**Application Form**

|  |  |
| --- | --- |
| **Position Applied For** | **Chair of Staf’s Board** |
|  |  |
| Surname |  |
|  |  |
| First Name(s) |  |
|  |  |
| Address |  |
|  |  |
| Tel No (day/evening) |  |
| Tel No (mobile) |  |
|  |  |
| Email Address |  |

**Previous Experience**

Please provide details about your previous experiences, paid or unpaid, which are relevant to the role of Chair.

|  |  |  |
| --- | --- | --- |
| ***Name of Organisation*** | ***Position Held / Responsibilities and Main Tasks Undertaken*** | ***Dates (From/To)*** |
|  |  |  |
|  |  |  |
|  |  |  |

**Supporting Statement**

Please use this page to explain what you would bring to the position, referring to the Role Description.

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|  |

**References**

We may wish to seek references from two people who can comment on your suitability for the role.

**Referee One:**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Phone: |  |
| Email Address: |  |

**Referee Two:**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Phone: |  |
| Email Address: |  |

|  |
| --- |
| I declare the information given on this form is correct to the best of my knowledge.**Signature**: **Date:** |

Please return this form by the closing date as stated on the advert via e-mail to hr@staf.scot or by post marked Private and Confidential to:

Sandra Veitch

Operations Manager

Staf

Edward House

2nd Floor, 199 Sauchiehall Street

Glasgow G2 3EX

Staf is committed to equality of opportunity regardless of age, disability, gender or gender identity, race or ethnicity, faith, sexual orientation or parent/carer responsibilities. To help us to monitor and review our effectiveness in this area, please complete the following details. **This information will not be used for any other purpose than monitoring and will be detached from the application form on receipt.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Applied For** |  | **Full Name** |  |
| **How did you hear about his vacancy?** |  |

|  |
| --- |
| Which ethnic group do you identify as? |
| White |  | Mixed |  |
| Black or Black British |  | Asian or Asian British |  |
| Chinese |  | Other |  |
|  |
| Do you consider yourself to have a disability? |   |
| If yes, please give details: |
|  |

|  |
| --- |
| Age |
| 0-24 |  | 25-34 |  | 35-44 |  |
| 45-54 |  | 55-64 |  | 65+ |  |
|   |

|  |
| --- |
| What sexual orientation do you identify as? |
| Heterosexual |  | Gay man |  |
| Gay woman/lesbian |  | Bisexual |  |
| Prefer not to say |  | Other |  |
|   |
| Which gender do you identify as?  |  |
| Is this this the same gender you were assigned at birth? |  |
| Do you consider yourself to be transgender?  |  |
|  |  |
| Which religion/faith/belief do you identify with? |
| Christian |  | Muslim |  |
| Hindu |  | Jewish |  |
| Buddhist |  | Sikh |  |
| No Religion |  | Prefer not to say |  |
| Other |  |
|   |
| Do you have any caring responsibilities? If yes, please mark against all that apply. |
| None |  | Prefer not to say |  |
| Primary carer of: |
| Child/children under 18 |  | Disabled adult (18 and over) |  |
| Disabled child/children |  | Older person |  |
| Secondary carer (another person carries out main caring role) |  |

As part of our pre-recruitment checks we will be carrying out a check of criminal records; this is called disclosure information. This process has two stages. The first is the completion of this form while the second stage is an application to Disclosure Scotland.

**Please complete the following information and place it in the envelope provided. This information will only be reviewed by our staff with a direct responsibility for the recruitment** of staff or volunteers.

It is recommended that you visit the [Disclosure Scotland website](https://www.mygov.scot/convictions-higher-disclosures/) for guidance before telling us about any spent convictions. Please see the flow chart overleaf which may be useful.

**Please note that driving convictions can also be listed on disclosure/PVG certificates.**

|  |  |
| --- | --- |
| Do you have any unspent criminal convictions? | Yes /No\**(\*delete as applicable)* |
| If “Yes”, please state for each conviction:* The date of the conviction
* The court where your case was dealt with;
* The offence
* The penalty
 |
|  |
| Do you have any spent criminal convictions? | Yes /No\**(\*delete as applicable)* |
| If “Yes”, please state for each conviction:* The date of the conviction
* The court where your case was dealt with;
* The offence
* The penalty
 |
|  |

Full Name (In Block Capitals):

Signature: Date:

**Criminal Convictions Flow Chart**

