# **Application Form for Associate Trainer post 2018-19**

**Anonymised application process**

This page will be separated from the rest of the form on receipt. Only the information you provide in the other sections of the form will be used when short-listing for interview.

If you are sending the form electronically, please make sure that this page does not run on to the next page.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use only** Application ID number:

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname: |  |
| Address: |  |
|  |  |
|  |  |
| Home tel: |  | Mobile: |  |
| Email address: |  |

Term contact details (if different)

|  |  |
| --- | --- |
| Term address: |  |
|  |  |
|  |  |
| Term tel: |  | Mobile: |  |
| Other email: |  |

1. **Declaration**

I confirm to the best of my knowledge the information throughout this form is true and correct:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use only** Application ID number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you available to attend a 3 day training event 29th – 31st August 2018? Yes/No**

Please note if you will not be available at this time we cannot proceed with your application.

1. **Studies / employment**

Current studies

|  |  |
| --- | --- |
| Institution: |  |
| Award level (eg. HNC/D, undergraduate, postgraduate) |  |
| Programme title |  |
| Start and finish dates |  |
| Part-time or full-time |  |

Previous studies

|  |  |
| --- | --- |
| Institution |  |
| Award level (eg. HNC/D, undergraduate, postgraduate) |  |
| Programme title |  |
| Start and finish dates |  |
| Part-time or full-time |  |

Current or previous employment (please complete on a separate page if necessary)

|  |  |
| --- | --- |
| Organisation/Company |  |
| Job title |  |
| Part-time or full-time |  |
| Start and finish dates |  |
| Brief Description of Duties |  |
|  |  |
| Organisation/Company |  |
| Job title |  |
| Part-time or full-time |  |
| Start and finish dates |  |
| Brief description of duties |  |

1. **References**

Please give the names of two references:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Job Title: |  | Job Title: |  |
| Organisation: |  | Organisation: |  |
| Address: |  | Address: |  |
| Email address: |  |  |  |
| Telephone: |  | Telephone: |  |

1. **Supporting statement**

4.1 Please show how your experience, skills and knowledge meet the criteria as set out in the Person Specification, providing demonstrable examples where possible. You may prefer to submit this on a separate sheet of paper, clearly named.

4.2 Please state here how important you think a class/course representative is to an institution and its students' association. Once again, you may prefer to submit this on a separate sheet of paper, clearly named.

1. **Eligibility to work**

Are you entitled to work in the UK? Yes No

Under the *Immigration, Asylum & Nationality Act 2006,* if your application is successful we are obliged to ask you for proof of entitlement to work in the UK.

1. **Assistance for people with disabilities**

If you have a disability, are there any arrangements that we can make for you if you are called for interview?

Please specify below:

Please return completed applications to: GUSRC Welcome Point, McIntyre Building, University Avenue, Glasgow G12 8QQ or via email at representation@src.gla.ac.uk

no later than **4 pm on Monday 25th June 2018.**

If you have any questions please email the address above.