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| Application for Employment |
| This post is subject to PVG disclosure |
|  |
| **Please complete this form in black ink or typescript.** |

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| Post applied for:  |  |
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| Continuation sheet attached: |  |
|  |
| Where did you hear about this role? |  |
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| **Section A: Personal Details** |
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| First Name: |  | Surname: |  |
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| Address: |  | Postcode: |  |
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| Home Tel No: |  | Work Tel No: |  |
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| Email Address: |  |
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| **Section B: Employment** |
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| **B1) Present or Most Recent Employment** |
| Name and address of employer: |
|  |  | Start date: |  |
|  |
| Length of service: |  |
|  |
| Notice period: |  |
| Current or most recent salary: | £  | per annum |
|  |
| Reason for leaving: |  |
|  |
| Present or most recent job title: |  |
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| Please summarise your main duties and responsibilities in the above job |
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| **B2) Previous Employment** |
| Employers name and address (most recent first) | Job title, start and finish dates (month & year) | Main duties and responsibilities (include final salary and reason for leaving) |
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| **Section C: Education and Training** |  |
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| **C1) Secondary Education** |
| Certificate gained | Subjects/ Modules | Grade/band | Year |
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| **C2) Further/Higher Education and Academic Attainments** |
| Qualifications gained or working towards | Main subjects studied | Awarding body/institution | Name of college/University | Date Achieved |
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| **C3) Current Professional Membership** |
| Class/Grade of membership | Institution | How awarded | Date awarded |
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| **C4) Other Relevant Training** |
| Course name | Provider | Certificated (Yes or No) | Duration | Date |
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| **Section D: Other Relevant Information** |
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| **Skills, knowledge and experience** |
| Please state below what other skills, knowledge and experience you would bring to the post that you are applying for. If required, continue on the enclosed ‘Continuation sheet’. |
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| I confirm that the above information given in this application is, to the best of my knowledge, true and complete. |
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| Signed: |  |  | Date: |  |

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| **Continuation Sheet** |
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|  |
| Name: |  | Initials: |  |
|  |
| Post applied for: |  |
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| If you have used this sheet, please stable or pin it securely to the main application form. |

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| **Confidential** |
| **Rehabilitation of Offenders Act 1974****(Exception Order) 1975** |
|  |
| **Post applied for:** |  |
| You are asked to indicate whether or not you have criminal convictions or proceedings pending against you.Because of the nature of the work for which you are applying this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act as amended. Applications are therefore not entitled to withhold information about convictions which for other purposes are ‘spent ‘under the provisions of the Act.Any failure to disclose all convictions or failure to give details of any criminal proceedings pending against you could invalidate your application, or in the event of employment, could result in dismissal in accordance with Health Opportunities Team’s Disciplinary procedure.Any information given will be kept in strictest confidence and will be considered only in relation to your application for this post and if successful, your continued employment in a ‘sensitive’ post. Please note that information provided about conviction that is deemed irrelevant to the post for which you are applying will be disregarded. |
|  |
| Have you any convictions? | Yes | [ ]  | No | [ ]  |
|  |
| Are there any criminal proceedings against you? | Yes | [ ]  | No | [ ]  |
|  |
| If you have answered yes to either question, please provide details below. (You may continue overleaf): |
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|  |
| First name: |  | Surname: |  |
|  |
| Previous name (where applicable): |  |
|  |
| Signature: |  | Date: |  |
|  |
|  **Confidential** |
| **Supplementary Questions for Applicants with Disabilities** |
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| **Post applied for:** |  |
|  |
| **First name:** |  | **Surname**: |  |
|  |
| Do you consider yourself to have a disability? | Yes | [ ]  | No | [ ]  |
|  |
| The Health Opportunities Team welcomes applicants from people who have or have had a disability. We will interview all applicants who have a disability and meet the minimum essential criteria for the job.The Disability Discrimination Act 1995 makes it unlawful for an employer to discriminate against a person in the field of employment.The act defines a disabled person as someone with a physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day-activities. |  | If you have a disability or impairment which is covered by the Disability Discrimination Act 1995 and you would require the Health Opportunity to make reasonable adjustment, please answer the following question.Otherwise, you do not need to tell us of any disability or impairment you may have.This information will not count against you, but will help us consider ways in which we can reasonably accommodate your needs. |
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| If you would like the Health Opportunities Team to consider making reasonable adjustment in respect of the job you are applying for, can you suggest what they may be in order that you may carry out the essential tasks of the job? |
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| What arrangements do you require at the interview stages – wheelchair access, sign language, sign interpreter, etc? |
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| **Confidential** |
| **Employment Reference Form** |
|  |
| **First name:** |  | **Surname**: |  |
|  |
| Please give names, addresses, designations, addresses and telephone numbers of two people who have agreed to provide a reference for you. Please also state your relationship with each referee. You should, if possible, know one referee in an employment capacity. One should be your present or last employer. |
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| Please complete in black ink or typescript: |

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| Name of first referee: |  |
|  |
| Address: |  |
|  |
| Telephone: |  |
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| Email: |  |
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| Designation/ Post title: |  |
|  |
| Relationship with referee: |  |
|  |
| Can referee be contacted prior to interview: | Yes | [ ]  | No | [ ]  |
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| Name of second referee: |  |
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| Address: |  |
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| Telephone: |  |
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| Email: |  |
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| Designation/ Post title: |  |
|  |
| Relationship with referee: |  |
|  |
| Can referee be contacted prior to interview: | Yes | [ ]  | No | [ ]  |
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| Please return this form to : Niki Powers (Manager), Health Opportunities Team, 1A Queen’s Walk, Edinburgh, EH16 4EA, or email to: info@health-opportunities.org.uk |