



WEST LOTHIAN WOMEN'S AID



EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

NAME DATE OF BIRTH

PHONE NUMBER EMAIL

ADDRESS

RELEVANT INFORMATION

PERIOD OF NOTICE REQUIRED BY CURRENT EMPLOYER

DATES YOU WOULD BE UNABLE TO ATTEND INTERVIEW?

PLEASE PROVIDE DETAILS BELOW OF 2 REFEREES; THESE SHOULD BE YOUR TWO MOST RECENT EMPLOYERS.

REFEREE ONE

.....

.....

.....

.....

CAN WE CONTACT THE ABOVE AT THIS STAGE? - Y / N

REFEREE TWO

.....

.....

.....

.....

CAN WE CONTACT THE ABOVE AT THIS STAGE? - Y / N

RIGHT TO WORK IN THE UK

ARE THERE ANY RESTRICTIONS TO YOUR RESIDENCE IN THE UK WHICH MAY AFFECT YOUR RIGHT TO TAKE UP EMPLOYMENT?

Y / N

IF YES, PLEASE PROVIDE DETAILS:

IF YOU ARE SUCCESSFUL IN YOUR APPLICATION, WOULD YOU REQUIRE A WORK PERMIT PRIOR TO TAKING UP EMPLOYMENT?

Y / N

THE BORING BUT IMPORTANT BIT

DATA PROTECTION STATEMENT

- THE INFORMATION THAT YOU PROVIDE ON THIS FORM AND THAT OBTAINED FROM OTHER RELEVANT SOURCES WILL BE USED TO PROCESS YOUR APPLICATION FOR EMPLOYMENT.
- THE PERSONAL INFORMATION YOU GIVE US WILL BE USED IN A CONFIDENTIAL MANNER TO HELP US MONITOR OUR RECRUITMENT PROCESS. IF YOU SUCCEED IN YOUR APPLICATION AND TAKE UP EMPLOYMENT WITH US, THE INFORMATION WILL BE USED IN THE ADMINISTRATION OF YOUR EMPLOYMENT WITH US AND TO PROVIDE YOU WITH INFORMATION ABOUT US OR A 3RD PARTY VIA YOUR PAYSリップ. WE MAY ALSO USE THE INFORMATION IF THERE IS A COMPLAINT OR LEGAL CHALLENGE RELEVANT TO THIS RECRUITMENT PROCESS.
- WE MAY CHECK THE INFORMATION COLLECTED ON THIS FORM WITH 3RD PARTIES OR WITH OTHER INFORMATION HELD BY US. WE MAY ALSO USE OR PASS TO CERTAIN THIRD PARTIES INFORMATION TO PREVENT OR DETECT CRIME, TO PROTECT PUBLIC FUNDS, OR IN OTHER WAYS AS PERMITTED BY LAW.

- BY SIGNING THE APPLICATION FORM WE WILL BE ASSUMING THAT YOU AGREE TO THE PROCESSING OF SENSITIVE PERSONAL DATA, (AS DESCRIBED ABOVE), IN ACCORDANCE WITH OUR REGISTRATION WITH THE DATA PROTECTION COMMISSIONER.

DECLARATION

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND COMPLETE. I UNDERSTAND THAT WLWA RESERVES THE RIGHT TO WITHDRAW THE OFFER OF EMPLOYMENT OR TO TERMINATE EMPLOYMENT ALREADY COMMENCED IF THE INFORMATION PROVIDED IS INACCURATE OR MISLEADING IN ANY WAY. ANY JOB OFFER IS CONDITIONAL UPON RECEIPT OF SATISFACTORY REFERENCES AND, IF REQUIRED, ANY MEDICAL REPORTS OR DISCLOSURE CHECK.

SIGNED:

DATE:

OUR VALUES

AT WLWA WE ARE PASSIONATE ABOUT WORKING TOGETHER TO GROW A CULTURE OF:

SAFETY - TAKING PERSONAL RESPONSIBILITY TO PROVIDE FOR EMOTIONAL WELL-BEING

HONESTY - AUTHENTICALLY BUILDING TRUST WITH OPENNESS AND COMPASSION

EMPOWERMENT - VALUING EVERYONE AND ENABLING THEIR UNIQUE POTENTIAL

EXPERIENCE, QUALIFICATIONS & SKILLS

PLEASE TELL US ABOUT YOUR CURRENT, OR MOST RECENT EMPLOYMENT.

