

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR:

Please read the Job Description and Person Specification before completing this form. We can only determine your suitability for the position from the information you provide in this application which meets the Person Specification.

FOR OFFICE USE:

Assistant Manager	APPLICATION REFERENCE:	
Please return completed forms to	CLOSING DATE:	
Email: admin@oxgangscare.org	DATE OF RECEIPT:	
Or return to Jean Begg		
Oxgangs Care Services,		
12 Firrhill Neuk, Edinburgh		
EH13 9FF		
SECTION A - PERSONAL DETAILS		
INITIALS:	ADDRESS:	
SURNAME:		

POST CODE:

Issue 1

HOME TEL:

WORK TEL:

MOBILE:

EMAIL:

SECTION B - EMPLOYMENT RECORD

B1 - Present or Most Recent Employment					
Employer/Organisation:	_	•		Post:	
				Date from:	
				Leaving date:	
B2 - Summary of your I	Outies and	Responsib	ilities fo	or above Post.	
		_			
D2 Duavious Employm	ant in abva	malagiaal (udau in	aluding any naut ti	ma work and voluntary
B3 - Previous Employmemployment. Any gaps i					me work and voluntary
Employer/Organisation	Date	Date to:	Positio	n and Main	Reason for
	from:		Respoi	nsibilities:	Leaving.

Please use continuation sheet if using a hard copy application.

SECTION C - EDUCATION AND TRAINING

C1 - Secondary Education - section not relevant to Manager or Depute manager post			
Certificates Gained	Subjects/Modules	Grades/Bands	
C2 - Further and Higher Education	n – section relevant to all nosts		
Where attended	Course (full- or part-time)	Qualifications Gained	
where attended	Course (run- or part-time)	Qualifications Gamed	
C3 - Professional Qualification(s)/	vocational qualifications – section r	elevant to all posts	
		Class of Membership	
C4 - Other Training Relevant to the	nis Application – section relevant to	all posts	

Personal statement: Please use this section to tell us why you applied for this post and why feel you are suitable for this post. Please provide information regarding any skills, experience and personal qualities you have and how you meet the person specification.		
quantities you have unit inon you move person appearation.		
For hard copy applications please use separate continuation sheet if required.		

SECTION D - ADDITIONAL INFORMATION

D1 - Are you currently registered with the SSSC or any other regulatory body? If so, please provide registration details including any finding by the regulatory body and conditions that apply to that registration. If not currently registered, please provide similar details of any previous registration.		
D2 - Are you currently a member of the PVG scheme? If so, please provide details e.g. list for children or adults. In addition to the information provided by you we will be undertaking a PVG check for the purposes of this post.		
Yes		
No		
D3 – Have you had any involvement in disciplinary or grievance procedures and do you have any 'live' formal warnings? If so, please provide details.		
, , , , , , , , , , , , , , , , , , ,		
D4 – Do you have any family members or people you have close relationships with working at Oxgangs Care or are using the services of Oxgangs Care? Please provide details.		

D5 – Do you consider yourself to have a disability? If so, please tell us if there any 'reasonable adjustments' we can make to assist you to in your application or with our recruitment process.		
recent, employ relationship to Applicants sh	rovide details of two referees, one of whom must be your present, or most yer. If you need to supply details of a character referee you must state their o you. ould be aware that as a prospective employer we may contact any former ddition to the referees nominated.	
Name	1	
Position Held		
Tel. No.		
Address		
Post Code		
Email		

Name	2	
Position Held		
Tel. No.		
Address		
Postcode		
Email		
DECLARATI	ON	
I declare that the information given on this form (and any additional sheets used) is true and correct. Applicants should be aware that if employed, failure to disclose important information may lead to dismissal if discovered at a later date. NB: Please only sign with initials and surname.		
Signature:		Date:

DECLARATION FORM

This post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986.

You must therefore disclose all previous convictions whether they are "spent" or not under the terms of the Rehabilitation of Offenders Act 1974.

You must also list any criminal proceedings still pending. Any convictions or criminal proceedings pending may be taken into account in assessing a candidate's suitability for the post.

Please list any information below. If none, please state this.		
I hereby agree to a check being carried out against police records which will provide information on previous convictions and pending criminal proceedings.		
SURNAME:	INITIALS:	
SIGNATURE:	DATE:	

CONTINUATION SHEET

SURNAME:	INITIALS: