**Job Application Form**

**PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM**

It is important to read the Application Guidance Notes before completing this form. Please complete a separate application form for each post. Information on all job vacancies can be found on our website: www.wdcvs.com

Completed application forms should be emailed to: info@wdcvs.com

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| **Personal Details** |  |
| **Post applied for** | **Vacancy Reference Number** |
| First Name: |  | Last Name: |  |
| Title: (Mr, Mrs, Ms, Miss, Other) |  | Gender: Male/Female/ Prefer to Self Describe /Prefer Not to Say |  |
| Home address: |  |
| Post code: |  |
| Telephone number: |  | Mobile number: |  |
| Email: |  |
| Do you have a full driving licence? Y/N |  |

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| **Eligibility to work in the UK** |
| Do you have the legal right to work in the UK? (please note if successful you may be asked to provide evidence of this) | [ ]  Yes [ ]  No  |

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| **Protection of Vulnerable Groups (Scotland) Act 2007** |
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| Which of the following vulnerable group categories are you registered for :  |

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| [ ]  Children [ ]  Protected Adults [ ]  Both [ ]  None |

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| Membership Number: |  |

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| **Disability Confident Employer Scheme** |
| Do you consider yourself to have a disability? Y/N |  |

As a disability confident employer, we will ensure applicants with disability receive the opportunity of an interview if they meet the minimum criteria for the post applied for.

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| **Education History** |

You may be asked to provide original copies of relevant qualifications and certificates declared here.

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| **Date** | **Full/Part Time** | **Course/Subject of study** | **Grade/Level of Award** | **Awarding Body/ Place of Study** |
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| **Career Education History** |

Please provide details of relevant personal development activity for which you can provide original copies of attendance and/or award.

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| **Date (year)** | **Organising body** | **Title and Purpose of Event/s** |
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| **Membership of Professional Bodies/Committee Membership** |
| **Date (year)** | **Name of Professional Body** | **Status and Level of Membership** |
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| **Present or Most Recent Employment** |
| Job title: |  |
| Date of commencement: |  | Date of leaving: |  |
| Current or most recent salary: |  | Period of notice: |  |
| Reason for leaving: |

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| **First referee details (from your last employer)** |
| Company name: |  | Company Tel No: |  |
| Company address: |  |
| Postcode: |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Referee’s job title: |  |
| Email address: |  |
| May we approach prior to interview? Y/N(please ensure you have the agreement of your referee) |  |

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| Give details of post including duties, responsibilities and achievements: |
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| All Previous Employment(most recent first and include periods of volunteering & unemployment; please use continuation pages if required) |
| **Date From** | **Date To** | **Employer’s name & address (including post code)** | **Role Title and details of 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:  |   |

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| **Supporting Statement - Relevant Achievements, Skills and Knowledge** |

Please state why you are applying for this position, and document how you meet the specific requirements of the job description and person specification, including the achievements, skills and knowledge you will bring to this post.

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| **Second referee details** |
| Company name: |  | Company Tel No: |  |
| Full company address: |  |
| Postcode: |  |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Referee’s job title: |  |
| Email address: |  |
| May we approach prior to interview? Y/N |  |

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| **Rehabilitation of Offenders Act 1974** |

Having a criminal record is not necessarily a barrier to working with WDCVS, dependent on the nature of the position together with the circumstances and background of any particular offences. 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.

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| Have you ever been convicted of any criminal offence(s)?  | Yes [ ]  No [ ]  |
| Do you have any criminal charge(s) pending? | Yes [ ]  No [ ]  |

Further details will be requested if you are selected for interview

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| **Data Protection**  |

WDCVS will use the information you have provided in this application for the purpose of processing your application and monitoring the recruitment process. If your application is successful WDCVS will process your information for the purpose of facilitating your employment (for example, sharing information you provide with Disclosure Scotland, the Department of Work and Pensions as required by legislation and external partners involved in processing company benefits (including pensions and insurance). Information provided 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 one year. You have a right to access the information that WDCVS holds on you. If you would like to do this, please contact us.

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| **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 WDCVS without notice.

I understand the data contained in this application, together with information supplied by referees and/or relevant third parties, (which may include sensitive personal data) will be used and processed for legitimate purposes connected with recruitment and selection, and if I become an employee it will be used for employment purposes and company benefits schemes and that the information may be verified by WDCVS, in accordance with Data Protection legislation.

**By completing your name below and emailing the application form, this will be accepted as your signature.**

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| Print name: |  | Date: |  |

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