

D Other Qualifications

If you are related to a current employee or Board member of the Harris Tweed Authority, please give details below. This will not affect your application in any way.

E Relationship

Name of Officer or Member related to you.	Nature of Relationship

Please indicate the extent of your ability to speak, write and read Gàidhlig. Place a cross against the category which you think best describes you.

F Gàidhlig Ability

Native Speakers	Learners	No Knowledge
Speaking	Speaking	Speaking
Writing	Writing	Writing
Reading	Reading	Reading

G Convictions

If you have had any convictions please give details.

I Details of your current post

Name and address of current employer	Date of commencement of this employment:
	Current Salary:
	What period of notice would you require to give your present employer?
Current Post Title:	
Duties of the post:	

J Employment History

This information should cover the period over the past ten years.

Dates		Name and address of employer	Post Held and Duties	Salary (£)
From	To			

M Health

Do you have, or have you had any illness or health problems which could affect your ability to undertake the duties of this post? If so, please give details (This information will be treated IN STRICT CONFIDENCE).

N Disability

If you have any disability you may wish to indicate, please give details. (This information will be treated in STRICT CONFIDENCE).

If you need any special access arrangements (ie disabled access) to enable you to attend an interview, please specify.

P References

Please give details of who should be able to provide references for you. One of these should be your current or most recent employer.

Name:	Name:
Address:	Address:
Contact Details – Telephone:	Contact Details – Telephone:
Post Held:	Post Held:
Relationship with applicant:	Relationship with Applicant:
Do we have your permission to contact your referees prior to interview? YES/NO	

Q Declaration

I confirm that the information contained in this application form is true in every respect.

Signature Date

If appointed, information provided in this application form and found subsequently to be untrue, will lead to termination of contract. The Authority operates a probation period for all new employees.

THE COMPLETED APPLICATION FORM SHOULD BE EMAILED TO JANE H MACMILLAN:

Jane H Macmillan, Harris Tweed Authority

jane@harristweed.org