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**Shetland Amenity Trust**

Application for Post

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| **Post Applied for:** | Sumburgh Head Visitor Experience Assistant |
| **Closing date for receipt of applications:** | 10am, Monday 28th March 2022 |

**Please complete this form in full and return to:** [hr@shetlandamenity.org](mailto:hr@shetlandamenity.org) and/or via post to the address below: HR at Shetland Amenity Trust, Garthspool, LERWICK, Shetland, ZE1 0NY

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| **Personal Details** | | | | | |
| **First name(s):** |  | | **Last name:** |  | |
| **Is there a name, other than your legal name, by which you prefer to be addressed?** | | | | | |
| **Title:** | | **Please tick (√)** | **Preferred pronouns:** | | **Please tick (√)** |
| Mr | |  | He/Him | |  |
| Mrs | |  | She/Her | |  |
| Miss | |  | They/Them | |  |
| Ms | |  | No specific pronouns | |  |
| Mx | |  | I prefer not to disclose | |  |
| Other (please specify) | |  | I prefer a pronoun not listed | |  |
| **Permanent postal address:**  **Post Code:** | | | | | |
| **Telephone No.:** |  | | **Email:** |  | |
| **Where did you hear about/see this post advertised?** | | | | | |
| **Do you possess a current driving licence?** | | | YES / NO  Please give details of any endorsements / disqualifications. | | |
| **Do you require a permit to work in the UK:** | | | YES / NO | | |
| **National Insurance No.** | | |  | | |
| **Membership of Professional Bodies** | | |  | | |
| **If you are offered this position, what period of notice will you be required to give your present employer?** | | |  | | |
| **Please disclose any relationship which you have with any Senior Officer or Trustee of Shetland Amenity Trust** | | |  | | |
| **In line with the Working Time Regulations 1998, please advise if you have any additional employment and, if so, on average how many hours a week do you work in connection with this employment** | | |  | | |

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| **Education and Training** | | |
| **Name of School / College / University** | **Date qualification achieved**  (from - to) | **Examinations passed**  (subjects / credits / honours etc.) |
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| **Details of any further training:**  (Please include all courses relevant to this position and give dates of attendance) | | |

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| **Current (or last) employment** | | | |
| **Employer’s Name and nature of business** |  | | |
| **Position held** |  | | |
| **Please give a concise outline of your duties** |  | | |
| **What was your principal achievement in this position?** |  | | |
| **Reason for leaving / wishing to leave** |  | | |
| **Dates of employment (from-to)** |  | **Current Salary** |  |

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| **Previous employment** | | | | |
| **Dates of employment** (from/to) | **Employer’s Name** | **Position held** | **Please give a concise outline of your duties** | **Reason for leaving** |
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(please add further rows as required)

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| **Personal/Leisure interests** |
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| **Why are you the person for this role? What attracts you to this role? Why should we interview you?** |
| *(Please include details of all skills, knowledge and experience you possess which are relevant to the job description and person specification for this post)* |

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| **References** | | | |
| Please list **two** reliable persons **not related to you** who are able to give confidential information relating to your work and character. At least one reference must be from your current or most recent employer. If you do **not** wish us to approach a referee **prior** to you being interviewed, please tick the box/es below. | | | |
| **Referee (A)**  **Full Name** |  | **Referee (B)**  **Full Name** |  |
| **Full Address** |  | **Full Address** |  |
| **Tel No.** |  | **Tel No.** |  |
| **Email Address** |  | **Email Address** |  |
| **Business or Profession** |  | **Business or Profession** |  |
| **Context in which they know you** |  | **Context in which they know you** |  |
| **Please tick if you do not wish us to contact this referee prior to interview** |  | **Please tick if you do not wish us to contact this referee prior to interview** |  |

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| **Data Protection Statement** |
| The information that you provide on this form will be used to process your application for employment. We process this information in line with our privacy policy which can be found online www.shetlandamenity.org  If you succeed in your application for employment, the information will be used in the administration of your employment with us. Further details on the processing of your data at this stage will be provided to you on offer of employment.  By signing this application form we will be assuming that you agree to the processing of your personal data (as described above), in accordance with our registration with the Information Commissioner’s Office.  If you would like further information, please read our privacy policy at: <https://www.shetlandamenity.org/privacy-policy> |

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| **Declaration** | | | |
| I acknowledge that I have understood and agreed with the Data Protection Statement above and declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal. If I am not successful in my application, I understand that my application will be retained for 6 months. | | | |
| **Signature:** |  | **Date:** |  |

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