**WHATRIGGS NIGHT PROJECT WORKER**

**WHANPW0821**

**Application form**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** |  | | |
| **Postcode** |  | **E-mail** |  |
| **Telephone (home)** |  | **Telephone (mobile)** |  |
| **Telephone (work)** |  | **Preferred method of contact (phone/e-mail)** |  |

**If posting your application, a minimum of large letter 2nd class stamp is required. A small letter 1st class stamp will not be sufficient.**

Please return this application form to:

**HR Department**

**Blue Triangle (Glasgow) Housing Association**

**3rd Floor**

**100 Berkeley Street**

**Glasgow**

**G3 7HU**

**Or by e-mail to: recruitment@btha.org.uk**

**EDUCATION**

Please give details of all qualifications obtained or about to be gained, including further education.

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| **Qualifications Obtained / Examinations Passed** (If you have studied at HNC or SVQ level, please provide details if you have not achieved the full units for the qualification.) |
| **Level (eg, degree, SVQ) – Subject - Year Obtained** |

**PROFESSIONAL MEMBERSHIP**

Please give details of other professional qualifications/memberships.

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| --- | --- |
| **Professional Qualification / Membership** | **Expiry Date** (if applicable) |
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| --- | --- |
| Are you currently registered with the **Scottish Social Services Council (SSSC)**? (Please delete as appropriate.) | **Yes / No** |

**If yes, please insert your details below:**

|  |  |
| --- | --- |
| **Registration Number** | **Expiry Date** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Have you ever been reported to a **regulatory body**?  (Please delete as appropriate.) | **Yes / No** |
|  |  |
| **If yes, please detail below:** |  |
|  | |

**WORK HISTORY**

Please explain in detail any gaps in your work experience/employment history. You will be questioned about such gaps at interview stage. (If necessary, continue on a separate sheet.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s Full Name & Address** (starting with most recent employer) | **Position Held &**  **Dates**  **(from – to)** | **Main Duties** | **Reason**  **for Leaving** |
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| **Employer’s Full Name & Address** (continued) | **Position Held &**  **Dates**  **(from – to)** | **Main Duties** | **Reason for Leaving** |
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**INFORMATION IN SUPPORT OF APPLICATION – PERSON SPECIFICATION**

Please detail here how you meet the requirements of the person specification.

*When completing this section, please give us examples of when you have demonstrated these skills and qualities. Before completing this section, it is important to read the role profile for the post.*

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| **ADDITIONAL INFORMATION**  Please include any details not previously covered that you feel can support your application. **We are particularly interested in how you believe your values fit with the work that the Association does and what you hope to gain from this post.** |
|  |

**REFERENCES**

Please give details of two referees, one from your current employer and one from your previous employer. If you are currently unemployed, please provide us with your last two employers’ details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference 1: Current Employer** | | | |
| **Referee’s Name** |  | **Referee’s Position** |  |
| **Referee’s Work**  **E-mail** |  | | |
| **Company’s Name** |  | | |
| **Company’s Address** |  | | |
| **Telephone (work)** |  | **Can we approach referee prior to interview?** | **Yes / No**  (Please delete as appropriate) |
|  | | | |
| **Reference 2: Previous Employer** | | | |
| **Referee’s Name** |  | **Referee’s Position** |  |
| **Referee’s Work E-mail** |  | | |
| **Company’s Name** |  | | |
| **Company’s Address** |  | | |
| **Telephone (work)** |  | **Can we approach referee prior to interview?** | **Yes / No**  (Please delete as appropriate) |

**REHABILITATION OF OFFENDERS ACT 1974**

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| Due to the nature of the work you are applying for, this post is exempt from the provisions of the above Act. Applicants are therefore required to disclose any unspent convictions or cautions and any spent convictions for offences included in Schedule A1 **‘OFFENCES WHICH MUST ALWAYS BE DISCLOSED’** of the Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment Order 2013.  Applicants are not required to disclose spent convictions for offences included in Schedule B1, **‘OFFENCES WHICH ARE TO BE DISCLOSED SUBJECT TO RULES’** until such time as they are included in a higher level disclosure issued by Disclosure Scotland.” *In the event of employment, any failure to disclose required information may result in dismissal. Further to the above, please give details of relevant convictions, including dates.* |
|  |

**OTHER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you consider yourself to have a disability?** (Please delete as appropriate.) | | **Yes / No** | |
| *We ask for this information so that we can meet our practice of offering an interview to all applicants who have a disability and meet the minimum criteria for the position.* | | | |
| **Please indicate if you have any special requirements for interview:** | |  | |
|  | | | |
| **Current Salary:** |  | **Notice period for current post:** |  |
|  | | | |
| **Do you require a work permit or work visa to work in the UK?**  (Please delete as appropriate.) | | **Yes / No** | |
| If yes, please specify: | |  | |
|  | | | |
| **Do you hold a current UK driving license?**  (Please delete as appropriate.) | | **Yes / No** | |
| If yes, do you have any endorsements on your driving licence? (please give details) | |  | |
|  | | | |
| **Do you have any holidays arranged?**  (Please delete as appropriate.) | | **Yes / No** | |
| If yes, please give dates | |  | |
|  | | | |
| **Do you have any commitments that may limit your working hours?** (e.g. military reserve, volunteer work) (Please delete as appropriate.) | | **Yes / No** | |
| If yes, please give details | |  | |
|  | | | |
| **Have you ever worked for Blue Triangle before?**  (Please delete as appropriate.) | | **Yes / No** | |
| If yes, please give details | |  | |
|  | | | |
| **Where did you hear about this vacancy?** | |  | |
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**DECLARATION**

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| **I confirm that the information supplied by me on this form is complete and correct, and that any untrue or misleading information will give Blue Triangle (Housing) Association the right to terminate any employment contract offered.**  **If my application for employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme. I have given my explicit consent freely.** | |
| **Name of Applicant:** |  |
| **Date:** |  |
| **Signature of Applicant:** |  |
| We would like to thank you for the time you have taken to complete this application form and assure you it will be treated in the strictest confidence. | |

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**Equal Opportunities Monitoring Form – Form HR214: WHANPW0821**

The Association is committed to developing positive practices to promote equal opportunities and prohibiting unlawful discrimination. This information is used strictly for monitoring purposes to ensure our equality strategy commitments are being implemented.

When used as part of our recruitment process this form is not provided to the selection panel.

*Please do not mark anything in the shaded boxes – these are for information/clarification only.*

|  |  |
| --- | --- |
| **Ethnic Origin –** Please indicate your ethnic origin by marking X in the appropriate box. | |
| **White** | |
| Scottish |  |
| Other British |  |
| Irish |  |
| Gypsy/traveller |  |
| Polish |  |
| Any other white background |  |
| Mixed or multiple ethnic background |  |
| **Asian, Asian Scottish or Asian British** | |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| **Black, Black Scottish or Black British** | |
| Caribbean |  |
| African |  |
| Any other black background |  |
| **Other ethnic background** |  |
| Arab, Arab Scottish or Arab British |  |
| Any other group |  |
| Unknown |  |
|  | |
| **Disability** | |
| **Do you consider yourself to have a disability?** (Please delete as appropriate) | **Yes / No** |
| **If yes, please specify:** |  |
| **Gender**  (Please delete as appropriate) | **Male / Female / Other** |
| **Your age at 31 March this year:** |  |

**Once completed, please insert into a separate envelope from your application.**