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| **SCOTTISH WOMEN’S AID EMPLOYMENT APPLICATION FORM****POSITION APPLIED FOR: Building Capacity Project Co-ordinator**  |

This form has been designed to be completed electronically. You may choose to scan in your signature and you will be asked to sign a hard copy of your application if you are selected for interview. **Please do not save as a PDF.**

If you wish to complete your application by hand, please print off a copy of this form or contact us to request a hard copy. Please write legibly and in black ink.

If you require this form in a different format so that you can complete or submit it more easily, please contact us to discuss your requirements.

**SECTION A: PERSONAL INFORMATION**

(CONFIDENTIAL - This section will be removed before short listing)

**1. Personal Details:**

|  |  |
| --- | --- |
| **First Name(s)**:       | **Surname**:       |
| **Address**:                   **Postcode**:       |
| **Email Address**:      Note: Please give an email address wherever possible as this is the form of communication we wish to use to contact you about the progress of your application. |
| **Telephone numbers** | **Work**:       |
| **Home**:       | **Mobile**:       |

**2. General:**

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| **Period of notice required by current employer**:       |
| **Please give two referees, one of whom should be your present or most recent employer:**  |
| **Name**:       | **Name**:       |
| **Job Title**:       | **Job Title**:       |
| **Company**:       | **Company**:       |
| **Address**:                    | **Address**:                    |
| **Post Code**:       | **Post Code**:       |
| **Tel no**:       | **Tel no**:       |
| **Email Address**:       | **Email Address**:       |
| **Relationship to you**:       | **Relationship to you**:       |
| **May we contact them at this stage?****Yes** [ ]  **No** [ ]  | **May we contact them at this stage?****Yes** [ ]  **No** [ ]  |

**3. Applicants with disabilities:**

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| **If you have a disability, do you have any requirements to enable you to attend and participate at interview should you be selected?****Yes** [ ]  **No** [ ] If yes, please specify:      **Scottish Women’s Aid will interview all applicants with a disability who meet the essential requirements for a job vacancy.**Please tick this box if you consider yourself to have a disability and would like to apply for a guaranteed interview, should you meet the essential requirements as set out in the job description. [ ]  |

**4. Right to Work in UK:**

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| **Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?****Yes** [ ]  **No** [ ] If yes, please provide details:       |
| **If you are successful in your application, will you require a work permit to take up employment in the UK?****Yes** [ ]  **No** [ ]  |

**5. Data Protection Statement:**

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| The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment.The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or a third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.We may check the information collected on this form with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.By signing the application form you agree to the processing of sensitive personal data, (as described above), in accordance with our registration as a Data Controller with the Information Commissioner’s Office. |

**6. Declaration:**

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| I declare that to the best of my knowledge and belief that the information given herein is correct and complete. I understand that SWA reserves the right to withdraw any offer of employment or to terminate employment already commenced if the information provided to SWA is inaccurate or misleading in any way. Any job offer is conditional upon receipt of satisfactory references and, if required by SWA, any medical reports or disclosure check. |
| **Signed**:       | **Date**:       |

**SECTION B: EXPERIENCE, QUALIFICATIONS AND SKILLS**

(CONFIDENTIAL – This section will be used for shortlisting purposes)

**7. Experience:**

Please tell us about your current or most recent employment.

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| --- | --- |
| **Employer**:       | **Start date**:       |
| **Address**:                               | **End date (if applicable)**:       |
| **Job Title**:       |
| **Salary**:       |
| **Brief Outline of Duties, Responsibilities and Key Achievements**:      |
| **Reason(s) for Leaving**:      |
| **If you are NOT currently in paid employment, please use the section below to tell us what you are presently doing. For example, you may be in voluntary employment, studying or unemployed**:      |

Previous Experience (please list in date order with most recent first):

|  |  |
| --- | --- |
| **Employer**:       | **Start date**:       |
| **Address**:                         | **End date (if applicable)**:       |
| **Job Title**:      |
| **Brief Outline of Duties, Responsibilities and Key Achievements**:      |
| **Reason(s) for Leaving**:       |

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| **Employer**:       | **Start date**:       |
| **Address**:                          | **End date (if applicable)**:       |
| **Job Title**:       |
| **Brief Outline of Duties, Responsibilities and Key Achievements**:      |
| **Reason(s) for Leaving**:       |

**If you need more space, please insert a continuation sheet here, if necessary, numbering all pages clearly.**

**8. Formal Educational, Technical & Professional Qualifications:**

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| **Please name any institute or professional body in full, the name of the qualification, attainment level and the relevant dates**:      |

**9. Personal Development:**

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| **Please give details of any other courses, memberships, voluntary or other work which you consider relevant to this application**:      |

**If you need more space, please insert ONE A4 continuation sheet here, if necessary, numbering all pages clearly.**

**10. Personal Statement:**

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| **Please detail why you are applying for this post, paying particular attention to our Mission Statement and telling us what you understand about domestic abuse**:      |

**SECTION C: COMPETENCY APPLICATION:**

IMORTANT: SEE GUIDANCE NOTES SECTION C. Please outline under each heading how your knowledge, skills and experiences meet the criteria detailed in the person specification. You should draw on a range of experiences from your current or previous roles or from other relevant situations (such as activities outside work).

**ESSENTIAL**

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|  **Experience** **Knowledge/Understanding****Skills, education, qualifications****Other essential requirements** |

**DESIRABLE**

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| **Experience****Knowledge/Understanding****Skills, education, qualifications** |

**END**. Number of pages in your application:

Please return your completed application form by email to:

recruitment@womensaid.scot or post it to:

Scottish Women’s Aid (Recruitment)

2nd Floor, 132 Rose Street

Edinburgh

EH2 3JD

We would appreciate it if you would also complete and return the Equality and Diversity Monitoring Form to assist us in monitoring our practice. However, there is no obligation to do so and your decision will not influence the recruitment process in any way.