**Application for Employment**

**EDUCATION AND TRAINING** – Secondary Education

Qualifications Gained Subjects Grade

**PERSONAL DETAILS**

Full Name:

Address:

Postcode

National Insurance Number:

Daytime Contact Number: Home Telephone Number:

Email Address:

**Closing Date: Monday 11th August 2025.**

**Post: School Counsellor (Scottish Borders)**

**Please Note -** Curriculum Vitae will not be considered as part of your application.

We will only use the information you provide on this form to process your application. Personal information about unsuccessful candidates will be held for six months after the recruitment process has been completed and then destroyed.

**FURTHER and HIGHER EDUCATION**

Qualification gained Institution Date

**Membership of Professional Bodies**

Name of Professional Body Membership Level

**Other Training Relevant to this Application**

**EMPLOYMENT RECORD** – Present or most recent employment

Full/Part-time/Sessional (Please specify)

**Name of Employer Post Title Length of Service in post**

**Summary of duties and responsibilities of present or most recent employment**

**Previous Employment History**

|  |  |  |
| --- | --- | --- |
| **Name of Employer** | **Post/Title** | **Length of service and status of employment i.e. Full/Part-time or sessional, and major elements of job (most recent first)** |
|  |  |  |

**ADDITIONAL INFORMATION –** Please provide any details of your experience knowledge and skills, which you consider relevant to this post. Refer to the job description and person specification when completing this section.

**Additional information continued** – should you have insufficient space, continue on a further sheet(s).

**When completed please return all forms to:**

MYPAS

Tolbooth Hall

176 High Street

Dalkeith

Midlothian EH22 1AY

**Or email to:** enquiries@mypas.co.uk

**DECLARATION**

I verify that to the best of my knowledge, the information supplied by me on this application form and only any additional sheets is correct. I accept that false information or omission may lead to my dismissal without notice.

Signature:

Date:

**REFERENCES**

Please give the details of two referees one of whom must be a present or most recent employer.

Name Name

Job title position Job Title position

Organisation Organisation

Address Address

Telephone no. Telephone no.

Do you hold a current driving licence? YES/NO (please specify)

Do you have access to a car? YES/NO (please specify)

Please tell us how you found out about the vacancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_