



1 Pine Court, Kembrey Park, Swindon SN2 8AD  
Tel: 01793 530166 Fax: 01793 481182 Email: [info@sla.org.uk](mailto:info@sla.org.uk)

**APPLICATION FORM**

**STRICTLY CONFIDENTIAL**

Position applied for: **FIXED TERM ADVISORY LIBRARIAN**

The School Library Association is fully committed to the principle of equal opportunities in employment and welcomes applicants regardless of disability, gender, marital status, political opinion, race, religious belief or sexual orientation.

Please complete all sections of this form in black ink as fully and accurately as possible. You may attach a CV if you wish. All information given will be treated in the strictest confidence.

**Applicant Details**

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Business Tel.: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

National Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Employment History**

Please begin with details of your current or most recent employment and work back through your career. (Please continue on a separate sheet if necessary).

Employer's name and address.	Position held and summary of responsibilities.	Dates of employment.	Reason for leaving.

**Employment History (continued)**

Employer's name and address.	Position held and summary of responsibilities.	Dates of employment.	Reason for leaving.

**Academic Education and Qualifications.**

Please give details of your education history in chronological order.

School, college, university, etc.	Type of qualification/awarding body.	Dates.	Grade or result.	Explanatory comments (if appropriate).

**Professional Training and Qualifications.**

Please give details of any professional training undertaken or qualifications achieved. You may also wish to include any *relevant* in-service or external short courses attended in the last 2 years.

Type of training or qualification.	Date	Result/level achieved/awarding body.	Explanatory comments (if appropriate).

**Achievements, Skills and Personal Qualities.**

Please outline below the specific experience, skills and attributes you possess which make you suitable for this position. This section is particularly important in the selection process and assessments will be made on the information you provide. Please continue on a separate sheet, if necessary.

**Leisure activities and social achievements.**

Please describe your interests outside work and any involvement you may have with clubs, societies, charitable work, etc.

## References

Any offer of employment will be conditional on receipt of two satisfactory references. Please give details of two referees below, one of whom should be your present or most recent employer. We shall not approach referees without your approval before an offer of employment is made.

Title/Name: Position: Address:	Title/Name: Position: Address:
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## Additional Information

### Health

Do you have any health issues that may affect your work? **Yes/No**

If yes, please give details:

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How many days sickness have you taken during the last 12 months? \_\_\_\_

### Welfare

Do you consider yourself to have a disability? **Yes/No**

If Yes, is there any special provision you would like us to make to be able to offer you a fair selection interview or to help you perform effectively in this job?

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### Use of car

Do you hold a current driving licence? **Yes/No** If so, do you have any endorsements? **Yes/No**

How many penalty points, if any, do you have? \_\_\_\_

### Rehabilitation of Offenders Act

Have you ever been convicted of a criminal offence which is not 'spent' under the Rehabilitation of Offenders Act? **Yes/No**

If Yes, please give details: \_\_\_\_\_

### Availability to work

Recognising any requirement to give notice, when would you be able to start work with The School Library Association, if successful with your application? \_\_\_\_\_

Please give dates of any holidays booked:

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**Once in employment, should the School Library Association discover that you have provided any false, inaccurate or misleading information your employment may be terminated with immediate effect.**

**I declare that the information given on this form is complete and correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send your application to The Director at the address at the top of this form and mark the envelope 'Confidential'. Thank you.