**Employment Application Form**

**Please complete this form in black ink or by typing in the WHITE fields and return to**

Kellie Mercer

Caring in Craigmillar

63 Niddrie Mains Terrace

Edinburgh, EH16 4NX

Email to kelliemercer@caringincraigmillar.org

Tel : 0131 510 6930

**Position(s) applied for**

If applying for more than one post, please give this information in order of preference

|  |
| --- |
| Job Title |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | First Name(s) |  | |
| Address |  | Date of Birth |  | |
| NI Number |  | |
| Home Telephone |  | |
| Mobile Telephone |  | |
| Business Telephone |  | |
| Postcode |  | May we telephone you at work? | | Yes  No |
| Email |  | Do you hold a valid UK driving licence? | | Yes  No |

**Education & Training**

**SECONDARY EDUCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Level & Subject | Grade |  | Year | Level & Subject | Grade |
|  |  |  |  |  |  |  |
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**UNIVERSITY / COLLEGE** (please include current studies)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Institution Attended | Degree(s), Diploma(s) obtained | Date Awarded |
|  |  |  |  |  |
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**ANY OTHER RELEVANT QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |  |
| --- | --- | --- |
| Qualification & Subject | Place Attended | Date Awarded |
|  |  |  |
|  |  |  |
| Please name professional bodies you hold a current membership for (such as SSSC etc) | Registration No | |
|  |  | |

**DETAILS OF ANY RELEVANT TRAINING**

|  |  |
| --- | --- |
| Course Title | Date Attended |
|  |  |

**Employment Information**

**ENTITLEMENT TO WORK IN THE UNITED KINGDOM**

|  |  |
| --- | --- |
| If your application is successful, you will be required to provide evidence of your entitlement to work in the UK. Are you entitled to work in the UK? | Yes  No |

**PRESENT / MOST RECENT EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address | | Other benefits | |
|  | |  | |
| Telephone |  | Date of appointment |  |
| Position held |  | Notice required or date employment ended |  |
| Position responsible to |  | Reason for leaving | |
| Present / Final Salary |  |  | |
| Brief description of duties | | | |
|  | | | |

**PREVIOUS EMPLOYMENT**

(Begin with most recent and include any voluntary work and periods of unemployment.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From (MMYY) | To (MMYY) | Employer | Position Held | Final Salary | Reason for Leaving |
|  |  |  |  |  |  |
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**Relevant Experience / Skills and Reasons for Applying for Post**

Using the person specification please tell us how your skills, experience and abilities relate to this post. Please ensure that you address all the points in the person specification as it is against these points that applicants are short-listed. Please also tell us why you are interested in this post.

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| --- |
|  |

**Please tell us what you believe are the main issues experienced by individuals who have Dementia?**

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**Referees**

CIC require 2 written employers’ references, where appropriate, prior to making an appointment. One must be from your present or most recent employer. Internal applicants should indicate their line manager as a referee and someone out with CIC who can comment on your work in a professional capacity. Please inform your referees that we may be approaching them.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current / Most recent employer | Previous employer | Other |
| Name |  |  |  |
| Job Title |  |  |  |
| Employer this relates to |  |  |  |
| Work address (inc postcode) |  |  |  |
| Head office address if different from above (inc postcode) |  |  |  |
| Telephone |  |  |  |
| Fax |  |  |  |
| Email |  |  |  |
| We may on occasion wish to take up additional references.  Please indicate if you are happy for us to do so. | | | Yes  No |
| Unless stated here, it will be assumed that referees may be approached now. | | |  |

**Disclosure of Criminal Convictions**

Due to the nature of the position for which you are applying, you are **not** entitled to withhold information about convictions, which for other purposes, are regarded as “spent”. This is because this post is exempted from the relevant provisions of the Rehabilitation of Offenders Act 1974.

For certain posts, you will require to be a member of the Protecting Vulnerable Groups Scheme and GWA will seek detailed disclosure information for successful applicants before any offer of employment can be confirmed. This disclosure will contain specifics of convictions and related matters. For certain other posts, standard disclosure information will be obtained.

Please answer the following questions:

|  |  |
| --- | --- |
| Are you a member of the Protecting Vulnerable Groups Scheme for regulated work? | |
| Yes, my Scheme Membership Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and is in relation to regulated work with: Children  Protected adults both Children and Protected Adults  No, I am not a Scheme Member | |
| Have you ever been charged with or convicted of a criminal offence? (include driving offences) | Yes  No |
| Have any police enquiries been undertaken following allegations made against you? | Yes  No |

Please now complete the separate sheet headed “Disclosure Information” and return it with this form. If you have answered YES to either or both of the above questions, please give details of all convictions, charges and/or police enquiries.

**Declaration**

Read carefully and sign the declaration below. If you are returning this form by email, we will ask you to do this at a later time. Before signing, you should have read the job description and fully completed: Pages 1-4 of the Employment Application Form; the Equal Opportunities Monitoring Form; the Capability Declaration form; the Disclosure Information form and the Personal Profile Sheet (if enclosed).

