



## 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](mailto:scottishscience@gov.scot)

COMPLETED APPLICATION TO  
BE RETURNED BY:  
23:59 on Friday 20 March 2026

*Please use black ink if completing by hand 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.

Artificial Intelligence (AI) tools can be used to support your application, but all statements and examples provided must be truthful, factually accurate and taken directly from your own experience.

### 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)

---

---

---

Business address

---

---

---

Post Code Telephone No

E-Mail

---

---

(b) Most recent previous three occupations (please include dates, positions and name of organisation)

---

---

---

---

---

(c) Professional Qualifications

---

---

---

---

(d) Other relevant experience and interests

---

---

---

---

---

### 3. STATEMENT

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

Please provide evidence of how you meet the **essential and desirable** qualities for SSAC Members, highlighting the skills, experience and knowledge you would bring to the SSAC and how you would help the SSAC deliver its remit. (Maximum 400 words)

## 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

A list of Members' declared political activities and members interests is maintained and published on the SSAC's register of interests. The Secretariat will normally endeavour to obtain an update of these interests on a quarterly basis, but candidates should make careful note that it is incumbent upon SSAC members to keep the Secretariat informed of any changes in terms 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.

- 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:*

- a. **Name of Body**
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
- b. **Position held** (*please indicate whether part time or full time*)
- |          | Part Time                | Full Time                |
|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
- c. **Remuneration per annum in £s** (if applicable):
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
- d. **Length of service**
1. From \_\_\_\_\_ to \_\_\_\_\_
2. From \_\_\_\_\_ to \_\_\_\_\_
3. From \_\_\_\_\_ to \_\_\_\_\_

## 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)

*Please continue on a separate page if necessary*

## 8. BASELINE PERSONNEL SECURITY STANDARD (BPSS)

Successful candidates must complete the [Baseline Personnel Security Standard](#) (BPSS), before they can be appointed.

Do you already have BPSS?

☐ Yes ☐ No

If yes, you will be asked to provide proof of this if you are successfully appointed to the SSAC.

If no, would you be willing to obtain this for your appointment?

☐ Yes ☐ No

More information about obtaining BPSS will be shared upon successful appointment to the SSAC.

## 9. 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.

PRINT NAME

SIGNATURE

DATE

Please return your completed application by **23:59 on Friday 20 March 2026** to:

email: [scottishscience@gov.scot](mailto:scottishscience@gov.scot)

If responding to an advertisement, please state which publication or online website:

---

---

If you heard about the SSAC posts from another source, please provide details:

---



## 10. 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.

### What was your age last birthday?

- ☐ Please write in:
- ☐ Prefer not to say

### Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

If you answered 'Yes' to the above:

### Do any of these conditions or illnesses affect you in any of the following areas?

- ☐ 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 behaviorally (for example associated with autism spectrum disorder - (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))
- ☐ Other (please specify)
- ☐ None of the above
- ☐ Prefer not to say

**Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?**

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all
- ☐ Prefer not to say

**What is your ethnic group?**

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)

**What religion, religious denomination or body do you belong to?**

- ☐ 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:
- ☐ None
- ☐ Prefer not to say

**Which of the following best describes your sexual orientation? Tick *one* box only**

- ☐ Straight / Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other sexual orientation, please write in:
- ☐ Prefer not to say

**What is your sex?**

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

**Do you consider yourself to be trans, or have a trans history? Tick *ONE* box only**

- ☐ Female
- ☐ Male
- ☐ Prefer not to say