**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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 |
|  |  |

**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.

|  |
| --- |
|  |

**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. |  |

**Disability Confident**

|  |  |  |
| --- | --- | --- |
| This information is required so that all disabled applicants who meet the minimum criteria for this position are offered an interview. | **Yes** | **No** |
| Do you consider yourself to have a disability? |  |  |

**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 |
| National Insurance Number: |  |

**If you are successful in your application, you will be asked to provide evidence of entitlement to work in the UK**

**Protection of Vulnerable Groups Act**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| PVG scheme membership is a requirement of this post, are you are a member of the PVG Scheme |  |  |
| If yes, please provide your 16-digit PVG Membership numberMy current PVG Membership is in relation to regulated work with: Children [ ]  Protected adults [ ]  both Children and Protected Adults [ ]  |  |

**Rehabilitation of Offenders**

The Rehabilitation of Offenders Act 1974 allows people who have been convicted of certain criminal offences to regard their conviction as ‘’spent’’ after the lapse of a period of years. This means that no reference needs to be made to the conviction or any circumstances relating to it. However, because of the nature of the work you are applying for, this post has been exempted from the provisions of the Act. You are therefore required to declare information about convictions which for other purposes are ‘’spent’’ under the provisions of the Act. In the event of employment, any failure to disclose such information could result in disciplinary action, up to and including dismissal.

The information provided in this section will be treated as confidential and will not be taken into account when considering your application at the initial stage. If you are selected for interview, you will be given the opportunity to discuss any convictions with the recruitment manager if necessary.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you ever been convicted of any criminal offence(s)  |  |  |
| Do you have any criminal charges pending |  |  |

If yes, to any of the above, please provide details of conviction(s)/charges

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name of Court (if applicable)** | **Details of Offence/Enquiry** | **Sentence/Outcome** |
|  |  |  |  |
|  |  |  |  |
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**Protection of Children and Vulnerable Adults**

We are committed to ensuring the safety and protection of all people who access our services including children and adults with incapacity. To prevent abuse and protect the people who access our services you are required to declare convictions or being the subject of any investigation or enquiring relating to abuse or other inappropriate behaviour.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you ever been subject to any investigation or enquiry into abuse or other inappropriate behaviour?If yes, you will be asked to provide details if selected for interview  |  |  |
| Are you aware of any pending proceedings, investigation, or enquiry against you in relation to abuse or other inappropriate behaviour?If yes, you will be asked to provide details if selected for interview |  |  |

**Data Protection**

|  |
| --- |
| The information you provide in this application pack will be used by CiC for the purpose of processing your application and monitoring our recruitment process. If your application is successful, the details within this application pack will be used for the purpose of facilitating your employment and we may be required to share some of the information you provide with statutory bodies including the Care Inspectorate and the Department of Work and Pensions.The information you provide in this pack will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not be kept for longer than is necessary. You have a right to access the information that CiC holds on you. If you would like to do this, please contact CiC office.CiC has a written policy on the recruitment of ex-offenders, which is available to all applicants. Having a criminal record will not necessarily bar you from working with us, this will depend on the nature of the position together with the circumstances and background of any offences. |

**Declaration**

|  |
| --- |
| I certify that all the information contained in this form and any attachments are true and correct. I have not withheld any information which may affect my application for employment. I realise that false information or omissions may lead to dismissal from and or withdrawal of any offer of employment. I agree to the information (which may include sensitive personal data) being used for legitimate purposes connected with recruitment and selection, including PVG Scheme membership and reference requests. The information supplied above may be verified by CiC. I consent to the processing of data in accordance with the current Data Protection legislation. |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****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 |