

Gordonstoun School - Employment Application Form

All information given will be treated in strictest confidence. A CV may be submitted as additional information only. Please return your completed forms to: recruitment@gordonstoun.org.uk, ensuring arrival by the closing

date. Failure to do so may make your application invalid. If completed by hand, please use **black** ink.

General Data Protection Regulations: Please read our job applicant privacy notice which can be found under the employment

section of the school's website

It is Gordonstoun's policy to carry out rigorous security checks on all new employees appointed to the School, as recommended by the Scottish Executive Education Department. This involves presenting names of new staff to Disclosure Scotland for an enhanced check against criminal records and other lists which contain names of those not suitable for close contact with young people.

Application For:				
Job Title				
Where did you see this position advertised?				
Personal Details				
Surname:	Title:			
Forename(s) in full:	·			
Any other names you have been known by:				
Surname:				
Forename(s):				
Permanent Address:	Address for correspondence (if different):			
Postcode:	Postcode:			
Daytime Tel No:	Daytime Tel No:			
Evening Tel No:	Evening Tel No:			
Mobile No:	Mobile No:			
Email address (this is the School's preferred means of contact):				
Are you a citizen of a European Union Country?	Yes \square No \square			
Are you currently eligible to work in the UK? Yes \square No \square				
Are there conditions attached (e.g time limits)? Yes \square No \square				
If yes, please give details:				
To comply with UK Visa and Immigration (UKVI) requirements all prospective employees will be asked to supply				
evidence of eligibility to work in the UK. We will ask to see and take copies of an appropriate official document as set				
out in the UKVI guidelines. Do not send anything now, further information will be sent to you should you be				
selected to attend for interview.				
Overseas police checks or certificates of good conduct will or worked overseas.	be required for successful applicants that have resided			
Do you hold a current valid driving licence?	es 🗌 No 🔲			

Confidential Page 1

If yes, is	s your licence:	Full		Provisiona	l		
Do you	have your own transport?	Yes		No			
	have any connection with Gordonstoun? ase give details:	Yes	; <u> </u>	No			
CRIMIN	NAL CONVICTIONS & PVG						
Groups	hool, as an organisation offering regulat (PVG) Scheme on behalf of all new on on of employment. A previous criminal co	employees.	Meml	pership or	eligibility	for me	mbership will be a
Offend	to the nature and location of this role, lers Act, therefore, applicants are not en es are 'spent' under the provisions of the	ititled to wit					
non-co	certificate contains all unspent and certain priction information that the police or otl //www.mygov.scot/disclosure-types)						any other
1.	Are you a member of the PVG Scheme? Scheme).	(This is the	Protec	tion for Vu	lnerable G	roups	Yes / No
If you are a member of the PVG Scheme, please record your membership number below:							
3.	Disclosure Scotland keeps a list of peop children and protected adults. If Disclose of these lists, it is known as being 'listed' Scotland or been subject to any sanction	ure Scotland . Have you b	l adds een 'li	someone t sted' by Dis	o one or b sclosure	oth	Yes / No
4.	Do you have any relevant convictions, c reprimands?	autions, bind	d-over	s, final warı	nings, or		Yes / No
5.	Are you subject to any pending criminal Court Hearings?	convictions,	, pendi	ing crimina	damages	or	Yes / No
If you have answered yes to any of the above questions 3-5, you must supply details in a sealed envelope marked "Confidential" and attach to this form. If your application is successful, this information will be checked against information from the Disclosure Scotland PVG Service.							
Please	tick the following statement to acknowle	dge your acc	eptan	ce of this e	ntitlement	:.	
I understand and accept that Gordonstoun is entitled to approach any previous employer and request references. Additionally, I understand that where I have worked for an employer who provides services, care or education for children or vulnerable adults, they will be approached for a reference.							

Confidential

necessary					
Current or most recent position					
Employer's N	lame and Addr	ess	Nature of Business		
Da	ites				
From	То	Positi	on held, duties and responsibilities		
Salary:		Period of notice required:			
Any other ad	ditional inform	ation regarding this employme	ent (please continue on page 8, if necessary)		
D	odalis a ka Tarro		0.7		
Reasons for V	visning to leave	e/leaving this post (please continu	e on page 8, if necessary)		
Employme	nt history (plea	se list most recent first and account for a	any gaps in employment)		
	lame and Addr		Nature of Business		
D-	.				
From	tes To	Positi	on held, duties and responsibilities		
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Any other additional information regarding this employment (please continue on page 8, if necessary)					
Reasons for wishing to leave/leaving this post (please continue on page 8, if necessary)					

Employer's N	lame and Addre	ess	Nature of Business		
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	ites	Diri			
From	То	Positio	on held, duties and responsibilities		
Any other ad	ditional informa	ation regarding this employme	ent (please continue on page 8, if necessary)		
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Reasons for v	wishing to leave	e/leaving this post (please continu	e on page 8, if necessary)		
Employer's N	lame and Addre	ess	Nature of Business		
Da	ites				
From	To	Positio	on held, duties and responsibilities		
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Any other ad	ditional inform	ation regarding this employme	ent (please continue on page 8, if necessary)		
Reasons for wishing to leave/leaving this post (please continue on page 8, if necessary)					

Employer's Name and Address		ess	Nature of Business
Da	tes		
From	То	Positi	on held, duties and responsibilities
A a + b a d	ditional informa-		
Any other additional information regarding this employment (please continue on page 8, if necessary)			ent (please continue on page 8, it necessary)
Reasons for wishing to leave/leaving this post (please continue on page 8, if necessary)			

Education (please list in chronological order, most recent first)			
Dates		Qualifications gained	Date
From	То		
Dat	tes	Qualifications gained	Date
From	То		
	Date From	Dates From To Dates	Dates Qualifications gained From To Dates Qualifications gained

Please note that evidence of qualifications will need to be produced if an appointment is made.

Professional qualification	s and Tra	ining		
Name of Establishment	Da	tes	Qualifications gained	Date
	From	То		
Please list any Profession	al Organi	isations th	at you are a member of (i.e. SSSC)	
Please note that	evidence o	f qualificati	I ons will need to be produced if an appointment is mad	<u> </u>
			ons with recuto be produced if an appointment is made	
Any Additional Information	on			
using Information Techno	ology, plea cessary. Y	ase give de ou may w	ils of any special skills you may have and, if expetails of any applications used and level of abilitish to include leisure interests, membership of a	y. Please use

Any Additional Information	

Referees			

Please give the names and addresses of two referees – or employment. It is our normal practice to request reference not you consent to your referees being contacted at this s	ces prior to interview. Please indicate below whether or			
Name:	Position:			
Address:	Tel No:			
	Email Address:			
	I consent to you contacting this referee at this stage:			
	☐ Yes ☐ No			
Name:	Position:			
Address:	Tel No:			
	Email Address:			
	I consent to you contacting this referee at this stage:			
	☐ Yes ☐ No			
Special Facilities				
If you have a disability, would you require any special facil invited to attend an interview? If so, please provide detail special facilities you will require.	I I IVos I I No			
	•			
Declaration				
The submission of this document electronically constitutes an official application for employment. If I submit this application electronically and I am subsequently invited to interview, I understand that I will be asked to provide a formal signature on this document. I consent to the school making direct contact with all previous employers where I have worked with children to verify my reason for leaving that position.				
The statements made by me in this application and on any additional sheets are true to the best of my knowledge and belief. I am aware that if I am employed and it is found that such information is false, or that I have withheld information, I may be liable to dismissal.				
I have read the school's Applicant Privacy Notice.				
Signature:				
Print Name:	Date:			