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| **Please complete the attached application and email to** **hello@u-evolve.org** |
| **Position Applied for**:  |

**Personal Details**

|  |  |
| --- | --- |
| First Name: | Second Name: |
| Middle Names: |  |
| Other names by which you have been known: |
| Address: | Telephone No:Mobile No.e-mail address: |
| Do you have a current driving licence? YES □ NO □  | Full Licence ◻ Provisional Licence ◻ |
| Do you have any points on your licence?Yes/No | Please tell us. |

**Educational Qualifications** (please including secondary and any further education)

|  |  |  |
| --- | --- | --- |
| **Name of Educational Establishment(s)** | **Course(s) Studied and result** | **Dates of study** |

**Other relevant Training undertaken** (please list)

|  |  |  |
| --- | --- | --- |
| **Name of Training Provider** | **Training course(s) and result** | **Year training undertaken** |
|  |  |  |

**Professional Memberships** Please list any professional bodies you currently belong to/have belonged to. For example: Scottish Social Services Council; Protecting Vulnerable Group (Disclosure Scotland)

|  |  |  |
| --- | --- | --- |
| **Professional Body** | **Number** | **Expiration Date** |

**Work History** - please detail your **most recent employment first** (references may be sought from any of your previous employers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of Employer | Frommonth/yr | Tomonth/yr | Position Held | Reason for Leaving |
|  |  |  |  |  |
| Salary: | Notice required: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Should you require additional space please use last page of application form

Please explain any breaks in your Employment History

|  |  |  |
| --- | --- | --- |
| From: | To: | Reason: |
| From: | To: | Reason: |

Should you require any additional space please use last page of application form

**Disciplinary or Grievance Procedures**

Have you been the subject of either disciplinary or grievance procedures in any of your previous employment?

YES □ NO □

If so, please give details including outcome (s)

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**Complaints**

Have you ever been the subject of a complaint made by a service user, member of the public or colleague?

YES □ NO □

If so, please give details including outcome (s)

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**Records Check**

**Please note -** The disclosure of a criminal record or caution will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. **However, this post is exempted employment within the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order, as amended. You are therefore required to declare ANY convictions, whether or not they would, in terms of the Act, be classed as spent.**

**Failure to disclose important information may disqualify you from appointment or lead to summary dismissal.**

**If selected for the position, we will check your details against the Department of Health Consultancy Service and criminal records held by the Police, prior to an offer of employment.**

Have you been convicted of a criminal offence (including driving offences)?

YES □ NO □

If so, please give details including outcome(s)

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Are you presently the subject of a criminal investigation?

YES □ NO □

If so, please give details

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Please detail how your skills and experience meet the job description and person specification

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Should you require any additional space please attached one additional A4 page

**References**

Please give the names of two referees who can be contacted now in reference to your application. Relevant work referees are preferred, and one should be your present or most recent employer. In selecting your referees, please select as far as possible people who are able to speak objectively about your suitability for the position.

**As part of our recruitment procedure, we will contact referees for verbal references prior to interview.**

**If you do not wish any referee to be contacted at this stage, please indicate below.**

|  |  |
| --- | --- |
| 1.Name | Occupation |
| Address | e-mail address: |
| Telephone (Work or home):Mobile Number: | Do you give your permission to contact referee prior to interview?YES □ NO □ |

|  |  |
| --- | --- |
| 2.Name | Occupation |
| Address | e-mail address: |
| Telephone (Work or home):Mobile Number: | Do you give your permission to contact referee prior to interview?YES □ NO □ |

Please indicate where you heard about U-Evolve

|  |
| --- |
| Job Advert ◻ please state where seen………………………………………………………..Internet ◻Social Media ◻Family or Friend ◻College Notice Board ◻ please state which college………………………………………….Other, please give details………………………………………………………………………. |

I certify that my answer to each of the above questions is true and that the information provided is correct.

Applicant's Signature: …………………………………… Date: ……………………………………

Please contact us if you are disabled and need any adjustments for the interview.