**EMPLOYMENT APPLICATION FORM**

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| **HOW TO FILL IN THIS FORM** |
| **When filling out this Application Form please:**** Answer all of the questions.** Type or write in black ink or ballpoint as this form will be photocopied. Continue on additional sheets of paper if there is insufficient space. You may attach a CV if you wish but it will only be used to support information already given in your Applica­tion Form.** Ensure that you complete and return the Equal Opportunities Form and Self Declaration Form as part of your application.** |

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| **POSITION APPLIED FOR** |
| **Job Title** |  |
| **Job Location** |  |
| **Where did you see this vacancy advertised/how did you learn of this vacancy?** |

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| **PERSONAL DETAILS** |
| **Surname: Forename(s):** |
| **Any other names you have been known as:** |
| **Title: (Mr/Mrs/Miss/Ms/Other):** | **National Insurance No:** |
| **Address:****Postcode:** | **Home Tel Number:** |
| **Mobile Tel Number:** |
| **Email Address:** |

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| **PERSONAL DETAILS Continued**  |
| **Do you require a Work Permit to work in the UK? YES 🞏 NO 🞏**If YES do you possess a Work Permit that is valid for the Position applied for?If YES, please note that you will be required to provide this documentation. |
| **How much notice are you required to give to your current employer?**If Successful, what date are you available from? Date: / /  |
| **Are you currently registered with the Scottish Social Service Council (SSSC)? YES 🞏 NO 🞏**If YES, please note your registration Number and date of registration. Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /  |
| Are you currently a member of the PVG Scheme? YES 🞏 NO 🞏If YES, please note your Registration Number and date of registration.Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /  |
| **Do you hold a current, British Driving Licence? YES NO **If YES, please note type of License **PROVISIONAL FULL ****Do you have any current penalty points? YES NO **If YES, how many? |
| **As holders of the Positive about Disabled People symbol we have made a commitment to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities.****Do you consider yourself to be a disabled person within the meaning of the Equality Act 2010?** **YES 🞏 NO 🞏** |

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| **CURRENT/LAST EMPLOYER**  |
| **Position Held:** | **Present/Recent Salary:** |
| **Date From:** | **Date To:** |
| **Name of Employer:** |
| **Address:****Postcode:** | **Reason for Leaving:** |
| **Brief Description of Duties:** |

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| **PREVIOUS EMPLOYMENT** |
| Please list all of your previous employment, detailing any gaps between employment with reasons. Continue on a separate sheet if necessary. |
| **Name of Employer** | **From** | **To** | **Job Title/Main Duties** | **Reason(s) for Leaving** |
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| **CURRENT/MOST RECENT SALARY:** |

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| **SUPPORTING STATEMENT**  |
| In this section please demonstrate how your skills and experience meet the requirements of the job description and person specification. You may also include any other information that you feel is relevant to your application e.g. personal qualities, achievements at work, non-related or voluntary work experience. Continue on a separate sheet if necessary. Please do not attach CV or extract of a CV.  |

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| **EDUCATION AND TRAINING** |
| Please indicate details of studies undertaken and qualifications obtained from secondary education onwards. |
| **DATE ACHIEVED** | **SCHOOL/COLLEGE/UNIVERSITY** | **QUALIFICATION** | **SUBJECT** | **GRADE** |
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| **MEMBERSHIP OF PROFFESIONAL ASSOCIATION AND INSTITUTIONS** |
| **Name of Association/Institution** | **Grade/Class of membership and registration or membership number** | **Date** |
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| **DECLARATION OF ANY FAMILY OR CLOSE RELATIONSHIPS** |
| Have you ever applied for a post with Cosgrove Care before? **YES 🞏 NO 🞏** |
| Have you ever worked for Cosgrove Care before? **YES 🞏 NO 🞏** |
| Does any of your immediate family work for Cosgrove Care or use one of our services? **YES 🞏 NO 🞏**If YES please give his/her name and service details below: |

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| **REFERENCES** |
| Please give details of three referees, two of whom must be able to comment on your professional suitability for the post and one whom must be your current or most recent employer. If you have had no previous employment, please ensure one referee is someone who has known you for at least two years. Please note that if you tick ‘NO’ about contacting your referee before your interview we will approach this referee immediately on offer of employment. ***Relatives will not be accepted as a suitable referee.*** |
| **Name:** | **Job Title:** |
| **Company Name:** | **Telephone Number:** |
| **Company Address:****Postcode:** | **Email Address:** |
| **May we contact this referee prior to job offer? YES 🞏 NO 🞏** |
| **What type of reference will this person provide? EMPLOYER 🞏 CHARACTER 🞏** |

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| **What type of reference will this person provide? EMPLOYER 🞏 CHARACTER 🞏** |

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| **DECLARATION** |
| I understand that if I deliberately used misleading information to gain employment with Cosgrove Care, I may be instantly dismissed at a later date. The information contained in this application is, to the best of my knowledge, correct.**Signed: Date:**If this form is emailed, it will be required to be signed at any subsequent interview.Email to: jblair@cosgrovecare.org.ukOr post to: Cosgrove Care, The Walton Community Centre, May Terrace, Giffnock G46 6LD |