**Guidance Notes - Completing the application form**

Please read these notes carefully before you complete the application form. This is important as the information you give will form the basis of how we assess your suitability for the job and our decision whether or not to progress your application.

**General Points**

* If you have a disability and need help with completing the form, please contact us.
* To help us assess your application please complete all sections of this application form.
* A CV will not be accepted unless submitted by a visually impaired applicant.
* Please type or print using black ink

**Employment Experience**

* We are interested in what type/s of experience you have had so far whether they are work related, voluntary or personal
* Please give the name of any voluntary, community or any religious group that may be in a position to support your application, we may contact them as part of the process of your application.

**Relevant Experience**

* Always refer to the Job and Person Specification when you complete the application form and make sure you answer what is being asked for as best you can.
* Give examples of your skills, knowledge, and experience for the post.
* As a carer’s organisation we want to know about your caring experiences, as these may be as important as work or other voluntary experience.

**Criminal Record**

* All posts and volunteer positions are subject to checks through the Protection of Vulnerable Groups (PVG) Scheme.

**Disqualification from Working with Children or Vulnerable Adults**

* If you are disqualified from working with children or vulnerable adults we are unable to consider you for jobs or volunteering opportunities.

**Returning the form**

* Please remember to keep a copy of the form for yourself
* Return the form to Capital Carers by email to the address at the end of this form by the closing date.
* If the application arrives late, Capital Carers may not consider your application.

**1 Personal Information. Please complete**

|  |  |
| --- | --- |
| **Surname** |  |
| **Initials** |  |
| **Post Title** |  |

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| **First Line of Address** |  |
| **Second Line of Address** |  |
| **Town** |  |
| **Post Code** |  |
| **Home Phone Number** |  |
| **Mobile Phone Number** |  |
| **Contact Email address** |  |
| **PVG Registration** |  |

**2. Please attach a list of your qualification gained at school where appropriate using the following headings: -**

|  |  |  |  |
| --- | --- | --- | --- |
| **Awarding Body (e.g. SQA)** | **Course/Subject/Module Titles** | **Level/Grade of Course**  **(e.g. 1,2,3 / A, B, C)** | **Date**  **Awarded** |
|  |  |  |  |

**3. Please attach a list of your Further and Higher Education qualifications using the following headings: -**

|  |  |  |  |
| --- | --- | --- | --- |
| **University/College** | **Course Title**  **(e.g. HND Computing)** | **Subjects studied** | **Date Awarded** |
|  |  |  |  |

**4. Your current membership of Professional Bodies using the following headings: -**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Awarding Body/Institution** | **Class of Membership** | **Date Awarded** | **Membership No. and Expiry Date (if applicable)** |
|  |  |  |  |
|  |  |  |  |

**5. Training Courses relevant to this application using the following headings: -**

|  |  |  |
| --- | --- | --- |
| **Course Provider** | **Description of Course**  (including main subject covered) | **Date Awarded** |
|  |  |  |

**6. Evidence of Your Personal Development Plan if available**

|  |
| --- |
|  |

1. **Evidence of Your Continuous Professional Development**

|  |
| --- |
|  |

1. **Details of Your current or most recent employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of Employer** | **Job Title**  **and main duties and responsibilities** | **Dates** | |
| **From** | **To** |
|  |  |  |  |

Please use supplementary sheet (s) if required ensuring your name (surname and initials) on any separate sheets used.

|  |  |  |
| --- | --- | --- |
| **Can we contact your current employer prior to interview?** | YES | NO |

**Period of Notice**

|  |  |
| --- | --- |
| **If appointed, how soon could you join us?** |  |

1. **Details of Your Previous Employment**

**List in date order, starting with your most recent employer first.**

Please use supplementary sheet(s) if required ensuring that your name (surname and initials) is on all separate sheets used.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of Employer** | **Job Title and Brief Description of Duties** | **Dates** | **Reason for Leaving** |
|  |  |  |  |

1. **Further Information Relevant to this Application**

Please tell us how your abilities, personal qualities and experience (both inside and outside work if appropriate) are relevant to your application. Please remember to put your name (surname and initials) on any pages you use.

Indicate the number of additional pages attached

1. **Driving Licence**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Yes or No** |
| **Do you hold a current driving licence?** | Full? | Provisional? |
| **Does your licence hold any Penalty Points?** |  |  |
| **If so please specify?** |  |  |
| **Are you currently insured to drive your car for business?** |  |  |
| **Are you currently insured to drive your car for commuting?** |  |  |

1. **References**

**Please provide details of two referees**.

If you are currently in employment, at least one must represent your present employer. References are normally taken up if you are short-listed for interview.

|  |
| --- |
|  |

**Please tick the box if you do not wish contact to be made with a referee prior to an interview being held**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name & Occupation** | **Address**  **(including Postcode)** | **Email address** | **Tick if NO Contact to be made prior to interview** |
|  |  |  |  |
|  |  |  |  |

1. **Criminal Records, Disqualifications & Declaration**

Capital Carers works with children and vulnerable adults and will require the successful applicant to apply for **registration with the PVG Scheme.**

* Please note this means that your checks will be undertaken into spent and unspent criminal offences, cautions, reprimands and final warnings given by the Police.
* If you have any criminal convictions, you may wish to advise us of these in the event that you are invited to interview, as these will come to light through the PVG check. In the event that this does become known to NWCC, we would have to discuss this with you, as this may affect your appointment to a post.

**Regulatory body sanctions**

Capital Carers is not registered with the Care Inspectorate and staff are not required to have qualifications to meet registration requirements through the SSSC, GTC, HCPC, etc.

Checks will be made with regulatory bodies, as the employment of a person who is subject to sanctions or has had their name removed by the regulatory body at any time in the past or present, could seriously affect Capital Carer’s relationship with funders and our registration as a charity.

1. **IMPORTANT (Please read carefully before signing)**

I certify that all statements given above by me on this form are true and correct to the best of my knowledge, I realise that if I am employed and it is found that such information and all other documents associated with the recruitment and selection process are false or that I withheld information I am liable to dismissal without notice.

1. **Data Protection Act**

I consent to Capital Carers (Edinburgh) and its agents processing, by means of information and communication technology or otherwise, any information which I provide to them for purposes of recruitment and employment with Capital Carers, monitoring the effectiveness of Capital Carers’ Equal Opportunities Policy, and, in the exercise of the Capital Carers’ legitimate interests.

1. **Declaration – to be completed by all applicants**

**I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable to dismissal without notice or in some instances, referral to the police.**

**I understand and agree that the information contained in this application form will be used and processed by Capital Carers for recruitment purposes and that should I**

**become an employee, the information will then become used for employment related purposes.**

**I agree to Capital carers holding and process the information contained in this application**

**Form.**

**Please sign using initials and surname only**

Signed: Date:

1. **Completed Application forms and attachments to be submitted to : -**

**By email to:** [**admin@nwcarers.org.uk**](mailto:admin@nwcarers.org.uk)

Ron Carthy

Operations Manager

Capital Carers

The Prentice Centre

1 Granton Mains Avenue

Edinburgh EH4 4GA