Candidate Number



**Application for Employment**

Independent Sector Lead, Partners for Integration

Care at Home North Highland

**Please complete this Application Form after reading**

**‘Information for Candidates: Independent Sector Lead, Partners for Integration’**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address: |
| Telephone Numbers (please indicate which one you would prefer us to contact you on)Home:Work:Mobile: |
| Email Address:  |
| National Insurance Number:  |

References:

Referee 1

|  |  |
| --- | --- |
| Name: | Organisation: |
| Position: | Time Known: |
| Email Address: | Contact Tel No: |
| Address: |

Referee 2

|  |  |
| --- | --- |
| Name: | Organisation: |
| Position: | Time Known: |
| Email Address: | Contact Tel No: |
| Address: |

Please state whether you give permission for Scottish Care to take up references

prior to any offer of employment being made?

Yes □ No □

**EMPLOYMENT RECORD**

Present or most recent employment

|  |
| --- |
| Post Title: |
| Name of Employer: |
| Dates Employed: | Salary: | Notice Required: |
| From | To |
| Employers Address: |
| Reason for leaving/wishing to leave: |
| Please outline your responsibilities and main achievements in this role: |

Previous employment

*Please complete in date order, most recent first.*

|  |
| --- |
| Post Title: |
| Name and Address of Employer: |
| Dates Employed: |  |  |
| From | To |
| Please outline the main duties of the role: |

|  |
| --- |
| Post Title: |
| Name and Address of Employer: |
| Dates Employed: |  |  |
| From | To |
| Please outline the main duties of the role: |

|  |
| --- |
| Post Title: |
| Name and Address of Employer: |
| Dates Employed: |  |  |
| From | To |
| Please outline the main duties of the role: |

|  |
| --- |
| Post Title: |
| Name and Address of Employer: |
| Dates Employed: |  |  |
| From | To |
| Please outline the main duties of the role: |

**QUALIFICATIONS, MEMBERSHIPS AND LEARNING**

**Further/Higher Education**

|  |  |  |  |
| --- | --- | --- | --- |
| University or College | Course Title | Main Subjects | Date Awarded & Level |
|  |  |  |  |

**Professional Qualifications/Membership of Relevant Professional Bodies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College/Institute orAssociation | Title of Qualification or Membership (& grade if applicable) | DateObtained | Still Valid(Yes/No) | Registration no. if applicable |
|  |  |  |  |  |

**Learning & Development**

Please state any courses/short training programmes etc you think are relevant to application

|  |  |  |  |
| --- | --- | --- | --- |
| University or Collegeor organisation | Programme Title & content | Name of Certificates Awarded (if applicable) | Date Completed  |
|  |  |  |  |

**SKILLS, KNOWLEDGE & EXPERIENCE**

Please study the **Vision and Organisational Objectives, Background**, and **Job Description and Person Specification.** Use the statements below to demonstrate that you have the skills and knowledge asked for.

The answers you give in this section will be used by the selection panel to determine whether you should be shortlisted for interview. Therefore, please consider your responses carefully and **give specific examples to demonstrate your skills, knowledge, experience and deliverable outcomes.**

*You should not write more than* ***300*** *words for* ***each response***

|  |
| --- |
| **Excellent ability to influence, and a demonstrable commitment to partnership working** |
|  |
| **Understanding of ‘Health and social care integration’ it’s challenges and opportunities, and the role of commissioning**  |
|  |
| **Experience of project management (including financial) and measuring impact**  |
|  |
|  **Demonstrates experience of aligning local priorities with organisational aims.** |
|  |
| **Demonstrates experience in the use of social media and other models to enhance dissemination of work, communicate with partners, and raise project profile and awareness** |
|  |
| **Demonstrates an ability to manage a diverse workload showing self-motivation and prioritisation** |
|   |

**Additional Information**

|  |
| --- |
| Do you consider yourself to be a person with a disability?**□** Yes □ No*If you have answered yes and you have demonstrated on the application form that you meet the minimum skills, experience and other attributes for the post, then you will be guaranteed an initial interview for the role.* |

Please give as much detail about your disability as you wish and feel able to share with us.

|  |
| --- |
|  |

**Employment**

|  |
| --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? **□** Yes □ No |

|  |
| --- |
| If Yes, please provide details: |

|  |
| --- |
| If you are successful in your application, would you require a work permit prior to taking up employment? □ Yes □ No |

 **Additional Statement**

|  |
| --- |
| Please indicate if you have ever been convicted of any offence (other than minor motoring offences) which are not spent in accordance with the Rehabilitation of Offenders Act 1974 or if any charges are outstanding; been adjudged bankrupt or made a composition or arrangement with your creditors over the past 10 years; been dismissed from any office or employment over the past 10 years; ever been disqualified from acting as a company director or in the conduct of a Company; ever been a director, partner or manager of a company which has gone into liquidation, receivership or administration; any other facts to declare which you feel might be raised in public in future in relation to your suitability to hold appointment for which you are being considered, for example, because they could be presented as a conflict of interest: |

**Data Protection Statement**

|  |
| --- |
| The information provided by you on this form and any supplementary forms will be used to assist with the process of recruiting in accordance with the Scottish Care Equal Opportunities Policy. If you are successful in your application, the information will be used for HR records and payroll purposes. By signing the declaration below, it is understood that you consent to the use of your personal information for the above purposes. |

**Declaration**

|  |
| --- |
| I confirm that the information given on this application form and on any additional sheets submitted is, to the best of my knowledge, correct.Do you agree to the statement above? □ Yes □ NoSignature: Date:All employment is subject to the receipt of satisfactory references.  |

We normally keep completed application forms for 12 months.

Please tick this box if you do not want us to keep your application form. □

Please send your completed application form to Tracy Doyle, Administrator, Scottish Care, Tracy.Doyle@scottishcare.org no later than **12.00pm** **on the closing date**