EMPLOYER

START DATE

ADDRESS

END DATE (IF APPLICABLE)

JOB TITLE

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR DUTIES, RESPONSIBILITIES AND KEY ACHIEVEMENTS

REASON FOR LEAVING

SALARY

IF YOU ARE NOT CURRENTLY IN PAID EMPLOYMENT, PLEASE USE THE SECTION BELOW TO TELL US WHAT YOU ARE PRESENTLY DOING. FOR EXAMPLE; VOLUNTARY EMPLOYMENT, STUDYING, OR UNEMPLOYED.

PREVIOUS EXPERIENCE:

EMPLOYER

START DATE

ADDRESS

END DATE (IF APPLICABLE)

JOB TITLE

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR DUTIES, RESPONSIBILITIES AND KEY ACHIEVEMENTS

REASON FOR LEAVING

SALARY



PREVIOUS EXPERIENCE (CONTINUED):

EMPLOYER

START DATE

ADDRESS

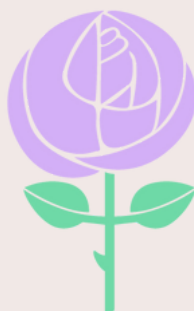
END DATE (IF APPLICABLE)

JOB TITLE

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR DUTIES, RESPONSIBILITIES AND KEY ACHIEVEMENTS

REASON FOR LEAVING

SALARY



PREVIOUS EXPERIENCE (CONTINUED):

EMPLOYER

START DATE

ADDRESS

END DATE (IF APPLICABLE)

JOB TITLE

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR DUTIES, RESPONSIBILITIES AND KEY ACHIEVEMENTS

REASON FOR LEAVING

SALARY



PREVIOUS EXPERIENCE (CONTINUED):

EMPLOYER

START DATE

ADDRESS

END DATE (IF APPLICABLE)

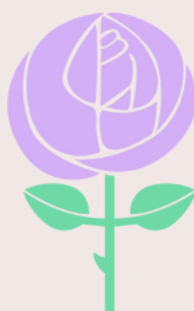
JOB TITLE

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR DUTIES, RESPONSIBILITIES AND KEY ACHIEVEMENTS

REASON FOR LEAVING

SALARY

SHOULD YOU WISH TO PROVIDE ADDITIONAL INFORMATION PLEASE ENTER A CONTINUATION SHEET IF REQUIRED, ENSURING PAGES ARE NUMBERED.



FORMAL EDUCATION, TECHNICAL & PROFESSIONAL QUALIFICATIONS

PLEASE NAME ANY INSTITUTE OR PROFESSIONAL BODY IN WHICH YOU HAVE STUDIED IN FULL, ALONG WITH THE NAME OF THE QUALIFICATION, ATTAINMENT LEVEL AND RELEVANT DATES:

PERSONAL DEVELOPMENT

PLEASE GIVE DETAILS OF ANY OTHER COURSES, MEMBERSHIPS OR VOLUNTARY WORK WHICH YOU CONSIDER RELEVANT TO THIS APPLICATION:

