Applicant Contact Information	
First Name	Last Name
E-mail Address	Phone (please give the easiest one to contact you on)
Address, including post code	
What post are you applying for?	
Where did you see this advertised?	
Do you hold a current and valid LIK driving lies	20002
Do you hold a current and valid UK driving lice ☐ Yes	;115e !
□ No	
Do you have the right to take up employment I	here in the UK?
If you are disabled, please give details of any sequire to attend Interview if invited to do so:	special arrangement or adjustments you would

Rehabilitation of Offenders Act 1974

In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending cautions or convictions, whether spent or otherwise unless it is either a 'protected caution' or a 'protected conviction' under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for.

	ast or pending cautions or convictions, whether ions or convictions. If you have no past or pending e".
References (Please note that one of your ran equivalent)	references must be from your most recent employer or
First Name	Last Name
E-mail Address	Phone
First Name	Last Name
E-mail Address	Phone
First Name	Last Name
E-mail Address	Phone
How long a notice do you have to give your co	urrent employer if applicable?

Previous Relevant Employment

Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	
Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	
Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	
Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	

Relevant Volunteer Experience

Role title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	
Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	
Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	
Job title	Reason for leaving
Organisation	Start Date / End Date
Main Responsibilities	

Please complete these three questions:

Please describe a time when you had to engage with someone who was reticent to engage with you, how you approached that and what you learned: (You can use any experience whether in paid work, voluntary roles or from general life) Max 250 words:
Please tell us about a role you have undertaken, paid of voluntary, which you feel demonstrates your commitment to prevention and explain why: Max 150 words:
Provide an example of a time when you have worked with an individual with complex needs, what role you had and a lesson you took away from that which you feel is relevant to this role: <u>Max 250 words</u> :

Please provide a statement in support to the Job Description/Specification words.	ort of your application for the role. Please k	generally, with particula seep your statement to	ar reference less than 450

Qualifications and education

Qualification	Awarding Institution / Establishment
Date gained	
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Qualification	Awarding Institution / Establishment
Data gained	
Date gained	
Qualification	Awarding Institution / Establishment
Date gained	
Qualification	Awarding Institution / Establishment
Date gained	
Qualification	Awarding Institution / Establishment
Date gained	
Qualification	Awarding Institution / Establishment
Date gained	

Do you know or are you related to anyone currently employed by the HTSI or one of the projects hosted within the HTSI? .
○ No○ Yes
If the answer is <u>Yes</u> please provide the name of the employee(s) and the capacity in which you know them
I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the HTSI processing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.
Sign:
Date:
Please return this form to info@highlandtsi.org.uk or post this to HTSI, Thorfin House, Bridgend Business Park, Dingwall, IV15 9SL
If you have any questions or queries please call 01349 864289
The UTSI may involve external partners in the recruitment and selection process. This

The HTSI may involve external partners in the recruitment and selection process. This means we will potentially share application information with someone who is included on our interview panel but who doesn't work for us. Those individuals will have to sign a data sharing agreement.

If you want to know more about who will be on your interview panel please phone 01349 864289 before you submit your application form. Unless told otherwise your submitted form will be taken as agreement to share your details with the interview panel, including those members not employed by the HTSI.