**Staff Application Form**

Position: Youth, Heritage & Culture Intern

Please complete and return with a CV and a completed Equal Opportunities Monitoring Form, to:

gemma@scotland-malawipartnership.org

**Deadline for all applications is 09.00 on Thursday 26 March 2020**

Guidance notes:

* Prospective applicants should read the Application Pack before completing this form. This can be downloaded from: [www.scotland-malawipartnership.org/get-involved/vacancies-and-opportunities/](http://www.scotland-malawipartnership.org/get-involved/vacancies-and-opportunities/)
* If shortlisted, you will be invited to attend an interview on either Wednesday 1st or Thursday 2nd April 2020 in central Edinburgh.
* If you are successful at interview you will be asked to provide evidence of your qualifications, proof of your right to work in the United Kingdom, and any other documentary evidence required for the post.
* Please include an electronic signature on the final page of this form.
* Completion of the Equal Opportunities Monitoring Form is optional. This will not form part of the selection process.

**1. CONTACT DETAILS:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename(s):** |  |
| **Date of Birth:** |  |
| **Correspondence Address:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **E mail:** |  |

**2. EMPLOYMENT DETAILS:**

Starting with your present or most recent employer:

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates employed** | **Employer** | **Job title and key responsibilities** | **Final salary and reason for leaving** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Notice required by current employer:** |
|  |

|  |
| --- |
| **Space for optional comments regarding job record or career path and its relevance to this application** (e.g. explaining employment gaps, reasons for move from one field to another, geographical moves, etc) |
|  |

**3. EDUCATION AND QUALIFICATIONS:**

Please tell us about any formal, trade or vocational training or education you have received.

Begin with the most recent and work backwards.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Name and Location of Institute** | **Subjects studied** | **Grades and Qualifications gained** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Other relevant training:** |
|  |

|  |
| --- |
| **Please describe your level of ICT experience:** |
|  |

**Do you currently hold a full UK driving license?** [ ]  Yes [ ]  No

**4. SUPPORTING STATEMENT:**

|  |
| --- |
| **In no more than 500 words, please explain, with reference to the Job Description and Person Specification, how you have the knowledge, skills and experience required for this role:**  |
|  |

**5. PERSONAL INTEREST**

|  |
| --- |
| **In no more than 200 words, please tell us a little more about what has attracted you to the Scotland Malawi Partnership and what has motivated you to apply for this particular role:** |
|  |

**6. ASYLUM AND IMMIGRATION ACT 1997:**

|  |
| --- |
| National Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you require a work permit to work in the UK? [ ]  Yes [ ]  NoDo you currently hold a work permit? [ ]  Yes [ ]  No [ ]  N/ADo you have leave to remain in the UK? [ ]  Yes [ ]  No [ ]  N/A If yes, until what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**7. MEDICAL**

|  |  |  |
| --- | --- | --- |
| Have you, to your knowledge, any illness or medical condition that could affect your ability to carry out the duties of the post you are applying for: [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| If yes, please give details: |  |

 |

**8. REFERENCES**

|  |
| --- |
| Except in circumstances which would render it inappropriate, taking up an offer of employment with the Partnership will be conditional upon the Partnership receiving a satisfactory written reference from the appointee's existing or, where there is none, immediately previous employer or an academic referee. |
| **Reference 1:** (most recent employer or academic reference)Name:Position:Organisation:Address:Telephone:Email:How long have you known this referee?In what capacity?[ ]  I am happy for the SMP to contact this referee now[ ]  Prior notice requested | **Reference 2:**Name:Position:Organisation:Address:Telephone:Email:How long have you known this referee?In what capacity?[ ]  I am happy for the SMP to contact this referee now[ ]  Prior notice requested |

**9. DECLARATION**

I certify that the information provided on this form and in any attachments is correct and understand that any misrepresentation or omission may result in the cancellation of any contractual agreement or, if appointed, may render me liable to disciplinary action, including dismissal. I understand that the information I have given may be stored in manual and electronic files and is subject to the provisions of the General Data Protection Regulation Act of 2018. I agree to information provided on this form being used by the Partnership in accordance with that Act.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |