

EMPLOYMENT APPLICATION

# POSITION: Advocacy Worker- Survivors Project

All information provided by applicants will be treated as confidential. Full and accurate details are required. Any inaccuracy or omission in the information supplied may prejudice employment.

You should attempt to answer all relevant questions as fully as possible telling us what you could bring to the post and it is strongly recommended that you *read the guidance notes.*

|  |
| --- |
| Central Advocacy Partners is an equal opportunities employer |
| Central Advocacy Partners is determined to ensure that employment opportunities are equally available to all suitably qualified candidates. We will provide any additional facilities for assistance. Should you require such assistance please telephone us to arrange this. Assistance can also be given if you have difficulty in completing the application form. |
| Disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal, day-to-day activities. In these terms.  |
| Any applicant with a disability meeting the essential criteria for a job will be guaranteed an interview. |
| I consider myself to have a disability | [ ]  YES | [ ]  NO |

# Data Protection

Information provided herein will be processed as part of your application for employment and held on computer, while relevant for this purpose. Returning this form will be considered as consent to our processing and recording this information.

1. Personal Details

|  |  |
| --- | --- |
| Surname |  |
| Forename(s)  |  |
| Address  |  | Post Code |
|  |
| Tel. No |  |
| Email |  |
| Do you have a full driving license?  | [ ]  YES | [ ]  NO |
| National Insurance Number  |  |

2.Employment History

# Current or most recent

|  |  |
| --- | --- |
| Name of employer |  |
| Address |  |
| Job Title |  |
| Date appointed current post: |  | Notice required (or date left) |  |
| Salary |  | Reason for wishing to leave |  |
| Brief description of duties and responsibilities: |  |

# Previous

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of Employer | Job Title and brief description of duties and responsibilities | Datesfrom/to | Reason for leaving |
|  |  |  |  |
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|  |  |  |  |

Add a new row to table by selecting the last cell and then pressing Tab.

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| --- |
| Tell us about any changes in career path, gaps in employment, relocations etc. |
|  |

3.References

Please give the names and addresses of two people who may be contacted for a reference. One must be your current or most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Position |  | Position |  |
| Address  |  | Address |  |
| Tel. No |  | Tel. No |  |
| Email |  | Email |  |
| Unless stated here, it will be assumed that all referees will be approached as soon as an offer is made. |  |

4.Education and Training

# Qualifications (obtained at school, college, university)

|  |  |  |
| --- | --- | --- |
| Qualifications/Subject | Results/Grades | Date |
|  |  |  |
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Add a new row to table by selecting the last cell and then pressing Tab.

# Membership of Professional Bodies

|  |  |
| --- | --- |
| Professional bodies you hold a current membership for (SSSC, NMC etc)  | Registration number |
|  |  |
|  |  |

Add a new row to table by selecting the last cell and then pressing Tab.

# Other Qualifications and Training

|  |  |
| --- | --- |
| Please give brief details relevant to this post | Date |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Add a new row to table by selecting the last cell and then pressing Tab.

|  |
| --- |
| What do you feel your learning needs would be for this post? |
|  |

5.Supporting Statements

# Person Specification

|  |
| --- |
| Using the information in the job description and person specification, tell us how your experience, skills and training in a paid or unpaid capacity relate to and make you the right person for this post. (max. 500 words) |
|  |

# Values

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| --- |
| CAP is a member led, values-based charity, committed to the principles of empowerment, equality, human rights and inclusion. Our mission is for people with learning disabilities/ difficulties or autism to have valued and fulfilled lives. Please give examples of how your own values coincide with CAP’s. (max. 500 words) |
|  |

6.Equal Opportunities Recruitment Monitoring

Central Advocacy Partners is committed to developing positive policies to promote Equal Opportunities in employment.

To assist us to monitor the effectiveness of this policy, we should be grateful if you would provide the following details (if applicable). There is no requirement for you to complete this section. If you prefer not to, it will have no impact on your application.

This information is completely confidential and is used to ensure that employment opportunities are equally available to all suitably qualified candidates. This section will be removed prior to short listing. The information you give is confidential and does not constitute any part of the selection process.

|  |
| --- |
| I define my gender as:[ ]  Male [ ]  Female [ ]  Prefer not to say [ ]  Other: |

|  |
| --- |
| Ethnic group I identify as:[ ]  Black: Asian/ SE Asian[ ]  Black: African/ Caribbean[ ]  Black: British/ European/ Other[ ]  White: British/ European/ Other[ ]  White: Irish[ ]  Mixed[ ]  Other[ ]  Unknown |

|  |
| --- |
| Which of the following best describes your sexual orientation?[ ]  Heterosexual/straight[ ]  Bi/bisexual[ ]  Gay/lesbian[ ]  Prefer not to say[ ]  If you prefer to use another term, please provide this here: |

|  |
| --- |
| Age Group:[ ]  25 or under[ ]  26 – 35[ ]  36 – 45[ ]  46 – 55[ ]  56 or over |

|  |
| --- |
| Do you consider yourself to have a disability?[ ]  Yes [ ]  No |

7.Disclosure of Criminal Convictions

Due to the nature of the work and the people you will be working with, this post is exempt from the Rehabilitation of Offenders Act 1974.

|  |  |  |
| --- | --- | --- |
| Have you ever been charged with or convicted of a criminal offence? (Include driving offences) | [ ]  Yes | [ ]  No |
| Have any police enquiries been undertaken following allegations made against you? | [ ]  Yes | [ ]  No |
| If you have answered Yes to either question, please provide full details below: |
| Date | Explain in full the nature of each charge, conviction, or police enquiry | Penalty imposed |
|  |  |  |
|  |  |  |

Add a new row to table by selecting the last cell and then pressing Tab.

8.Protecting Vulnerable Groups Scheme

This post is subject to checks under the Protecting Vulnerable Groups Scheme.

|  |
| --- |
| Are you a member of the Protecting Vulnerable Groups Scheme for regulated work? |
| [ ]  Yes | My scheme membership number is: |  |
| And is in relation to regulated work with: | [ ]  Children[ ]  Protected adults [ ]  Both children & protected adults |
| [ ]  No | I am not a scheme member |

9.Entitlement to Work in the United Kingdom

|  |  |  |
| --- | --- | --- |
| **Are you entitled to work in the UK?** | [ ]  Yes | [ ]  No |

10.Declaration

I declare that to the best of my knowledge and belief the information given on this form is correct:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| (electronic submissions – type above & sign later) |

Please note, if any particulars given by you in this application are found to be false, or you wilfully omit or suppress any material facts, you may be liable to dismissal if appointed. This post is subject to satisfactory disclosure checks.

|  |  |
| --- | --- |
| **How did you learn of this vacancy?** | ☐ Good Moves☐ Indeed☐ Find a Job (Jobcentre)☐ My Job Scotland☐ Other: |