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the information I have given in the application is, to the best of my knowledge, complete and accurate and that false information, omissions or misleading statements may lead to any offer of employment being withdrawn or dismissal without notice.  I understand that disclosure information may be sought in the event of a successful application.  I understand and agree that data contained in this application, together with the information supplied by referees and/or relevant third parties, will be used and processed for recruitment purposes and that, if I become an employee, it will used for employment purposes. | | | |
| Signature: |  | Date: |  |

**Capability Information**

The information on this form will not be used as part of the interview and will only be referred to at the point where an offer of employment is being made.

Have you been absent from work because of illness in the previous 2-year period? Yes/No

If yes, can you please provide details of all absences during this period?

|  |  |
| --- | --- |
| Dates of absence | Reason for absence |
|  |  |
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Do you have a medical condition that may affect your ability to perform the duties of this post? Please provide details.

|  |
| --- |
|  |

Please provide details of any adjustments, assistance or support you may need to enable you to carry out the duties of the post.

|  |
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|  |

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that I have read the job description and that I am physically and mentally fit to carry out the duties of the post described. **OR**  I confirm that I have read the job description and that, with reasonable assistance, I am physically and mentally fit to carry out the duties of the post described. | | | |
| Signature |  | Date |  |

**Applicants with a Criminal Record**

**Policy Statement**

1. CIC’s commitment to provide the highest quality service to the individuals we support sets the context within which decisions will be made regarding applicants with a criminal record.
2. CIC is committed to equality of opportunity and to adopting practices free from unfair discrimination. As such, we will ensure that no applicant is unfairly disadvantaged on the basis of offending background.
3. CIC will make it clear to applicants throughout the recruitment process if disclosure information will be sought for that position before an appointment can be confirmed and will make this policy available to all applicants at the start of the recruitment process.
4. Having a criminal record will not automatically debar a person from employment with CIC, except in cases involving serious offences against a vulnerable person.
5. Before taking the decision to employ a person with a criminal record, CIC will conduct a thorough assessment of the risk for that post.
6. The risk assessment will take the following factors into consideration:

* the relevance of the conviction or other matter revealed
* the seriousness of the offence
* the length of time since the offence occurred
* the circumstances which led to the offence being committed
* whether or not the offence is part of a pattern of offending behaviour
* efforts made to avoid re-offending
* whether the person’s circumstances have changed since the offence was committed
* the attitude of the person towards the offence

1. CIC will encourage applicants to disclose criminal record and related information at the start of the recruitment process in order to take full advantage of the interview stage to explore all relevant factors.
2. We will seek criminal record information from Disclosure Scotland only when a conditional offer of employment has been made.
3. Any criminal record information not provided by an applicant which is subsequently revealed by Disclosure Scotland, will be discussed with the person before any decision to withdraw a conditional offer of employment.
4. Information on convictions and related matters will be seen only by those in CIC who require to know to perform their role.
5. Anyone who does have access to such information will receive appropriate training in its use.
6. All disclosure information will be stored securely including the certificate issued by Disclosure Scotland.

**Disclosure Information**

Due to the nature of the position for which you are applying, you are **not** entitled to withhold information about convictions which, for other purposes, are regarded as “spent”. This is because this post is excepted from the relevant provisions of the Rehabilitation of Offenders Act 1974.

Please provide full details of any convictions, charges or police enquiries together with dates and any penalty imposed. If there is nothing to declare, please record this, sign the form and return it with your application. If returning this form by email, signing the form may be done later in the recruitment process.

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First name(s) |  | Surname |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Please explain fully the nature of each Conviction, Charge or Police Enquiry and include driving offences | | Penalty Imposed | | |
|  |  | |  | | |
| Signature | |  | | Date |  |

TO BE COMPLETED BY HR

|  |  |  |  |
| --- | --- | --- | --- |
| HR: |  | Date: |  |

**Equal Opportunities Monitoring**

**CIC is committed to being an equal opportunities employer. We also commit to interview all applicants who have a disability and who meet the minimum criteria for the post applied for. To help us meet these commitments, it would be helpful if you could please complete this questionnaire.** This form will be removed prior to short listing for interview.

**Position(s) applied for**

|  |  |  |
| --- | --- | --- |
| Job Title | Location | Ref No |
|  |  |  |
|  |  |  |
|  |  |  |
| Date of application |  | |
| How did you find out about this vacancy? If from an advertisement, please specify which newspaper, journal or website | |  |

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name(s) |  |
| Address |  | Surname |  |
| Date of Birth |  |
| Nationality |  |
| Disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. | |
| Postcode |  |
| Home Telephone |  | In these terms, do you consider yourself to be Disabled?  Yes  No | |

**Ethnic Origin**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | | **Asian** | | **Black** | | **Other ethnic background** | | **Mixed or**  **Multiple Ethnicity** |
| Scottish | Indian | | African | | Middle Eastern | | Mixed or Multiple ethnicity | |
| Other British | Pakistani | | Caribbean | | any other group | |  | |
| Irish | Bangladeshi | | Black other | |
| Gypsy/Traveller | Chinese | |
| Polish | Asian other | |
| White other |