

 **APPLICATION FORM**

**Completed applications and any accompanying documents should be returned to:**

Email: people@rcpe.ac.uk

OR: Elin Andersson, Membership Department, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh, EH2 1JQ

Please return this form no later than 12 noon on Tuesday 5th of November 2019

**Data Protection Statement**

The personal information (data) collected on this form and any accompanying documents (which includes the collection of sensitive personal data), is collected for the purpose of recruitment, personnel administration (for new employees) and equality and diversity monitoring. It is the College policy to protect, and keep secure, all personal data collected. Unless you direct otherwise, the application forms (and attachments) of unsuccessful applicants will be securely destroyed after 12 months. All personal data in the case of successful applications is processed for the satisfactory administration of their employment, and for no other purpose. Additional information can be found in our Data Privacy Notice at: <https://www.rcpe.ac.uk/college/privacy-notice#applications>

Please note, this page will be separated from your application before consideration of candidates and will not be available to those involved in the selection process until shortlisting for interview has been completed.

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| **POSITION APPLIED FOR: Membership Services Administrator (FTC)** |
| **Title:** |  |
| **First Name(s):** |  |
| **Surname:** |  |
| **Home Address:** |
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| **Daytime Telephone Number:****Mobile Number:** | **Email Address:** |
| **Where did you hear about this vacancy?** |  |
| Have you ever been convicted of a criminal offence other than those which are considered spent convictions under the Rehabilitation of Offenders Act? **YES / NO** *Please note that a yes answer will not preclude you from interview.*If YES, please give details: |

**DECLARATION**

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, dismissed without notice.

**Signed:**

**Date:**

**For internal use only.**

Application number:

**Equality & Diversity Monitoring**

The Royal College of Physicians of Edinburgh is committed to providing diversity in all areas of our work. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form.

The information you provide will be treated as confidential.

Please note, this form will be separated from your application before consideration of candidates takes place and will not be available to those involved in the selection process.

**Post applied for:**  **Membership Services Administrator (FTC)**

**Gender:** Female ☐ Male ☐ Prefer not to say ☐

**Age**:

16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐

Prefer not to say ☐

**Are you married or in a civil partnership?** Yes ☐ No ☐ Prefer not to say ☐

**Disability:** The Equality Act defines a disability as a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability Yes ☐ No ☐ Prefer not to say ☐ according to the above definition?

If ‘Yes’ please provide details:

Please indicate any arrangements which would facilitate a more comfortable interview if you are short listed:

**Religion:** Tick one box from the section below to indicate your religion or belief.

Buddhism ☐ Christianity ☐ Hinduism ☐

Islam ☐ Judaism ☐ Sikhism ☐

Other ☐ None ☐ Prefer not to say ☐

**Sexual orientation:** Tick one box from the section below to indicate which best describes your sexual orientation.

Bisexual ☐ Heterosexual ☐ Gay Man ☐

Gay Woman/Lesbian ☐ Other ☐ Prefer not to say ☐

Please continue on the next page.

**Ethnic origin:** Tick one box from the following sections to indicate your ethnic origin.

White

British ☐ English ☐ Irish ☐

Gypsy or Irish Traveller ☐ Northern Irish ☐ Scottish ☐

Welsh ☐

Any other white background ☐ Please provide details:

Mixed

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Any other mixed background ☐ Please provide details:

Asian, Asian Scottish, Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐

Chinese ☐

Any other Asian background ☐ Please provide details:

Black, Black Scottish, Black British

Caribbean ☐ African ☐

Any other Black background ☐ Please provide details:

Other Ethnic Group

Arab ☐ Arab Scottish ☐ Arab British ☐

Any other ethnic group ☐ Please provide details:

Prefer not to say ☐

Thank you for completing this form.

**For internal use only.**

Application number:

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| **Professional Qualifications** |
| Professional Body | Qualifications | Date Obtained | By award or examination |
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| **Educational Qualifications** |
| Qualifications | Place of Study | Date Obtained | Grade |
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| **Current Employment Details** |
| Job Title |  |
| Date commenced current role |  |
| Salary |  |
| Employer’s name and address |  |

**Employment History**

Please summarise your previous employment or occupations, continuing on a separate sheet if necessary. A copy of a CV may be sent **in addition** to this information.

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| --- | --- | --- | --- |
| **Name and address of employer** | **Position held** | **Reason for leaving** | **Dates of employment** |
|  |  |  | **From** | **To** |
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**Experience and Skills**

Please tell us how your knowledge, skills and experience meet the requirements of this role. Please refer to the Job Description and the knowledge, skills and experience needed. Continue on a separate sheet if necessary.

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**Referees**

Please provide details of two referees (one of whom should normally be your current employer) whom we can approach about your application for this post.

**We will only approach these referees if you are the successful candidate following interview.**

**Referee 1:**

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| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Your relationship to the referee: |  |

**Referee 2:**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Your relationship to the referee: |  |