



Application for the post of:

AVAILIBILITY (tick as appropriate) PART TIME FULL TIME

Please state how you heard about this vacancy

PERSONAL DETAILS	
Surname:	Forename:
Full Address:	
Postcode:	
Home Telephone No:	Work /Mobile Telephone No

EDUCATION AND TRAINING	
Examinations/Qualifications (obtained at School, College, University etc)	
Qualification Subject	Results/Grades

PROFESSIONAL QUALIFICATIONS			
Professional Body(ies)	Intermediate Qualification	Final Qualification	Qualifications yet to be taken

PROFESSIONAL REGISTRATION		
Registration Body	Registration No/Pin No	Renewal Date

SOCIETY MEMBERSHIPS SUBSCRIBED TO	PUBLICATIONS PURCHASED OR

PRESENT OR MOST RECENT POST	
Name of present Employer:	
Address:	
Telephone No:	
Title of post held:	
Full-time/Part-time	

Present Salary Scale:	Present Salary Point:	Actual Salary:
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Date appointed:	Period of notice required by present employer:
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DUTIES OF PRESENT OR MOST RECENT POST

PREVIOUS EMPLOYMENT			
Please begin with the most recent employment and supply exact dates where possible			
Dates		Name of Employer and Nature of Business	Position held and brief details of duties
From	To		

DISABILITY DECLARATION

Do you deem yourself to be disabled? Yes No

If yes, please detail any special assistance or equipment you would require prior to attending your interview

Given the nature of the post applied for, the Rehabilitation of Offenders act 1974 (Exceptions) order 1975 is applicable and you are required to give details of all criminal convictions, including convictions, which could otherwise be spent under the Act. Failure to do so may result in disciplinary action including dismissal

Offence	Sentence	Dates

STATEMENT IN SUPPORT OF APPLICATION - Please add here any information you wish to support your application

Please continue on a separate sheet if necessary*

Please give name, address and designation of two referees, one of whom *must* be your present or most recent employer

Name:	Name:
Designation:	Designation:
Address:	Address:
Tel No:	Tel No:

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature:	Date:
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THE INFORMATION YOU SUPPLY WILL BE STORED ON COMPUTER AND IS GOVERNED BY THE DATA PROTECTION ACT



EQUAL OPPORTUNITIES MONITORING FORM

Glasgow Centre for Reproductive Medicine is committed to a policy of equal opportunities in employment. We want to ensure that no job applicant or employee receives less than favourable treatment because of his or her race, colour, nationality, and ethnic origin, disability or on the grounds of his or her sex or marital status; or is disadvantaged by conditions or requirements which are not justified by the job to be done. To ensure the policy is working we require you to complete the following questionnaire. This information will be used solely for monitoring purposes and will be treated as confidential. The information will be held on computer and is governed by the Data Protection Act.

Please note: Although the information you supply would be of great assistance to us, you are under no obligation to complete this form. If you do not wish to do so please state only your name and tick this box.

PLEASE COMPLETE IN BLOCK CAPITALS & BLACK INK

NAME (Please print in full) _____ AGE _____
 JOB TITLE _____ NATIONALITY _____

PLEASE TICK APPROPRIATE BOX

1. ETHNIC GROUP

A. White

- Scottish
 English
 Welsh
 Irish
 Any other white background
 (Please describe) _____

B. Mixed

- Any mixed background
 (Please describe) _____

C. Asian, Asian Scottish, Asian English, Asian Welsh, or other Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian Background
 (Please describe) _____

D. Black, Black Scottish, or Black Caribbean

- Caribbean
 African
 Any other Black background
 (Please describe) _____

E. Other ethnic background

- Any other background
 (Please describe) _____

2. SEX

- Male Female

3. RELIGION

- a. Buddhist
 b. Church of Scotland
 c. Hindu
 d. Jewish
 e. Muslim
 f. Roman Catholic
 g. Sikh
 h. Other Christian
 (Please describe) _____
 i. Other Religion
 (Please describe) _____
 j. No Religion

4. DISABILITY

Do you consider yourself disabled as defined by the Disability Discrimination Act? i.e. Do you have a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.

- YES NO

If yes, please state briefly the nature of your disability

* **ADDITIONAL INFORMATION** (If required)

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Signature:	Date:
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