECIAL NEEDS LEARNING SUPPORT ASSISTANT
Name of applicant:	

- Please ensure that you answer all the questions as fully as possible. 'See CV' will not be accepted.
- Type or write neatly in black ink, as this form will be photocopied.
- A recent passport sized photograph must be included in the space provided above.
- Once completed, this application form along with copies of qualifications and completed vetting form must be submitted, via email at, supplysnlsa.recruitment@gibraltar.gov.gi by the closing date for receipt of applications. (Original qualifications will need to be brought in to the interview stage)

The documentation must be submitted in PDF attachments **only** (google drive link and jpegs are not accepted). Please submit as follows:

- 1 PDF Application Form
- 1 PDF Vetting form with front/back coloured copy of ID Card (Signatures must match)
- 1 PDF Qualifications (do not send qualifications separately)
- 1 PDF Reference Letter 1
- 1 PDF Reference Letter 2

- Please do not send completed vetting forms to the RGP. The Department of Personnel & Development will action this and pay the £10 fee on your behalf.
- Two references are required to be submitted to the Director of Personnel & Development via email at, supplysnlsa.recruitment@gibraltar.gov.gi not later than five working days after the closing date.

NOTE: Should you have any queries relating to your application either prior to or after interview, you may write to the Director of Personnel & Development, to the abovementioned email.

2. PERSONAL INFORMATION

Title:		Surname	
Forenames:			
Previous Name if Applicable:			
Date of Birth:			
Nationality:			
Address:			
Postcode: (if applicable)			
Driving Licence: (if applicable, please state category)			

Please indicate which of the following we may use to contact you: (Please tick)

Home Telephone Number:		
Work Telephone Number:		
Mobile Telephone Number:		
Email address:		

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.

(COPY/PASTE FURTHER EMPLOYMENT BOXES IF NECESSARY E,F,G...)

(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 Name and Address:			
Dates of Employment:	From:		To:
Job Title:			
Reason for leaving:			
Brief outline of Duties:			
(c) Previous Employer's Name and Address:			
Dates of Employment:	From:		To:
Job Title:			
Reason for leaving:			
Brief outline of Duties:			
(d) Previous Employer's Name and Address:			
Dates of Employment:	From:		To:
Job Title:			
Reason for leaving:			
Brief outline of Duties:			

4. QUALIFICATIONS

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

Kindly note that in order for the Department of Personnel and Development to accept the application you must be in possession of a minimum of 4 GCSEs including English Language (as a first language). Qualifications obtained outside the UK curriculum should be supported by a comparability statement from UK ENIC (www.enic.org.uk), which confirms how the qualification compares to the UK framework. This must be paid for and submitted to us by the applicant. The statement may be provided after the

closing date. Until such time, your application will be provisionally accepted.

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)

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. PERSONAL STATEMENT (STRICT 800 WORD LIMIT)

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.

8. REFERENCES

Please provide the following information on your referees, whom you should ask to submit a reference letter to the Director of Personnel & Development, to reach him not later than five working days after the closing date for receipt of applications at supplynsa.recruitment@gibraltar.gov.gi.

Referees should not be relatives.

Please note that references must:

- be dated within 3 months of the closing date
- not contain letterhead from the department if written by a Government official
- be appropriate to the post that you are applying for

(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

||

9. DATA PROTECTION ACT 2004

Under the Data Protection Act 2004, the Department of Personnel & Development 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 Occupational Health Provider (for the purpose of Section 11).

10. (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.

10. (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.

11. 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.

By submitting this application form, I consent to my personal details, including Full Name, Date of Birth, Email address and Telephone Number, being shared with

HMGOG's Occupational Health Provider, should my application be successful. This is to facilitate medical screening to determine my fitness for the role before I commence the position.

12. 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	<input type="checkbox"/>	
Qualifications	<input type="checkbox"/>	
2 Reference Letters	<input type="checkbox"/>	
Proof of Address	<input type="checkbox"/>	
Vetting form	<input type="checkbox"/>	

POST APPLIED FOR:

SUPPLY SPECIAL NEEDS LEARNING SUPPORT ASSISTANT

13. 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 necessary.

Date	Offence	Sentence	Pending Charges (Give dates)

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.....