# APPLICATION FORM

All sections of this form should be completed.

**Post:** **Community Link Worker**

**Closing Date: Monday the 10th of October**

**Interviews: TBC**

|  |  |  |  |
| --- | --- | --- | --- |
| (Please complete this section in BLOCK CAPITALS) | | | |
| Surname: | \* | Initials | \* |
| Address *(including postcode)*: | \* | | |
|  | | | |
| Contact Tel. No: \* | | Mobile Tel No. \* | |
| Email address: \* | |  | |

**DECLARATION**

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by Disclosure Scotland. I have been given a copy of the Company’s Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

|  |  |
| --- | --- |
| Signature: \* Or | Date: \* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The following information will be treated in the strictest confidence.** | | | | | | |
| **PERSONAL** | | | | | | |
| (Please complete this section in BLOCK CAPITALS) | | | | | | |
|  | | | | | | |
| Contact Tel. No: \* | | | Mobile Tel No. \* | | | |
|  | | | |  | | |
| Full Driving Licence: | | | | YES  NO | | |
| \* If YES, please give further details including dates. | | | | \* | | |
|  |  | | |  | | |
| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? | | | | | | YES  NO |
| If YES, please give full details. | | \* | | | | |
| Are you willing to work overtime and weekends if required? | | | | | | YES  NO |
| Have you ever worked for this organisation before? | | | | | | YES  NO |
| If YES, please give full details. | | \* | | | |  |
| Have you applied for employment with this organisation before? | | | | | | YES  NO |
| How much notice are you required to give to your current employer? | | | | | \* | |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| College or University | From | To | Courses and Results |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| Further Formal Training | From | To | Diploma/Qualification |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| Job related Training Courses  Name of Organisation | Date | Subject | |
| \* | \* | \* | |
| \* | \* | \* | |
| \* | \* | \* | |
| \* | \* | \* | |
| \* | \* | \* | |
| \* | \* | \* | |
| \* | \* | \* | |
| \* | \* | \* | |

|  |
| --- |
| Please list languages spoken and the level of competence: |
| \* |
| \* |
| \* |

**EMPLOYMENT DETAILS**

Please give details of your **past** **employment**, excluding your present or last employer, stating the most recent first.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |
| \* | \* | \* | \* |

**PRESENT OR LAST EMPLOYER**

Are you currently employed?  YES  NO

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | | | | | \* | | |
|  | | | | |  | | |
| Address (*including postcode*): | \* | | | | | | |
|  | | | | | | | |
| Telephone No: | | \* | | | | | |
|  | |  | | | | | |
| Nature of business: | | | \* | | | | |
|  | | |  | | | | |
| Job title and a brief description of your duties: | | | | | | | |
| \* | | | | | | | |
| Reason for Leaving: \* | | | | | | | |
|  | | | | | | | |
| Length of Service: | | | | From: \* | | To: \* | |
| **INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES** (e.g. voluntary work, hobbies, sports, club memberships etc) | | | | | | |
| \* | | | | | | |
|  | | | | | | |
| **SUPPLEMENTARY INFORMATION**  PLEASE READ THE ‘IMPORTANT ADVICE BEFORE COMPLETING THE APPLICATION’ DOCUMENT IN THE RECRUITMENT PACK BEFORE FILLING IN THIS SECTION. Please use this section to explain why you want this job and how your previous experience and qualities would enable you to meet the requirements of this post. **Please use continuation pages if required and head appropriately.** | | | | | | |
| \* | | | | | | |

**REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?  YES  NO

|  |  |
| --- | --- |
| Name \* : | Name: \* |
| Position: \* | Position: \* |
| Address (*including postcode*):  \* | Address (*including postcode*):  \* |
| Tel No.: \* | Tel No.: \* |

**SOURCE OF APPLICATION**

How did you hear of this vacancy?

|  |
| --- |
| \* |

To assist The Health Agency in ensuring equality, diversity and inclusion we would appreciate you completing [this online anonymous form,](https://forms.office.com/Pages/ResponsePage.aspx?id=qo1ctQamTECZgF4KQOznI3vofpGp0KBKkGDnzvBqGONUMzRZUzAxRDRUNFVNUEpBMEw4SElHSzRCRi4u) the details for which will be held separate to your application.