

SCOTTISH SCIENCE ADVISORY COUNCIL APPLICATION FOR MEMBERSHIP

Please complete all parts of this form.

IN CONFIDENCE

Please complete this form and return to Email: scottishscience @gov.scot COMPLETED APPLICATION TO BE RETURNED BY: 23.59 on 1 December 2024

Please use black ink as this form may be photocopied

You should complete this form with reference to the membership specification and use your application to demonstrate how you meet the criteria required.

1. PERSONAL DETAILS

Title	Forenames
Surname	
Date of Birth	
Home Address	
	Postcode
Telephone No.	Mobile
E-Mail Address	

2. OCCUPATIONAL DETAILS

(a)	Present occupation and position (please include date appointed)
Busine	ess address
Post C	Code Telephone No
E-Mail	
(b)	Most recent previous three occupations (please include dates, positions and name of organisation)
(-)	Professional Qualifications
(c)	Professional Qualifications
(-1)	Other relevant comparisons and interests
(d)	Other relevant experience and interests

3. STATEMENT

Please provide evidence of how you meet the experience and background criteria for SSAC how you would apply this to the role of SSAC Member. (Maximum 200 words)	C Members, and

high	lighting the skills, e	ce of how you meet experience and knov . (Maximum 400 wor	vledge you would b	desirable qualities oring to the SSAC a	for SSAC Member nd how you would	s, help the
	CO GONVOI NO FORME	- (Maximani 100 Wol	40)			

4. REFEREES

Please provide the names and contact details of two referees whom the SSAC appointment panel could contact to discuss your application (references should not be enclosed with this application).

Name	Name
Position	Position
Address	Address
Tel. No.	Tel. No.
E-Mail	E-Mail
5. POLITICAL ACTIVITY	
SSAC's register of interests. The Secretariat will no on a quarterly basis, but candidates should make ca	members interests is maintained and published on the armally endeavour to obtain an update of these interests areful note that it is incumbent upon SSAC members to as of role, political or other activities as early as possible.

All applicants for appointment to the Scottish Science Advisory Council should complete the question below.

This question is asked for two reasons:

- Involvement in political activities enables individuals to gain and to demonstrate skills and experiences they may not otherwise have obtained; and
- It enables the monitoring of political activities of candidates for a public appointment in so far as such activities are already in the public domain. Neither activity nor affiliation is a criterion for appointment to the SSAC.

Please indicate which of the following activities, if any, you have undertaken **during the past five years** by ticking the appropriate box and by providing details of your involvement. You should name the party or body for which you have been active. If you have been or are an Independent or have sought or obtained office as a representative of a particular interest group, you should state this. You should tick all relevant categories and exercise any doubt in favour of disclosure.

categor	ies a	and exercise any doubt in favour of disclosure.
a.		Obtained office as a Local Councillor, MP, MEP, MSP or like elected member Stood as a candidate for one of the above offices Spoken on behalf of a party or candidate
b.		Acted as a political agent Held office as Chair, Treasurer or Secretary of a local branch of a party Canvassed on behalf of a party or helped at elections Undertaken any other political activity which you consider relevant Provided funds to a political party as an individual or within a corporate context.
C.		None of the other activities apply

Details of involvement Name of political party or organisation for which activity undertaken. The activities listed above may prove an opportunity to demonstrate skills and expertise which might be useful in the appointment for which you are applying and may give you the opportunity to demonstrate commitment for the appointment. You may be asked about them. If you are successful, this information will be used in the announcement of your appointment to the SSAC. 6. OTHER PUBLIC APPOINTMENTS HELD Please state your involvement in any executive or advisory Non-Departmental Public Body during the past five years. Please continue on a separate sheet if necessary: Name of Body a. 3. Position held (please indicate whether part time or full time) Part Time b. **Full Time** 1. 3. Remuneration per annum in £s (if applicable): C.

to

to

to

d.

