

SCILT Digital Internship Application Form

Please complete all sections of this form in full. Incomplete applications will not be put forward for shortlisting. **Applications received after the closing date will not be accepted.** All applications will be treated in confidence.

SECTION ONE			
PERSONAL DETAILS			
Surname		Forename(s)	
I am ____ years old. My date of birth is __ / __ / ____			
Current Address			
Postcode			
Telephone Number Home		Telephone Number Mobile	
Email address			
School			
School Address			
Principal Teacher of Modern Languages			
Please ensure you check your email account regularly as we will update you on the progress of your application via email.			

SECTION THREE

FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

The information you provide will be used to support your application. Where possible, give examples to support the information. Please note: an important aspect of the selection process will be the applicant's match to the essential and desirable requirements outlined in the Person Specification. Please try to demonstrate this match in the information you provide.

PLEASE OUTLINE WHY YOU ARE INTERESTED IN THIS INTERNSHIP, WHAT YOU COULD BRING TO THE ROLE AND HOW YOU FIT THE PERSON SPECIFICATION

EVIDENCE OF DIGITAL PROFICIENCY Please provide links to your social media accounts, provide examples of something impactful you have done on social media, or design a short social media campaign to support this application.

HOW DID YOU FIND OUT ABOUT THIS INTERNSHIP?

MANDATORY TRAINING DAY

If my application is successful, I am aware I must attend a training day in Glasgow on Tuesday 12 June 2018 in order to proceed onto the programme. Yes / No

HEAD TEACHER REFERENCE

I have enclosed a letter of reference from my Principal Teacher or Head Teacher in support of this application. Yes / No

(v) DECLARATION

Please read the following points and sign below when you have completed your form.

- I have completed this application form and the details I have supplied are, to the best of my knowledge, true and complete and I have not withheld any relevant information
- I understand that, if appointed to this post, the information on this form will be kept as part of my Intern Record File
- I understand that details of examination passes/qualifications may be verified
- I understand that if I have made any false statements or omitted any information I am liable to have my application rejected or, if appointed, liable to disciplinary action which may result in dismissal on the grounds of dishonesty
- I consent to details being retained confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998

Signature of applicant: _____ **Date:** _____
Print name: _____

If you are completing this form electronically you can type your name in the space provided for your signature.

Thank you for completing this application form. Please ensure you submit it no later than the **8 April 2018** by email to scilt@strath.ac.uk. **Late applications will NOT be accepted.**

If you are unable to return your application form by email then please complete using black ink in block capitals, sign and date it and return by the closing date to: **Sarah Macfarlane, SCILT, LH233, Lord Hope Building, 141 St James Road, Glasgow G4 0LT.**