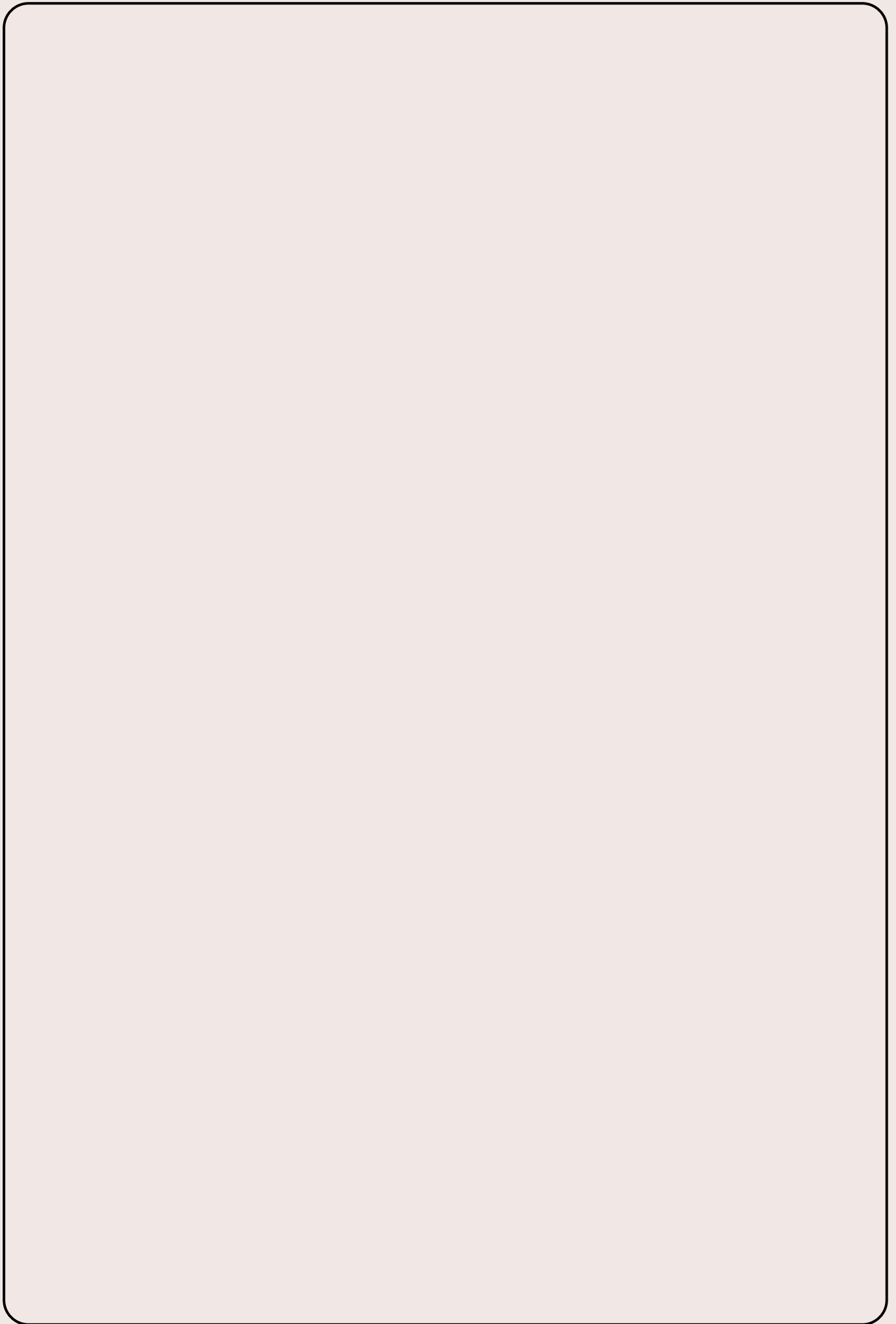


**PERSONAL STATEMENT-
SKILLS & EXPERIENCE**

USE THIS SPACE TO DETAIL THE REASONS FOR YOUR APPLICATION. WE ARE LOOKING FOR SPECIFIC DETAIL ON HOW YOUR KNOWLEDGE, SKILLS AND EXPERIENCES MEET OUR ESSENTIAL AND DESIRABLE CRITERIA AS DETAILED WITHIN THE PERSON SPECIFICATION. PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.



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PERSONAL STATEMENT - VALUES

FINALLY, USE THIS SPACE TO PROVIDE SPECIFIC DETAIL ON HOW YOU FEEL YOU WORK IN ALIGNMENT WITH, AND WOULD PRACTICE IN ACCORDANCE WITH, OUR VALUES.

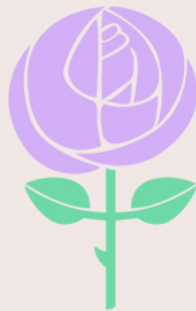
THANK-YOU

THANK-YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION.
WE LOOK FORWARD TO READING IT AND APPRECIATE YOUR
INTEREST IN WORKING WITH WLWA.

PLEASE RETURN THIS COMPLETED APPLICATION BY 5PM ON THE
CLOSING DATE TO:

EMAIL: ILENA BROWN - ILENA@WLWA.ORG.UK

POST: WEST LOTHIAN WOMEN'S AID, 92 IVANHOE RISE, EH54 6HZ



WEST LOTHIAN WOMEN'S AID IS AN EQUAL OPPORTUNITIES EMPLOYER.
WOMEN ONLY NEED APPLY
UNDER SECTION 9 (PART 1) OF THE EQUALITY ACT 2010.

WEST LOTHIAN WOMEN'S AID IS A SCOTTISH CHARITABLE INCORPORATED
ORGANISATION.

REGISTRATION NUMBER: SC046887