EXTERNAL APPLICATION FORM

1. POST APPLIED FOR:	
Post Title:	
Name of applicant:	

- Please ensure that you answer all the questions as fully as possible.
- Type or write neatly in black ink, as this form will be photocopied.
- Documents as proof of academic and other qualifications must be scanned and emailed to the relevant vacancy officer stated on the advert.
- Two references are required to be submitted one of the references must be from the current or most recent employer.
- Duly completed and signed application forms should be submitted via email to the relevant vacancy officer stated on the advert, by the closing date for receipt of applications. Application forms which are not appropriately complete within the agreed timespan shall not be considered.

NOTE: Should you have any queries relating to your application either prior to or after interview, you may write to the the email address specified in the advert.

Do not write below this line.

FOR OFFICIAL USE ONLY

DOCUMENT	SEEN	RETURNED
Evidence of Nationality		
Qualifications		

I/D CARD OR PASSPORT NO.

2. PERSONAL INFORMATION

Title:		Surname	
Forenames:			
Previous Name if Applicable:			
Date of Birth:			
Nationality:			
Age:			
Address:			

Please indicate which of the following we may use to contact you:		(Please tick)
Home Telephone Number:		
Work Telephone Number:		
Mobile Telephone Number:		
email address:		

3. EMPLOYMENT HISTORY

Please list in order (the most recent first), the organisation(s) you have worked for, whether full or part time, including voluntary, unpaid, or self employed work.
(***PLEASE USE ADDITIONAL SHEETS IF NECESSARY)***

(a) Current (or most recent) Employer's Name and Address:				
Dates of Employment:	From:		To:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				

(b) Previous Employer's Name and Address:				
Dates of Employment:	From:		To:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				

(c) Previous Employer's Name and Address:				
Dates of Employment:	From:		To:	
Job Title:				
Reason for leaving:				
Brief outline of Duties:				

4. QUALIFICATIONS

Please give details of any qualification(s) held and where obtained.

School(s)	Date(s)	Subject(s)	Grade(s)

5. FURTHER & HIGHER EDUCATION

Please give details of any further or higher education - colleges/universities attended and any qualifications obtained.

College/University/ Training provider	Date(s)	Subject(s)	Qualification(s)/ Grade(s)

6. TRAINING AND DEVELOPMENT

Please give details of further training taken – i.e. Management courses, IT courses, First Aid certificates etc.

College/University/ Training provider	Date(s)	Subject(s)	Qualification(s) / Grade(s)

7. PERSONAL STATEMENT

Add any further information about yourself that you consider relevant to this application. You should describe your knowledge, experience, skills and abilities gained from your paid and/or voluntary work, studies, hobbies etc.
(PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

8. REFERENCES

Please provide the following information on your referees, whom you should ask to submit a reference letter to the email specified in the advert to reach us no later than five working days after the closing date for receipt of applications.

References must be handed in together with the application form

- References must be dated, signed and must be within the last 6 months
- One of the two references must be a professional (work) reference, the other may be a character reference.
- Referees should not be relatives.

(a) FIRST REFERENCE	
Full Name of Referee	
Full Address of Referee	
email address	

(b) SECOND REFERENCE	
Full Name of Referee	
Full Address of Referee	
email address	

9. DATA PROTECTION ACT 2004

Under the Data Protection Act 2004, the Gibraltar Health Authority on behalf of the Government of Gibraltar, and the Public Service Commission, reserves the right to collect, store and process personal data about applicants in so far as it is relevant to their application for employment. This Application Form will remain on file for as long as administratively necessary and then be destroyed. All personal information held will be processed in accordance with the Data Protection Act 2004.

We will only disclose personal information contained in this form in the following circumstances: -

- If we are required to do so by any court order, or by law.
- If selected for the post, (except for information contained in Section 13), to other Government Departments (for administrative purposes) and to the Gibraltar Health Authority (for the purpose of Section 11).

10. (a) EQUALITY OF OPPORTUNITY

The Human Resources Department on behalf of the Government of Gibraltar/Gibraltar Health Authority, is committed to a policy which ensures that all job applicants and employees receive equality of opportunity, therefore ensuring that all recruitment is solely on merit.

No applicant or employee will receive less favourable treatment on the grounds of age, disability, race, religious belief, sex or sexual orientation, or will be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

10. (b) DISABLED APPLICANTS

In order to help us implement our equal opportunities policy effectively, please indicate below if you would like us to provide any particular assistance for your interview, as a result of disability.

Please specify type of assistance required, e.g. wheelchair access.

11. MEDICAL

I understand that if I am selected for employment to the post for which I am applying, I will be required to undergo a medical examination and be declared fit for employment.

12. STATEMENT TO BE SIGNED BY APPLICANT

I hereby give consent to the collection, storage and processing of my personal details in connection with my application and as outlined in this application form.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information, may result in withdrawal of an offer of employment, or my appointment being terminated if I have already been appointed.

NAME IN BLOCK LETTERS	SIGNED	DATE

CHECKLIST – Please ensure that you have provided the following:- (Please tick)		
I.D. or Passport		
Qualifications		
2 Reference Letters		

POST APPLIED FOR:
_____

13. DECLARATION OF CRIMINAL OFFENCES

Have you been cautioned, court martialled, or been convicted of a criminal offence within the last 10 years. (Please tick below)

YES ☐ **NO** ☐

If you have ticked yes then you must complete the table below. Please use additional sheet if necessary.

Date	Offence	Sentence	Pending Charges (Give dates)

Having a criminal record will not necessarily bar you from taking up employment with the Government of Gibraltar/Gibraltar Health Authority. This will depend on the nature of the position applied for and the circumstances and background of your offences. Any information given will be treated confidentially and only considered in relation to the post for which you are applying.

Failure to disclose any information requested in this Section, may lead to the withdrawal of an offer of appointment, or termination of employment if you have already been appointed.

Signed: ……

Name: …….
(in block letters)

Date: ……