Candidate Number



**Application for Employment**

Policy Lead (Ethical Commissioning)

**Please complete this Application Form after reading**

**Information for Applicants: Policy Lead (Ethical Commissioning)**

**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: | | | |

**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 or  Association | Title of Qualification or Membership (& grade if applicable) | Date  Obtained | 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 College  or organisation | Programme Title & content | Name of Certificates Awarded (if applicable) | Date Completed |
|  |  |  |  |

**SKILLS, KNOWLEDGE & EXPERIENCE**

Please study the **Context, Vision and Organisational Objectives, Key Activities**, 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***

|  |
| --- |
| Demonstrates experience of working in policy or research roles and ability to evidence impact in these roles |
|  |
| Demonstrates excellent interpersonal skills, an understanding of different audiences and ability to adapt communication styles as required |
|  |
| Demonstrates experience in the use of different tools and approaches to communicate with stakeholders and enhance dissemination of work to raise the organisation’s profile and bridge the implementation gap |
|  |
| Demonstrates confidence in communicating publicly, and understanding of different methods and approaches in communication and research including social media |
|  |
| Demonstrates excellent skills and attention to detail in writing, editing and proof reading to produce high quality policy, research and communications materials |
|  |
| Demonstrates team working skills and the ability to work collaboratively with a diverse range of partners |
|  |
| Demonstrates an ability to work flexibly and proactively to manage a diverse workload and to use initiative to work individually |
|  |
| Demonstrates an understanding of commissioning and procurement in social care and the ethical commissioning context |
|  |

**ADDITIONAL INFORMATION**

**Disability**

|  |
| --- |
| 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; been disqualified from acting as a company director or in the conduct of a Company; 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.  **□** Yes **□** No  If Yes, please provide details: |

**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 with the statement above?  **□** Yes **□** No  Signature:  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 Laura Bennie, Office Manager & Executive PA,** [**laura.bennie@scottishcare.org**](mailto:laura.bennie@scottishcare.org) **no later than 12 noon on Friday 30th June 2023.**

Graphical user interface, text, application

Description automatically generated