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**Job Application Form**

Please complete all sections of the application form.

The information you supply on this form will be treated in confidence.

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| **Post applied for:** | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | |
| First Name: | | |  | | | Last Name: | |  | | | | | |
| Home address: | | |  | | | | | | | | | | |
| Tel number: | | |  | | | Mobile number: | | |  | | | | |
| Email: | | |  | | | | | | | | | | |
| Do you have a full current driving licence? | | | | | | Yes  No | | | | | | | |
| **Eligibility to work in the UK** | | | | | | | | | | | | | |
| Do you have the legal right to work in the UK? | | | | | | Yes  No | | | | | | | |
| *If your application for this role is successful, you will be required to provide evidence of your legal right to work in UK.* | | | | | | | | | | | | | |
| **Disability Confident Employer Scheme** | | | | | | | | | | | | | |
| Do you consider yourself to have a disability? | | | | | | Yes  No | | | | | | | |
| **Disability Confident Employer Scheme** | | | | | | | | | | | | | |
| *Disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities. This question is asked to ensure that people with disabilities receive the opportunity of an interview if they meet the minimum criteria for the post applied for.* | | | | | | | | | | | | | |
| **Protection of Vulnerable Groups (Scotland) Act 2007** | | | | | | | | | | | | | |
| Are you a member of the PVG Scheme? | | | | | | Yes  No | | | | | | | |
| Membership Number: | | | | | |  | | | | | | | |
| Are you registered for: | | | | | | Protected Adults  Children  Both | | | | | | | |
| **SSSC Registration** | | | | | | | | | | | | | |
| Are you registered with the SSSC? | | | | | | Yes  No | | | | | | | |
| Certificate Number: | | | | | |  | | | | | | | |
| **Membership of Professional Bodies** | | | | | | | | | | | | | |
| Name of Professional Body | | | | | Status of Membership | | | | | | | | |
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| **Education and Professional Training** | | | | | | | | | | | | | |
| *Please provide details of any qualifications gained. Please continue on a separate sheet if necessary. You will be required to provide original copies of all qualifications and certificates, relevant to the application form.* | | | | | | | | | | | | | |
| Qualifications Gained | | | | Educational Institution | | | | | | Duration | | | Date |
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| **Work Related Development and Training** | | | | | | | | | | | | | |
| *Please provide details of training undertaken for the last 2 years which are relevant to the job applied for and which you can provide original copies of qualifications, awards or certificates.* | | | | | | | | | | | | | |
| Course Title and Purpose | | | | Organising body | | | | | | Duration | | | Date |
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| **Employment History for last 3 years** | | | | | | | | | | | | | |
| *Start with the most recent first and include periods of volunteering and unemployment* | | | | | | | | | | | | | |
| Date from | Date to | | | | Employer’s name and address | Job Title and details of role including duties, responsibilities and achievements | | | | | | Reason for Leaving | |
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| Have you ever been subject to any disciplinary action with any of your previous employers? | | | | | | Yes  No | | | | | | | |
| If yes, please provide details: | | | | | | | | | | | | | |
| **Supporting Statement** | | | | | | | | | | | | | |
| Please state in no more than 800 words why you are applying for this position and describe how you meet the specific requirements of the job description and person specification, including the skills, experience and achievements you bring to this post. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | |
| *Two references will be sought for successful applicants. One should be from your most recent employer. We reserve the right to request additional references if we consider it necessary.* | | | | | | | | | | | | | |
|  | | Reference 1 | | | | | Reference 2 | | | | | | |
| Name | |  | | | | |  | | | | | | |
| Job title | |  | | | | |  | | | | | | |
| Organisation | |  | | | | |  | | | | | | |
| Address | |  | | | | |  | | | | | | |
| Tel No | |  | | | | |  | | | | | | |
| Email | |  | | | | |  | | | | | | |
| In what capacity are you known to the referee | |  | | | | |  | | | | | | |
|  | | May we approach prior to interview?  Yes / No | | | | | May we approach prior to interview?  Yes / No | | | | | | |
| **Recruitment monitoring** | | | | | | | | | | | | | |
| Where did you see this vacancy? | | | | | | | | | | | | | |
| **Rehabilitation of Offenders Act 1974** | | | | | | | | | | | | | |
| The post you are applying for is exempt from the relevant provisions of the Rehabilitation of Offenders Act 1974. This means that you are not entitled to withhold information about convictions which for other purpose are regarded as spent, unless that conviction is protected. For more information regarding conviction disclosures, please refer to the Guidance provided on the Disclosure Scotland website. | | | | | | | | | | | | | |
| Have you ever been convicted of any criminal offence(s) currently? | | | | | | | | | | | Yes  No | | |
| Do you have any criminal charge(s) pending? | | | | | | | | | | | Yes  No | | |
| Have you ever been interviewed in connection with or been the subject of any investigation or enquiry into abuse or other inappropriate behaviour? | | | | | | | | | | | Yes  No | | |
| If you have answered Yes to any of the question above, please provide details: | | | | | | | | | | | | | |
| **Data Protection** | | | | | | | | | | | | | |
| EDAMH will use the information you provide in this application pack for the purpose of processing your application and monitoring the recruitment process. If your application is successful EDAMH will process your information for the purpose of facilitating your employment with EDAMH. In addition, we will share information with external partners for the purposes of processing Company benefits (including pensions and insurance).  The information you provide in this pack will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not normally be kept for longer than a year. You have a right to access the information that EDAMH holds on you. | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | |
| I certify that the information I have declared in this application form, and any attachments, are true and correct. I have not withheld any information which may affect my application for employment. I understand that false information or omissions may lead to the withdrawal of any offer of employment or dismissal from EDAMH without notice. | | | | | | | | | | | | | |
| **Name: Date:** | | | | | | | | | | | | | |

By completing your name and emailing the application form, this will be accepted as your signature. Please email your completed form to [recruitment@edamh.org.uk](mailto:recruitment@edamh.org.uk)

or return it by mail to

Recruitment EDAMH, Suite 7, Enterprise House, Strathkelvin Place, Kirkintilloch, G66 1XQ