



Wheatley Group is committed to Equality and Diversity



Care Subsidiary Application Form

No job applicant or employee is treated more or less favourably on the grounds of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation or HIV status.

NOTE: Please use **black ink** and **BLOCK LETTERS** or typescript.
Each section of the form to be answered in full - **reference to attached CV or other enclosures will not be sufficient.**

A VACANCY DETAILS	
Reference Number:	Advertisement Source:
Post Title:	
Location /Department:	

B PERSONAL DETAILS			
Surname:	Initial(s)	National Insurance No:	
Address and Postcode:		Telephone (Home):	
		E Mail Address:	
		Telephone (Business):	
		E Mail Address:	
		Do you hold a full current driving licence:	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Are you a car owner:	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Do you have any Endorsements:	YES <input type="checkbox"/> NO <input type="checkbox"/>
		If yes, please give details:	
Have you previously been employed by any of the Wheatley Group subsidiaries:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you related to a member of staff / committee member of any of the Wheatley Group subsidiaries:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a relative or acquaintance of a Loretto/Barony customer or tenant:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you legally permitted to work in the UK:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a member of Disclosure Scotland's Protecting Vulnerable Groups Scheme:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you previously registered with the Scottish Social Services Council (SSSC):		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please confirm your registration number:			
Can you confirm how long you left to complete your care qualification:			
Are there any other condition to registration, if so please state:			

C AVAILABILITY FOR INTERVIEW	
Please state any dates that you would be unable to attend the interview and selection process in Glasgow in the next 2 months.	

D SCHOOL EDUCATION					
List all certificates at their highest level only. Continue on a separate sheet if necessary.					
	Subject	Level / Result		Subject	Level / Result
1			6		
2			7		
3			8		
4			9		
5			10		

E FURTHER, VOCATIONAL AND HIGHER EDUCATION						
List all Colleges, Polytechnics or Universities attended (give details of examinations taken and results awarded or awaiting). Non-UK educated applicants please specify country where study took place. Include any qualifications you are currently studying.						
College/University	Dates		Study Method		Qualifications Obtained, Grade(s) and Major Subjects Studied	Date Awarded/Awaiting
	From	To	F/T	P/T		

F MEMBERSHIP OF PROFESSIONAL INSTITUTES <small>(including details of any clinical/SSSC/Professional registrations currently held)</small>		
Name of Institute	Current Status (include registration No)	Date Awarded

G PRESENT EMPLOYMENT						
Do we have your permission to contact your current employer prior to interview?			YES		NO	
Name and Address of Employer:		Date Employment Commenced:				
		Present Salary and Benefits:				
Position Held:			Notice Required:			
Duties and Responsibilities:						

H PREVIOUS EMPLOYMENT (list in order, with most recent employer first)

Continue on separate sheet if necessary

Dates		Name and Address of Employer	Position Held and Nature of Duties	Reason for Leaving
From	To			

I EXPERIENCE, SKILLS AND TRAINING

Please describe your interest in this role and the experience and skills that you are able to bring to it.
(Continue on the next sheet if necessary)

J REFEREES			
Name, Address and Occupation of two referees. They should know you in a work capacity, if previously employed. <i>One of these referees should be your current or most recent employer.</i> *Please tick the box if you have any objections to a referee being contacted prior to interview.			
1. Name and Address of Referee:		2. Name and Address of Referee:	
Phone No.:		Phone No.:	
Occupation:		Occupation:	

K DISABILITY			
Wheatley Group participates in the Double Tick – Positive About Disabled People scheme. If you consider yourself to be a disabled applicant and can demonstrate on your application form that you meet the Criteria as contained in the Person Specification you will be invited to the interview stage of the recruitment process.			
I consider myself to have a disability as defined above and want to apply for a guaranteed interview.	YES	NO	
Do you need any reasonable adjustments or arrangements to be made at interviews? (e.g. interpreter for the deaf, wheelchair access)	YES	NO	
If yes, please specify:			

L CANVASSING	
Canvassing directly or indirectly in connection with the appointment shall disqualify your application. If discovered after appointment you will be liable for dismissal.	

M ENTITLEMENT TO WORK IN THE UK	
If you are successful in obtaining employment with the Wheatley Group you will be required to provide appropriate documentary evidence of your eligibility to work in the UK.	

N HEALTH DECLARATION	
Any offer of employment will be made conditional on completion of a medical questionnaire and on a satisfactory report being received from the Occupational Health Service in relation to the medical questionnaire.	

O REHABILITATION OF OFFENDERS ACT 1974	
The Rehabilitation of Offenders Act 1974 enables some criminal convictions to become spent or ignored, after a 'rehabilitation period'. Excepted posts are those to which the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 applies. You may be entitled to withhold information about convictions which are 'spent' under the provision of the act. In the event of employment, any failure to disclose could result in dismissal or disciplinary action by your employer. If selected for interview you will be required to complete a criminal convictions declaration form which will only be reviewed if an offer of employment is being made.	

P DECLARATION (Read carefully)	
The information you provide on this form will be used for the purposes of assessing your suitability for appointment; this may involve contacting referees, previous employers, or educational establishments, to confirm the validity of information provided.	
If your application is unsuccessful we will dispose of this information in line with our Data Protection and Employment Policies and GDPR. We will use the information you provide to fulfil our legal requirement to monitor equal opportunities; however, this will be used for statistical purposes only.	
By typing or signing my name below, I certify that all the information contained in this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.	
Signature:	Date:
<p>IMPORTANT NOTE</p> <p>If returning the application form by e-mail, please note that there is no need to also post a hard copy.</p> <p>If shortlisted you will be asked to sign your application form at a later stage.</p>	