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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Logo  Description automatically generated |  | |  |  | | --- | --- | | **OFFICE USE ONLY** | | | Date received: |  | | Closing date: |  | | FEC form: |  | |

**SCHOLARSHIP APPLICATION FORM**

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# POST DETAILS

|  |  |  |
| --- | --- | --- |
| Position: | Reference: | Date: |
| Location: | | |
| How did you learn about the position? |  | |

# PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Title |  | |
| Preferred pronouns |  | | | |
| Home Address |  | Other address |  | |
|  |  | (if applicable) |  | |
|  |  |  |  | |
| Postcode |  | Postcode |  | |
| Daytime tel. (mobile preferred) |  | Home tel. |  | |
| Email address |  | Email address 2 |  | |
| Do you require a work permit or migrant visa in order to become eligible for permanent employment in the UK? | | | Yes |  |
| No |  |
| If yes, do you currently hold a work permit/migrant visa? | | | Yes |  |
| No |  |
| If yes, what type of work permit/visa, and when does it expire? | | | Visa type: |  |
| Expiry date: |  |

## EDUCATION

**Please Note:** Verification of grades will be required in the event that your application is successful.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *A-Level or Equivalent (Highers/AS/Leaving Cert./Baccalaureate)* | | | | | |
| Type | Subjects | Result | | Date gained | |
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|  |  |  | |  | |
| Higher National Diploma | | | | | |
| Number of HND Distinctions | | |  | |  |
| Number of HND Merits | | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *GCSE or Equivalent (O'Level/CSE1/Ordinary/Intermediate)* | | | |
| Type | Subjects | Result | Date gained |
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| Please include any additional qualifications, which you feel are relevant in the box below. Please include name of awarding body, date of award and level of qualification where appropriate. | | | |
|  | | | |

# 3. ADDITIONAL INFORMATION

# Degree Choice

|  |  |  |  |
| --- | --- | --- | --- |
| University |  | Degree |  |
| Please outline why you have made this selection i.e. why this particular course was of interest to you. Where appropriate, include details of courses undertaken to date and work shadowing. | | | |
|  | | | |

# Justification

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| --- |
| Please detail your key strengths, emphasising why you consider yourself to be a strong candidate for the Civica Scholarship Programme. |
|  |

# Activities and Interests

|  |
| --- |
| Please detail any activities or interests you have in your spare time. |
|  |

# Availability

|  |
| --- |
| Please give any dates/days you are **not** available for interview. |
|  |

# Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| The statements made on this form are true. I understand that, should I be successful in the selection process, pre-employment screening checks will be carried out including:   * Verification of identity * Confirmation of eligibility to work in the UK * Criminal record via self-declaration   I understand that any false statements may jeopardise my application and may lead to an offer being withdrawn or my employment being terminated. | | | |
| Name |  | Date |  |

Please email this completed form to: CDSI-Recruitment@civica.co.uk before advertised closing date.

|  |
| --- |
| MONITORING REF: |

**This section only needs to be completed if applying for a position in the Belfast Office.**

###### POLICY

Civica is committed to promoting equality and diversity. It is our policy to provide employment equality to all, irrespective of gender, including gender reassignment, marital or civil partnership status, having or not having dependants, religious belief or political opinion, race, disability, sexual orientation and age.

All job applicants, employees and others who work for us will be treated fairly and will not be discriminated against on any of the above grounds. Decisions about recruitment and selection, promotion, training or any other benefit will be made objectively and without unlawful discrimination.

**MONITORING**

The monitoring information collected will be used to measure the effectiveness of our equal opportunity and diversity policy and will assist us to develop and review positive/affirmative action policies.

This information will be treated in the strictest of confidence, protected from misuse and will **not** form part of your application. It will be used only for the purpose of monitoring the equal opportunity employment policy of Civica.

**Statutory Monitoring:**

###### Since 1990, under Fair Employment Legislation, specified public authorities and registered employers have a legal duty to monitor the community composition and sex composition of their workforces.

|  |  |
| --- | --- |
| Please indicate your religion or the religion to which you would be perceived to belong by ticking the appropriate box below: | |
| I am a member of the Protestant Community  I am a member of the Roman Catholic Community  I am a member of neither the Protestant nor the Roman Catholic Community |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicate your gender by ticking the appropriate box below: | | | | | |
| Female |  | Male |  | Non binary/prefer not to say: |  |

**Voluntary Monitoring:**

For Private Sector employers and those not designated under Section 75 of the Northern Ireland Act 1998, monitoring in respect of the equality categories which follow is voluntary, although the Equality Commission recommends that quantitative monitoring strategies be developed for each of these equality categories.

|  |  |
| --- | --- |
| Please indicate your marital/family status by ticking the appropriate box below: | |
| Married  Single  Other |  |
| Are you in a civil partnership? Yes  No | |
| Please indicate if you have children: Yes  No | |
| If yes, are they at school? Yes  No | |
| Please indicate if you have other significant caring responsibilities:  Yes  No | |

|  |
| --- |
| Please state your date of birth: |
|  |

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| --- | --- |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has or has had a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability.  **Do you consider that you meet this definition of disability?** | |
| Yes  No |  |
| If YES please state the nature or effects of your disability: | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please describe your ethnic origin by ticking the appropriate box below: | | | |
| Bangladeshi  Black – African  Black – Caribbean  Chinese  Indian |  | Irish Traveller  Pakistani  White  Mixed Ethnic Group  Other (please specify) |  |
| **Please state your Nationality:** | | | |

|  |
| --- |
| How did you learn about the position? |
| If you were referred by an Civica employee, please state their name below:  If you stated the internet, please outline the specific website below: |

*Note: It is a criminal offence under the legislation for a person to give false information in connection with the preparation of the monitoring return.*