

Employment Application Form

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| **POSITION APPLIED FOR: Family Wellbeing Practitioner**  |

**PERSONAL**

The following information will be treated in the strictest confidence. Please complete all sections in BLOCK CAPITALS and in **black ink**.

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| --- | --- | --- | --- |
| Surname: |  | First Name(s): |  |
| Address: |  |
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|  |
| Telephone / mobile number: |
| Email Address: |

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| --- | --- | --- | --- |
| Full Driving License | YES/NO  | Are you qualified to drive a D or D1 vehicle? | YES / NO |
| Endorsements YES/NOIf YES, please give full details |  |

|  |  |
| --- | --- |
| Have you any convictions (including spent convictions)? | YES/NO |
| If YES, please give full details |  |

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| --- | --- |
| If short-listed you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? | YES/NO |
| Have you worked for Stepping Stones before? | YES/NO |
| Are you related to any person employed by Stepping Stones? | YES/NO |
| If YES, please give full details |  |
| Have you applied for employment with Stepping Stones before? | YES/NO |
| Do you need a work permit to take up work in the UK? | YES/NO |
| How much notice are you required to give your current employer? |  |
| Please State Your Current Salary? |  |
| Applying for Part-time or Full Time Post? |  |

**EDUCATION AND QUALIFICATIONS**

Please tell us about your educational background, **including all relevant job related training**. Begin with your most recent course first. (Please use a separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Subject/Course | Qualification | Name of Institution |
| From | To |  |  |  |
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Please give details of membership to any technical or professional associations.

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**WORK EXPERIENCE**

Please tell us about your work history, including both paid and unpaid work. **Begin with your most recent employer first**. (Please use a separate sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Date | Employer’s name and address | Post held and description of main duties |
| From | To |  |  |
|  |  |  |  |
| Full-time | Part-time |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date | Employer’s name and address | Post held and description of main duties |
| From | To |  |  |
|  |  |  |  |
| Full-time | Part-time |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date | Employer’s name and address | Post held and description of main duties |
| From | To |  |  |
|  |  |  |  |
| Full-time | Part-time |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date | Employer’s name and address | Post held and description of main duties |
| From | To |  |  |
|  |  |  |  |
| Full-time | Part-time |  |  |
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| **SUPPLEMENTARY INFORMATION**Please consider the Personal Specification for this post and set out below any further information to support your application e.g. skills, experience, knowledge.  |

### DISCLOSURES

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of employment is subject to information on my criminal record being disclosed to Volunteer Scotland.

I have been given a copy of the Company’s Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

**DECLARATION**

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| I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for summary dismissal. |

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with GDPR.

|  |  |
| --- | --- |
| Signature | Date |

**REFERENCES**

|  |
| --- |
| Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference. |
| Can we approach your current or most recent employer before an offer of employment is made? | YES/NO |

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
|  |  |
|  |  |
| Tel. No: | Tel. No: |
| Email Address: | Email Address: |

**SOURCE OF APPLICATION**

|  |
| --- |
| How did you hear of this vacancy? |

Please return this application via email to info@steppingstonesnorthedinburgh.co.uk.

**SUPPLEMENTARY QUESTIONS – All applications must complete this section**

|  |  |
| --- | --- |
| Full Name |  |
| Post Applied for |  |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability? | [ ] YES [ ] NO |

Stepping Stones welcomes applications from people who have or have had a disability. We will interview all applicants who have or have had a disability and meet the minimum essential criteria of the job.The Disability Discrimination Act 1995 makes it unlawful for any employer to discriminate against a disabled person in the field of employment.The Act defines a disabled person as *someone* with a physical or mental impairment which has a Substantial and Long-term Adverse Effect on that person’s ability to carry out Normal Day-to-Day Activities.

If you have a disability or an impairment which is covered by the Disability Discrimination Act 1995 and you would **require Stepping Stones to make reasonable Adjustment, please answer the following questions.**Otherwise you do not need to tell us of any disability or impairment you may have.**This information will not count against you,** but will help us consider ways in which we can reasonably accommodate your needs.

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| If you would like Stepping Stones to consider making reasonable ***Adjustments*** in respect of the job you are applying for, can you suggest what they may be in order that you might carry out the essential tasks of the job. |
| What arrangements do you require at the interview stage – wheelchair access, sign language interpreter, etc.? |

This form should be returned, as part of the full application form.

