

**Application Form**

*(please complete in black ink or type)*

Applicants should understand that any false statements or omissions

will lead to disqualification of application or dismissal if appointed

**Post Applied for: Young Carer Development Worker – Drug & Alcohol (PT – 21 hrs)**

**Closing Date: Sunday 22nd May 2022**

**Interviews: Monday 30th May 2022** *(F2F unless not possible)*

**Personal Details**

Surname:

First Names:

Address:

Postcode:

Telephone:

Email:

I declare that I have the legal right to live and work in the UK. Yes No

*(Please tick or circle box as appropriate)*

I declare that the information provided in this application is true and I understand that false or misleading information will lead to my exclusion from the selection process and may lead to dismissal in the event of appointment. I understand that the post for which I am applying is subject to satisfactory Disclosure Scotland checks under the PVG Scheme (higher level disclosure for regulated work with children/protected adults).

**Signed: Date:**

Please return completed, signed forms to: [info@youngcarers.org.uk](mailto:info@youngcarers.org.uk) or by post to:

**Edinburgh Young Carers, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY**

***Please note that physical mail takes longer to reach us at the moment as it is being redirected***

**References:**

Please give the names of **three** referees who can provide reliable current information about the experience, skills and qualifications which make you suitable for this post. One must be your present or last employer.

1. **Name:**

**Occupation:**

**Email address:**

**Address:**

**Telephone:**

**Relationship to applicant:**

**May we approach this referee before interview? Yes No**

1. **Name:**

**Occupation:**

**Email address:**

**Address:**

**Telephone:**

**Relationship to applicant:**

**May we approach this referee before interview? Yes No**

1. **Name:**

**Occupation:**

**Email address:**

**Address:**

**Telephone:**

**Relationship to applicant:**

**May we approach this referee before interview? Yes No**

***Please Note:*** *No appointment will be made without taking up references*

*This page and the front page will be removed before the short listing process. This approach is designed to ensure equality of opportunity in line with Edinburgh Young Carers’ Equal Opportunities Policy.*

**Supporting Statement**

Please state below your reason for applying for the post and the **qualities and experience** that you consider to make you a suitable applicant. **Please refer to the person specification when completing this statement.** Your statement need not be lengthy. A typed statement can be attached to this page.

**Current Employment**

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|  |  |
| --- | --- |
| **Name & address of current / most recent Employer** |  |
| **Date from** |  |
| **Date to** |  |
| **Role Description** |  |
| **Salary** |  |
| **Reason for leaving** |  |

**Previous Experience**

Please list all paid and non-paid experience (use continuation sheets if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & address of Employer / Organisation** | **Dates from** | **Dates to** | **Role description** | **Reason for leaving** |
| **Paid work** |  |  |  |  |
| **Unpaid work** |  |  |  |  |

**Relevant Qualifications and Training:**

Please list any relevant qualifications (use continuation sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications** | **Name & address of Awarding Body** | **Grade** | **Date of Award** |
|  |  |  |  |

Please list any courses/seminars which are relevant, including current studies (use continuation sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Name & Address of Course Provider** | **Duration** | **Dates** |
|  |  |  |  |

**Computer Skills**

Please describe your level of computer skills:

**Driving Licence**

Do you currently hold a valid driving licence?

**Yes – Full Yes – Provisional No**

**Languages**

|  |  |  |
| --- | --- | --- |
| **Other languages** | **Spoken** | **Written** |
|  |  |  |

**Health:**

Are there any reasonable adjustments you need us to make for the interview process?

**Yes No**

If Yes, please describe: