

APPLICATION FORM

Lothian Valuation Joint Board

17A South Gyle Crescent, Edinburgh, EH12 9FL
Telephone (0131) 344 2500

Application form for post of

Closing date

1 Personal Details

Surname		Initials	
Address			
Postcode			
E-mail Address			
Home Telephone No			
Work Telephone No			
Mobile Telephone No			

2 Employment Record

PRESENT OR MOST RECENT EMPLOYER

If still working for this employer, please tick box.

Job Title	
Name & Address of Employer	
Postcode	
Notice Period	
Dates of Service	
Annual Salary	
Summary of your duties and responsibilities related to present or most recent post and reason for leaving, if appropriate: Responsibilities	

2 Employment Record (Cont'd)

PREVIOUS EMPLOYMENT (List in order with most recent employer **FIRST**)

For the purpose of calculating reckonable service for annual leave and other entitlements, please ensure all previous Local Authority employment is listed.

Name & Address of Employer	Job Title & Start and Finish Dates (month & Year)	Main Duties & Responsibilities (include final salary and reason for leaving)

3 Education & Training

FURTHER/HIGHER EDUCATION

Qualification(s) Gained or Working Towards	Name of College/University	Main Subjects Studied	Awarding Body/Institution	Date Achieved

SECONDARY EDUCATION

Certificates Gained	Subjects/Modules	Grade/Band	Date

3 Education & Training (Cont'd)

PROFESSIONAL QUALIFICATION(S)

Class/Grade of Membership	Institution	How Awarded	Date Awarded

OTHER TRAINING – relevant to this application

Name of Course/Subject	Provided By	Certificated (Yes/No)	Duration	Date

4 Information in Support of Your Application

Give any further details of your experience which you consider relevant to the post applied for.

5 References

Please give names, designations, addresses and telephone numbers of two persons who have agreed to provide a reference for you. Please also state your relationship with each referee. You should, if possible, know one referee in an employment capacity. One should be your present or last employer. If you are in, or have left within the last three years, full –time education, please provide one referee from that educational establishment.

Name of First Referee	
Designation/Post Title	
Company Name	
Address	
Postcode	
E-mail Address	
Telephone No	
Relationship with Referee	

Can the referee be contacted prior to interview?	Yes		No	
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Name of Second Referee	
Designation/Post Title	
Company Name	
Address	
Postcode	
E-mail Address	
Telephone No	
Relationship with Referee	

Can the referee be contacted prior to interview?	Yes		No	
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6 Relationship

If you are related to a Councillor or Senior Officer of this Joint Board or other Councils in Lothian, you are required to inform us at this stage. This will allow us to judge whether the Councillor or Senior Officer requires to take any steps to ensure non-involvement in your possible recruitment. If you are in any doubt whether you are required to answer this question, telephone the person to whom this application form is to be returned. Your enquiry will be dealt with in strict confidence.

Councillor/Senior Officer	
Relationship	

7 Declaration

I verify that, to the best of my knowledge, the information supplied by me on this application form, and on any additional sheets submitted, is true and correct. I realise that if I am employed and it is found that such information is false or that I have withheld information I may be liable to disciplinary action under the Disciplinary Procedure of Lothian Valuation Joint Board.

Please note only sign with initial(s) and surname

Signed	
Date	

Supplementary Questions For Applicants With Special Requirements

POST APPLIED FOR	
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SURNAME		INITIALS	
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Lothian Valuation Joint Board welcomes applications from people who have or have had a disability. We will interview all applicants who have or have had a disability and meet the minimum essential criteria for the job.

The Equality Act 2010 makes it unlawful for an employer to discriminate against a disabled person in the field of employment.

The Act defines a disabled person as *Someone with a physical or mental impairment which has a **Substantial and Long-term Adverse Effect** on that person's ability to carry out **Normal Day-to-Day Activities**.*

If you have a disability or an impairment which is covered by The Equality Act 2010 and you would require Lothian Valuation Joint Board to make reasonable **Adjustment**, please answer the following questions.

Otherwise you do not need to tell us of any disability or impairment you may have.

This information will not count against you, but will help us consider ways in which we can reasonably accommodate your needs.

<p>If you would like the Joint Board to consider making reasonable Adjustments in respect of the job you are applying for, can you suggest what they may be, in order that you might carry out the essential tasks of the job.</p>

<p>What arrangements do you require at the interview stage – wheelchair access, sign language, interpreter, etc?</p>

Date	
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Equal Employment Opportunities Policy Monitoring Questionnaire

Lothian Valuation Joint Board is an equal opportunities employer and will prevent discrimination particularly on the grounds of sex, marital status, disability, race, colour, religious belief, political belief, sexuality, nationality, ethnic origin, age, trade union activity, responsibility for dependants or employment status.

In order for the Joint Board to monitor its recruitment and selection process you are requested to complete this form and return it with the main Application Form. This form is not made available to those involved in short listing or conducting the recruitment interview, and is used solely for monitoring and statistical purposes.

1 Age (Please tick one)

<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-29	<input type="checkbox"/>	30-34
<input type="checkbox"/>	35-39	<input type="checkbox"/>	40-44	<input type="checkbox"/>	45-49
<input type="checkbox"/>	50-54	<input type="checkbox"/>	55-59	<input type="checkbox"/>	60-64
<input type="checkbox"/>	65+	<input type="checkbox"/>	Prefer not to say		

2 Gender (Please tick one box)

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Intersex
<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Other

If you answered 'other' please specify here:

3 Disability or Health Condition (Please tick one box)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say
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4 Sexual Orientation (Please tick the box that best describes your sexual orientation)

<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	other

If you answered 'other' please specify here:

Cont'd over/....

5 Ethnicity (Please tick the box that best describes your ethnic group)

<input type="checkbox"/>	White – Scottish	<input type="checkbox"/>	White – English
<input type="checkbox"/>	White – Welsh	<input type="checkbox"/>	White – Northern Irish
<input type="checkbox"/>	White – Irish	<input type="checkbox"/>	White – British
<input type="checkbox"/>	White – Gypsy or Irish Traveller	<input type="checkbox"/>	Other White Background
<input type="checkbox"/>	Mixed/Multiple Ethnic Group – White and Black Caribbean	<input type="checkbox"/>	Mixed/Multiple Ethnic Group – White and Black African
<input type="checkbox"/>	Mixed/Multiple Ethnic Group – White and Asian	<input type="checkbox"/>	Other Mixed/Multiple Ethnic Group
<input type="checkbox"/>	Asian/Asian British – Indian	<input type="checkbox"/>	Asian/Asian British – Pakistani
<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>	Asian/Asian British – Chinese
<input type="checkbox"/>	Other Asian/Asian British	<input type="checkbox"/>	Black/African/Caribbean/Black British – African
<input type="checkbox"/>	Black/African/Caribbean/Black British – Caribbean	<input type="checkbox"/>	Other Black/African/Caribbean/Black British
<input type="checkbox"/>	Other Ethnic Group not mentioned above		

If you answered 'other' please specify below:

6 Are You Married or in a Civil Partnership (Please tick one box)

Yes
 No
 Prefer not to say

7 What is your Religion (Please tick one box)

<input type="checkbox"/>	Christian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	No religion or belief	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	other

If you answered 'other' please state your religion below:

POST APPLIED FOR			
NAME (PLEASE PRINT)			
SIGNATURE		DATE	

IT WOULD BE HELPFUL IF YOU COULD LET US KNOW HOW YOU FOUND OUT ABOUT THIS VACANCY:-

S1Jobs.com
 Myjobscotland.gov.uk
 Other

If you answered 'other' please state below: