

**Application Form**

**TITLE OF POST APPLIED FOR:**

**Please complete all sections**

**About you**

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| **First Name**  | **Last Name:**  |
| **Title (Mr, Mrs, Ms, Miss, Mx, Other):** |
| **Home Address:****Post Code:**  |
| **Telephone No:**  |
| **Mobile No:** |
| **Email:** |

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| **Are you eligible to work in the UK?** |

Do you have a legal right to work in the UK? YES [ ]  NO [ ]

If you are selected for interview you will be asked to provide evidence that you have the legal right to work in the UK. This will include your National Insurance number and other documentation.

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| **Protection of Vulnerable Groups (Scotland) Act 2007** |

Are you a member of the PVG Scheme? YES [ ]  NO [ ]

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| **Membership Number:** |  |

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| **Driving Requirements** |

Do you hold a valid driving licence and have access to a vehicle? YES [ ]  NO [ ]

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| **Membership of Professional Bodies (if applicable)** |

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| **Name of Professional Body** | **Status of Membership** | **Level of Membership** | **Membership No.** | **Dates** **From/To** |
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| **Education History**  |

You will be required to provide original copies of all qualifications and certificates relevant to the role description and person specification that you declare in this section of the application form.

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| **Full/Part Time** | **Name and Course/s or Subject/s studied** | **Grade/s and level of Award** | **Date attained (MM/YY)** |
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| **Work Related Development/Training** |

Please provide details of training undertaken which is relevant.

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| **Organising Body** | **Title, Date and Purpose of Event/s** |
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| **Present or Most Recent Employment** |

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| **Job Title:**  |
| **Start Date (MM/YY):**  | **Date of Leaving -if appropriate (MM/YY):**  |
| **Full time or Part time:**  | **Reason for Leaving:**  |
| **Period of notice:**  | **Current or most recent salary:**  |
| **Employer’s name and address:** **Post Code:** |
| **Give details of post including duties, responsibilities and achievements:**   |

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| **Previous Employment (most recent first)** |

**If there are any gaps in your employment, please include these as a separate line.**

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| **Date From****(MM/YY)** | **Date To****(MM/YY)** | **Employer’s name and address including post code** | **Title and brief details of post including duties, responsibilities and achievements** |
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| **Supporting Statement - Relevant Skills, Experience and Achievements** |

**Please tell us how you meet each specific requirement of the job description and person specification.**

**Please include the skills, experience and achievements you would bring.**

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**Where did you find out about our vacancy?**

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| **References** |

Two references will be sought for successful applicants. One reference should be from your current or most recent employer. We reserve the right to request additional references if we consider it necessary.

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| **First Referee Details** | **Work Tel No:**  |
| **Referee Full Name:**  | **Job Position:**  |
| **Email Address:** | **Contact No:** |
| **Full Company Address:** **Post Code:**  |
| **May we approach prior to interview?**  | **Yes** | [ ]  |
|  | **No** | **[ ]**  |

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| **Second Referee Details** | **Work Tel No:**  |
| **Referee Full Name:**  | **Job Position:**  |
| **Email Address:**   | **Contact No:** |
| **Full Company Address:** **Post Code:**  |
| **May we approach prior to interview?**  | **Yes** | [ ]  |
|  | **No** | [ ]  |
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| **General Data Protection Regulation 2018** |

The Salvesen Mindroom Centre will use the information you provide in this application pack for the purpose of processing your application and monitoring the recruitment process, and, if your application is successful, for the purpose of facilitating your employment with us. Should your application be successful, The Salvesen Mindroom Centre may be required to share some of the information you provide with statutory bodies.

The information you provide 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 a year. You have a right to access the information that The Salvesen Mindroom Centre holds on you. If you would like to do this, please contact us.

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| **Declaration** |

I certify that all the information contained in this form and any attachments are true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal from The Salvesen Mindroom Centre.

I agree to the information (which may include sensitive personal data) being used for legitimate purposes connected with recruitment and selection, including PVG Scheme membership.

**Signature:**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRIMINAL CONVICTIONS**

***This section will be removed before the shortlisting process.***

Having a criminal record will not necessarily bar you from working with The Salvesen Mindroom Centre, this will depend on the circumstances and background of any particular offences.

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| **Rehabilitation of Offenders Act 1974** |

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations. The position for which you are applying may be included in the excepted type of employment under the Rehabilitation of Offenders Act (Exceptions) 1974 order 1975. Please answer the following questions, read carefully and sign the declaration below.

Have you ever been convicted of any criminal offence(s) currently and/or do you have any criminal charge(s) pending.

YES [ ]  NO [ ]

**If yes**, please give full details of the conviction(s)/charge(s) and the date(s) on a separate sheet and enclose it with your completed application, in an envelope, with your name marked “Private and Confidential” and it will only be opened if your application is shortlisted, otherwise it will be destroyed unopened.

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| **Adults with Incapacity (Scotland) Act 2000** |

The Adults with Incapacity (Scotland) Act 2000 is a significant piece of legislation in the Protection of Vulnerable Adults (POVA). The Salvesen Mindroom Centre is committed to ensuring the safety and protection of vulnerable adults by integrating strategies, policies and services relevant to prevention and protection from abuse within the Act.

You are required to declare prior abuse convictions and whether you are currently or have ever been subject to any investigation or enquiry into abuse or other inappropriate behaviour.

Please indicate if you have prior convictions of this nature or are or have been subject to an enquiry: YES [ ]  NO [ ]

If you have answered yes to any of the questions above, please provide the following details:

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| **Date** | **Court (if applicable)** | **Details of Offence/Enquiry** | **Sentence/Outcome** |
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Please continue on an additional sheet(s) if required, remembering to include your name at the top.

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| **Declaration** |

I have not withheld any information which may affect my application for employment. I understand that false information or omissions may lead to my dismissal. The information supplied above may be verified by The Salvesen Mindroom Centre. I consent to the processing of data in accordance with the current Data Protection legislation.

**Signature:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diversity Monitoring Information**

***This section will be removed before the shortlisting process and is optional***

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| **Post Applied For** |
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| **Gender** *(please tick)* |

If you prefer to use another term, please feel free to include it here:

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| --- | --- | --- | --- | --- |
| Woman [ ]  | Man [ ]  | Non-binary [ ]   | Other [ ]  | Prefer not to say [ ]  |

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| **Age** *(please tick)* |

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| Under 20 [ ]  | 20-30 [ ]  | 31-40 [ ]  |
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| 41-50 [ ]  | 51-60 [ ]  | Over 61 [ ]  |

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| **Nationality** *(please state)* |

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| **Ethnic Origin** *(please state)* |

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| **Do you consider yourself disabled?** *(please tick)*A disabled person is defined by the Equality Act 2010 as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. |

YES [ ]  NO [ ]

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| **Sexuality** |

Bisexual [ ]  Gay [ ]  Heterosexual [ ]  Other [ ]  Prefer not to say [ ]

If you prefer to use your own/another term, please feel free to include it here:

**Thank you for completing the Application Pack.**

Please email completed forms to:

recruitment@mindroom.org