**Graduate Trainee (Scotland)**

**How to apply**

* Full curriculum vitae
* Full covering letter explaining how you meet the person specification
* Candidate Information form (below)

#### **Please send your application marked ‘Graduate Trainee Application - Private & Confidential’ to:**

**Sean McNamara, Head of CILIP Scotland at** [**admin@cilips.org.uk**](mailto:admin@cilips.org.uk)

**Completed applications should reach us by 9th December at 4pm.**

#### Special requirements

CILIP welcomes applications from all suitable people including those with disabilities. Please let us know about any disabilities which may affect your application and any reasonable adjustments that you feel should be made to the recruitment process to assist your application.

#### Short-listing

The job specification will be used to carry out the short-listing for the post and the information contained in your application will be matched against the relevant criteria.

If you do not hear from us within 4 days of the closing date please assume that you have not been shortlisted.

**Interviews will take place in Glasgow on 12th January 2023**

Thank you for your interest and we look forward to receiving your application.

| **Candidate Information Form** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post Applied for | | | | | | Graduate Trainee (Scotland) | | | | | | | | | | | | | | | Job Ref | | | GTS2 | | | | |
| Where did you learn of this vacancy? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | |  | | | | | | | | | | **First names** | | | | | |  | | | | | | | | |
| Ms/Mrs/Miss/Mr/Other (please specify): | | | | | | | | | | | | | | Telephone numbers (including code) | | | | | | | | | | | | | | |
| **Permanent address:** | | | | | | | | | | | | | | Day | | | |  | | | | | | | | | | |
| Is this a work number? | | | | | | | | Yes |  | | | No |  | |
| Are you contactable at work? | | | | | | | | Yes |  | | | No |  | |
| Evening | | | |  | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | Mobile | | | |  | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there restrictions on your rights to reside/work in the United Kingdom? | | | | | | | | Yes | |  | No | |  | | | | Do you have any criminal convictions (other than those ‘spent’ under the Rehabilitation of Offenders Act)? | | | | | | | | Yes | | | No |
| Do you require a work permit? | | | | | | | | Yes | |  | No | |  | | | |  | | |  |
| If yes, please specify: | | | | | | | | | | | | | | | | | If yes, please specify: | | | | | | | | | | | |
| **CILIP welcomes applications from all suitable people including those with disabilities.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any disabilities and: | | | | | | | 1) Any reasonable adjustments that you feel should be made to the recruitment process to assist you in your application for this job. | | | | | | | | | | | | 2) Any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Availability to take up employment | | | | |  | | | | Current  Salary | | |  | | | | | | Holiday commitment dates during the next 12 months | | | | | |  | | | | |
| **Referees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide full details of two referees including your current /most recent employers during the last 3 years. If you do not have two employment referees you may nominate an academic referee. **Indicate clearly if you do not wish us to contact any referees without your specific approval.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

**Equal Opportunities Policy**

CILIP has an Equal Opportunities and Diversity Policy which aims to ensure that all employees and job applicants are treated fairly irrespective of race, colour, religion, ethnic or national origin, disabilities, age, sex, sexual orientation and marital status. Please help us to make these policies effective by completing the sections below and returning this sheet with your application for monitoring purposes.

**Confidentiality**

This sheet will be detached from your application and will form no part of the selection process. If appointed the data will form part of your confidential personnel records, otherwise it will be destroyed.

**Ethnicity**

| **A White** | |  | **Job Ref** | | | **GTS2** | | | | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| British |  |  | | | | | | | | | | | |
| Irish |  | **Gender** | | | | | | | | | | | |
| Any other White background (Please describe) |  | Male |  | | | Female | | |  | | | | |
| **B Mixed** | |  | | |  | | | | | | | | |
| White and Black Caribbean |  | **Age** | | |  | | | | | | | | |
| White and Black African |  | **Date of birth** | | |  | | | | | | | | |
| Any other Mixed background *(Please describe)* |  |  | | | | | | | | |  |  | |
| **C Asian or Asian British** | |  | | | | | | | | | | | |
| Indian |  | **Marital Status** | | | | | |  | | |  | | |
| Pakistani |  | Single | | | | | |  | | | | | |
| Bangladeshi |  | Married | | | | | |  | | | | | |
| Any other Asian background *(Please describe)* |  | Separated | | | | | |  | | | | | |
| **D Black or Black British** | | Divorced | | | | | |  | | | | | |
| Caribbean |  | Widowed | | | | | |  | | | | | |
| African |  |  | | | | | | | | | | | |
| Any other Black background *(Please describe)* |  | **Do you consider yourself to have a disability?** | | | | | | | | | | | |
| **E Chinese or Other Ethnic Group** |  | (The disability discrimination act defines a disability as a physical or mental impairment, which has a long-term adverse effect on your ability to carry out normal day-to-day activities.) | | | | | | | | | | | |
| Chinese | |
| Any other background (Please describe) |  | **Yes** | |  | | | **No** | | |  | | | |

**Personal Data**

| **Last Name** |  | | | | **Initials** |  | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is your general state of health good? | | Yes | No | How many days sickness absence have you had in the past twelve months? | | | Total No. Days |
|  |  |  |

| Are there any disabilities which may affect your application? Please specify. | Yes | No | Are any days of sickness  due to a disability? | Yes | No | Total No. Days |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |