

Application Form

Post Applied for: Disability Inclusion Officer

PERSONAL DETAILS	
Surname:	First Name(s):
Address:	Telephone Number:
	Home:
	Work:
	Mobile:
Post Code:	Email Address:

EDUCATIONAL & PROFESSIONAL QUALIFICATIONS			
Subject:	Educational Establishment:	Type of Qualification: (GCSE/O Grade/ Standard Grade/Higher/ Degree)	Attainment Level:

MEMBERSHIP OF PROFESSIONAL BODIES	
Name of Organisation:	Renewal Date:

PRESENT OR MOST RECENT EMPLOYMENT			
Employers Full Name and Address	Position Held and Main Responsibilities (Continue on Separate Sheet if Necessary)	Dates of Employment (MM/YY) From To	Reason For Leaving/ Wanting To Leave
			Final/Current Salary

PREVIOUS EMPLOYMENT (starting with most recent)			
Please account for periods where you were not in employment by including other experience, e.g. voluntary experience, extended travel and caring experience. Continue on a separate sheet if necessary.			
Employers Name and Address	Position Held and Main Responsibilities	Dates of Employment (MM/YY) From To	Reason For Leaving

OTHER INFORMATION

Please provide details below of your relevant experience, principal achievements, and personal qualities and explain how you meet the criteria for this role. You should do this by addressing the key job classification factors outlined in the Job Description. **There is a word limit of 1500 words.** Please continue on a separate sheet if necessary).

DRIVING REQUIREMENTS (if required)

Do you hold a current UK driving licence? YES/NO

ELIGIBILITY TO WORK IN THE UK

Do you have the right to work in the UK? YES/NO

REFEREES

Please provide the names of referees who can be contacted to provide a reference. One reference must be your present or most recent employer.

Name	1	2
Position Held Address Tel No: Email Address (not essential)		
Please state if referees may be approached now	Yes/No	Yes/No

If appointed, when could you start work?

How did you learn of this vacancy (name of newspaper, journal, etc)?

I am aware that in accordance with the Data Protection Act 1998 information provided on this application form will be retained in manual and computerised files for record keeping and monitoring purposes.

Initials of Applicant:

Date:

Please submit your completed application form to recruitment@scottishcycling.org.uk