## CONFIDENTIAL MONITORING QUESTIONAIRE

Stepping Stones is committed to achieving equality opportunities. The organisation will not discriminate on the basis of: disability, special needs, race, ethnic origin, nationality, gender, sexuality, marital status, age, political affiliation, religious beliefs, trade union membership or activity, responsibility for dependents or employment status. Any information entered on this form is confidential and not seen by our selection panel. It will be used to monitor our recruitment and selection process.

|  |  |
| --- | --- |
| Job Title |  |
| Post Code |  |
| Date Of Birth |  |
| Marital Status |  |

**GENDER**

|  |  |
| --- | --- |
| Male[ ]  | Female[ ]  |

**ETHNIC ORIGIN** (These categories were used in the most recent census)

|  |  |
| --- | --- |
| White | [ ]  Scottish [ ]  Other British [ ]  Irish [ ]  Other white background, please state: |
| Mixed | [ ]  Any mixed background, please state: |
| Asian, Asian Scottish or Asian British | [ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Other Asian background, please state |
| Black, Black Scottish or Black British | **[ ]** Caribbean [ ]  African [ ]  Other black background, please state: |
| Gypsy/Traveller | [ ]  Gypsy/Traveller |
| Other Ethnic Background | [ ]  Other ethnic background, please state: |

### DISABILITY

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| It is recognised that disabled people are not only those whose disability is immediately apparent (e.g. blind people or those in wheelchairs) but also those whose disability is not immediately obvious (e.g. heart trouble, mental illness or diabetes). |
| Do you consider yourself to have a disability? | [ ]  Yes [ ]  No |

# EMPLOYMENT STATUS + PATTERN

|  |  |
| --- | --- |
| Which of the following applies to you at the present time? | [ ]  Employed Full Time [ ]  Employed Part Time[ ]  Short Term Unemployed < 6 Months[ ]  Long Term Unemployed > 6 Months [ ]  Re-entering workforce[ ]  Self-Employed[ ]  Student |
| If currently Employed please complete:- | [ ]  Full Time [ ]  Part Time (am) [ ]  Part Time (pm)[ ]  Weekends [ ]  Various |

#### DISCRIMINATION:Tick boxes which apply if you experienced discrimination/encountered difficulties during this application.

|  |
| --- |
| [ ]  Age [ ]  Disability [ ]  Ethnicity [ ]  Gender [ ]  Sexual orientation N.B. If you feel you’ve been discriminated against or encountered difficulties please use the back of this form to share your comments on how we can improve our recruitment and selection process. |

|  |  |
| --- | --- |
| Signature: | Date: |

DATA PROTECTION: Information collected, handled, processed and held during the recruitment and selection process is subject to GDPR regulations.

CRIMINAL CONVICTIONS DECLARATION FORM

|  |  |
| --- | --- |
| Name |  |
| Address |  |

Stepping Stones is an equal opportunities employer and we support the rehabilitation of offenders into the work force and take a progressive approach in applying this to our organisation.

Please give details regarding convictions, cautions, warnings or reprimands under the heading in Section 1**. If you have no convictions, cautions, warnings or reprimands to declare please go to Section 2 and sign the declaration form.** The declaration of criminal convictions will not automatically disqualify you from being considered for this post but it is important that the information you provide is true and correct to ensure an informed decision can be made by our Selection Panel.

The post for which you have applied is exempt from the Rehabilitation of Offenders Act 1974 by the (Exemptions) Order 1975 and therefore you are required to list all criminal convictions, cautions, reprimands or warnings. This will include both **SPENT** and **UNSPENT** convictions.

Should you be appointed to the post for which you are applying you will also be required to provide a Standard or Enhanced disclosure under the terms of the Police Act 1997 (Part V).

**SECTION 1:**

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| 1. Please give the date and details of the offences(s) that you were charged with, the sentence that you received and the court where your case was heard.
 |
| 1. Please give the details of the reasons and circumstances that led to your offence(s)
 |
| 1. Please give details of how you completed the sentence imposed, (for example did you pay your fine as required, what conditions were attached to your probation/community service/supervised attendance order, did you comply with the requirements of your order/custodial sentence.
 |
| 1. Has any other organisation(s) supported you to work through any of the above issues?
 |
| 1. What have you learned from the experience?
 |

# SECTION 2

# DECLARATION: I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

**DATA PROTECTION**: The information collected on this form will be held in the strictest confidence. It will be handled, processed and destroyed in accordance with GDPR.