**APPLICATION FORM**

**Post of Independent Advocate**

**West Lothian**

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| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Email Address** |  |
| **Date of Birth** |  |

*Note that in accordance with equal opportunities practice THIS PAGE and the EQUAL OPPORTUNITIES MONITORING FORM will be detached from the rest of your application prior to short listing.*

**IMPORTANT:**

*Please read all of the information about the post and its requirements, before you complete this form. This information will be very important in the short listing for interview.*

***EMAIL YOUR COMPLETED APPLICATION TO: info@ears-advocacy.org.uk***

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| --- |
| ***If invited to interview, do you have any special requirements?*** |
|  |
| ***Please let us know where you found out about this post?*** |
|  |

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| **Education, Qualifications & Professional Training** - please give information regarding dates and qualifications gained. |
| **Please state any other training/voluntary commitment that you would consider of relevance to the position of an Independent Advocate.** |

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| **Past Employment/Voluntary History -** Please include the following:   * Name of organisation, dates of employment and reason for leaving * An explanation for any unaccounted periods * A brief description of the duties/responsibilities of each post, where there is relevance to this role.   **Continue on a separate sheet, if required.** |

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| **Supporting Information -** referring to the Job Description and Person Specification, please tell us what additional knowledge, skills, qualities or experience you have that you feel may be relevant to this post. |

**Please note this post will also be subject to:**

* Membership of the Protecting Vulnerable Groups (PVG) Scheme
* Proof of eligibility to work in the UK
* Obtaining two references from previous employment

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| **References –** please give the name, title and contact details of two people whom we may contact for a reference. Your first reference should be your most recent employer. By providing this information, you agree to us contacting both referee’s (after interview stage, should we wish to make you an offer of employment.) |

**I hereby apply for the post of Advocate -**

Signed:

Dated:

**STRICTLY CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING FORM**

EARS aims to be an equal opportunities employer. In order to monitor the effectiveness of our policy in relation to employment legislation we would like you to fill in this form. You are not obliged to fill it in, but you can be assured that the information will be treated in the strictest confidence, it will be separated from your application form as soon as it is received and will not affect the selection procedure in any way.

*Please tick the appropriate boxes:*

**1. Which of the following groups do you consider you belong to?**

(*Categories recommended by the CRE).*

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| --- | --- | --- | --- | --- | --- |
| 🞏 | Scottish | 🞏 | Indian | 🞏 | Caribbean |
| 🞏 | Other British | 🞏 | Pakistani | 🞏 | African |
| 🞏 | Irish | 🞏 | Bangladeshi |  |  |
|  |  | 🞏 | Chinese |  |  |

Other Ethnic Background

**2. Do you have a disability?**  Yes [ ] No [ ]

**3. Are you registered disabled?** Yes [ ] No [ ]

**4. Gender** Male [ ] Female [ ]

Post applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_