

SC012418

Visualise scotland  Norton Park,57 Albion Road, Edinburgh, EH7 5QY

support worker application form

# Introduction

Thank you for your interest in working with Visualise Scotland

To apply for a role with us, please complete the form below.

Please also be aware that any offer of employment with Visualise will be subject to satisfactory references, membership of the PVG Adult Scheme (for most posts) and successful completion of a six-month probationary period.

Visualise Scotland strives at all times to be an Equal Opportunities employer. We welcome applications from all. For applicants from overseas we require that you have the necessary work permits / visa in place before starting work.

Along with the application form you will find the following:

* Criminal Convictions declaration form
* Equal Opportunities Statement and Monitoring Form

The information they contain will not be shown to the shortlisting panel and all information will be held in the strictest confidence.

**Once you have completed the form, please e-mail it to saraalmashat@visualise.org.uk**

If you have any questions about the application pack, or the services Visualise Scotland provides, please feel free to contact us on the email above. Please email or phone in advance to book an appointment at our head office. Contact Sara on 07542 321406.

**Please ensure** you have completed every section on the application form, if you do not, your application will not be reviewed. It is very important you provide full details regarding your work history and your references.

We do not offer any sponsorship and if you have obtained a visa, you must provide details such as expiry and type of visa.

Any information you provide on this form will be used in strict accordance with the Data Protection Act.

\*We cannot guarantee any location but will try to take your preference into account if you are successful in being appointed

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| --- | --- |
| Post Applied For: **Support Worker** | **Full Time/ Part Time** (delete as appropriate)**If Part Time**, please select hours (delete as appropriate):7.5/ 15/ 22.5/ 30 hours per week |
| **Permanent / Waking Nights/ Day Services** (delete as appropriate)  | Where did you see the post advertised?  |
| Date of Application: | If via Refer a Friend, who referred you? |
| Would you prefer to be based in an Edinburgh or Musselburgh Service? \* | Edinburgh/Musselburgh (delete as appropriate) |
| **1. Personal Details** |
| Title:       | First name:       | Surname:       |
| Have you been known by any other name (please give details)?       |
| Home Address (include postcode):       |
| E-mail address:       |
| Home Phone:       | Work Phone:       | Mobile:       |
| May we contact you at work?       |
| National Insurance Number:       |
| Do you require a work permit to work in the UK?       |
| If you currently hold a work permit / visa, please give details including type and expiry date:       |
| **2. Current or Most Recent Employment** |
| Name of Current/Most Recent Employer:  |
| Address (including postcode):  |
| Job Title:  |
| Date Commenced:  | Notice Period:  | Salary:  |
| Reason for leaving:  | Date of Leaving:  |
| Please give a brief summary of your current role & responsibilities: |
| If selected for interview, please indicate any dates you are **unable** to attend:       |
| **Do you have secondary employment? If yes, please provide details including hours per week:** |
| **3. Registration & Memberships** |
| Please give details of any registrations of regulatory bodies (e.g. SSSC) and memberships of professional bodies as well as membership of the PVG Scheme. |
| Date Obtained | Expiry Date | Organisation | Registration / Identification Number | Level / Grade |
|       |       |       |       |       |
|       |       |       |       |       |
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| **4. Education and Qualifications** |
| **Do you currently hold an SVQ or HNC (or equivalent) in Health & Social Care?****If so please give details:** (You will be required to give evidence of this if your application is successful) |
| Please give details of any relevant education or qualifications below. |

|  |  |  |
| --- | --- | --- |
| Date Obtained | Organisation/Institution | Level / Grade |
|       |       |       |
|       |       |       |
|       |       |       |