Length of service

2. From

3. From

1. From

6

7. OTHER PERSONAL OR BUSINESS INTERESTS

Are you aware of any possible conflict of interest which might arise, either personally, in relation to your employment, or in relation to your connections with any other organisations, should you be appointed? If so, please provide details. (Maximum 200 words)
Produce provide detaile. (Maximum 200 Words)
Please continue on a separate page if necessary
8. DECLARATION
I confirm that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or
misleading, or that I have withheld relevant information, my application may be disqualified.
misleading, or that I have withheld relevant information, my application may be disqualified.
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to:
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to:
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to:
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to: email: scottishscience@gov.scot
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to: email: scottishscience@gov.scot
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to: email: scottishscience@gov.scot
misleading, or that I have withheld relevant information, my application may be disqualified. PRINT NAME SIGNATURE DATE Please return your completed application by 23.59 on 1 December 2024 to: email: scottishscience@gov.scot If responding to an advertisement, please state which publication or online website:

9. DIVERSITY MONITORING FORM

The Scottish Government is committed to promoting equality of opportunity in all its activities and aims to provide an environment free from discrimination and unfair treatment.

To help the Scottish Government monitor this policy we regularly review and monitor the applications we receive for positions by collecting data on gender, disability, age and ethnicity, of all who apply. This information is treated in the strictest confidence and is not viewed by those involved in the selection process.

Please note these questions are all voluntary and, if a respondent does not wish to answer any of the questions, they do not have to.

Question: What was your age last birthday?	
Answer: Please write in:	
Prefer not to say	
Question: Do you have any physical or mental health conditions or illnesses lasting or expecte last 12 months or more?	d to
Answer:	
Yes	
No	
Don't know	
Prefer not to say	
If answer 'Yes' to above Question: Do any of these conditions or illnesses affect you in any of the following areas?	
Answer:	
Vision (for example blindness or partial sight)	
Hearing (for example deafness or partial hearing)	
Mobility (for example walking short distances or climbing stairs)	
Dexterity (for example lifting or carrying objects, using a keyboard)	
Learning or understanding or concentrating	
Memory	
Mental Health	
Stamina or breathing or fatigue	
Socially or behaviourally (for example associated with autism spectrum disorder - (ASD) which in Asperger's, or attention deficit hyperactivity disorder (ADHD))	cludes
Other (please specify)	
None of the above	
Prefer not to say	

Answer: Yes, a lot Yes, a little Not at all Prefer not to say Question: What is your ethnic group? Answer: Choose one section from A to F, then tick one box which best describes your ethnic group or background A. White Scottish Other British Irish Polish Gypsy/Traveller Roma Showman/Showwoman Other white ethnic group, please write in: B. Mixed or multiple ethnic groups Any mixed or multiple ethnic groups, please write in: C. Asian, Scottish Asian or British Asian Pakistani, Scottish Pakistani or British Pakistani Indian, Scottish Indian or British Indian Bangladeshi, Scottish Bangladeshi or British Bangladeshi Chinese, Scottish Chinese or British Chinese Other, please write in: D. African, Scottish African or British African Please write in (for example, Nigerian, Somali) E. Caribbean or Black Please write in (for example, Scottish Caribbean, Black Scottish) F. Other ethnic group Arab, Scottish Arab or British Arab Other, please write in (for example, Sikh, Jewish)

Question: Does your condition or illness/do any of your conditions or illnesses reduce your ability to

carry-out day-to-day activities?

Question: What religion, religious denomination or body do you belong to?		
Answer:		
None		
Church of Scotland		
Roman Catholic		
Other Christian, please write in:		
Muslim, write in denomination or school		
Hindu		
Buddhist		
Sikh		
Jewish		
Pagan		
Another religion or body, please write in:		
Prefer not to say		
Question: Which of the following best describes your sexual orientation? Tick one box only		
Answer:		
Straight / Heterosexual		
Gay or Lesbian		
Bisexual		
Other sexual orientation, please write in:		
Prefer not to say		
Question: What is your sex?		
Answer:		
Female		
Male Male		
Prefer not to say		
Question: Do you consider yourself to be trans, or have a trans history? Tick ONE box only		
Answer:		
No		
Yes		
Prefer not to say		