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| **5. Getting to Know You** |
| **Please answer the following questions as fully as possible.**  |
| 1. What attracts you to this role?
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|  |
| 1. Tell us about a time you made a difference to someone’s life
 |
|  |
| 1. What personal qualities do you have that would be valuable in this role?
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| **6. References** |
| **Please give the names and addresses of referees. One must be your current or most recent employer and must be your line manager / supervisor or HR department.** **References that you provide must include details from an individual who holds a managerial role. We will not accept reference details of a support worker or colleague. Full details must be provided for your application form to be considered.** |
| **Current or most recent employer** | **Second Referee** |
|  |
| Name:       | Name:       |
| Job Title:       | Job Title:       |
| Company:        | Company:       |
| Address:       | Address:       |
| e-mail address:       | e-mail address:       |
| Telephone:       | Telephone:       |
| Relationship to you:       | Relationship to you:       |
| May we contact this referee before interview?Yes [ ]  No[ ]  | May we contact this referee before interview?Yes [ ]  No[ ]  |
| **7. Disqualification** |
| Have you been disqualified from the practice of a profession; required to practice it subject to specified limitations; or are you currently the subject of fitness to practice investigations or proceedings by a regulatory body in the UK or any other country?  |
| Date | Name & Address of regulatory body |
|       |       |
|       |       |
| **8. Declaration** |
| To the best of my knowledge the answers I have written on this form are true. I have answered all questions about myself fully and accurately, and I possess the certificates for the qualifications I claim to hold. I also know of no reason which would prevent me taking up the post if I was offered it. I hold any work permits necessary and can legally work in the UK.If I am employed by Visualise Scotland and any information I have given on this form is later found to be false or misleading I understand that I may be dismissed.Signed: Date:Signed: Date:       |

# APPLICATION FORM: PART 2

# Declaration of Criminal Convictions

Any information you provide on this form will be used in strict accordance with the Data Protection Act. The information you provide will be treated in the strictest of confidence. Please complete if you answered ‘Yes’ to any questions in section 10 of the ‘Application to Join Us’ form (Part 1).

|  |  |  |
| --- | --- | --- |
| Title:       | First name:       | Surname:       |
| Have you ever been convicted of a criminal offence? Yes [ ]  No[ ] If you have answered *Yes,* please supply the following details: |
| **Date** | **Court** | **Details of Offence** | **Sentence** |
|  |  |  |  |
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| Have you been charged with a criminal offence which is yet to come to court? Yes [ ]  No[ ]  |
| I have not withheld any information which may affect my application. I understand that false information or omission may lead to dismissal. Visualise Scotland may verify the information supplied.I consent to the information which I have provided being used by Visualise Scotland in the recruitment process.If I am employed by the Visualise Scotland and any information I have given on this form is later found to be false or misleading I understand that I may be dismissed.Signed:       Date:       |

# Equal Opportunities Monitoring Form

Visualise Scotland is committed to maintaining a diverse workforce. We ask

you to assist us with this by providing accurate data. Any information you choose to provide will be kept strictly confidential and will not be seen by anybody directly involved in the selection process.

If you have any questions about the purposes of this form or how we use this data, please contact the Administration team using the details on the second page.

Thank you

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| --- |
| **What is your age?** |
| 18-24 |  | 55-64 |  |
| 25-34 |  | 65 + |  |
| 35-44 |  | Prefer not to say |  |
| 45-54 |  |  |  |
| **Do you identify as disabled?** |
| Yes |  | Prefer not to say |
| No |  |  |
| **What is your gender?** |
| Male |  | Prefer not to say |  |
| Female |  | Other (Please say below) |
| Non-Binary |  |        |
| **Do you identify as transgender?** |
| Yes |  | Prefer not to say |
| No |  |  |
| **What is your sexual orientation?** |
| Heterosexual |  | Prefer not to say |
| Bisexual |  | Other (Please say below) |
| Gay/Lesbian |  |        |
| **Are you married or in a civil partnership?** |
| Yes |  | Prefer not to say |
| No |  |  |
| **What is your ethnicity?** |
| Asian |  | White |  |
| Black/African/Afro-Caribbean |  | Other |
| Mixed/Multiple Ethnic Groups |  |        |
| **What is your national identity?** |
| Scottish |  | Welsh |  |
| British |  | Other |
| English |  |        |
| Irish |  |  |
| **What is your religion or belief?** |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Sikhism |  | Muslim |
| No Religion |  | Other |
| Prefer not to say |  |        |
| **Do you have any caring responsibilities?** |
| Yes, primary carer of a child/children under 18 |  | Yes, primary carer of an adult over 65 |  |
| Yes, primary carer of a child/children under 18 with a disability |  | Secondary Carer |  |
| Yes, primary carer of an adult under 65 with a disability |  | Prefer not to say |  |
| No Caring Responsibilities |  |  |  |