

**LOMOND & ARGYLL**

**ADVOCACY SERVICE**

# Application for Employment

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| --- |
| Name: |
| Post: |
| Closing Date: |

## CONFIDENTIAL

**LOMOND & ARGYLL ADVOCACY SERVICE**

Please return completed forms to:

Lomond & Argyll

Advocacy Service

155 Glasgow Road

DUMBARTON

G82 1RH

Tel: 01389 726543

admin@laas.org.uk

### Application for Employment

Post Applied For:

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|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Address (inc postcode): | Daytime Tel: |
| Home Tel: |
| Email:  |
| Do you have a current driver’s licence? | Do you have access to a car? |
| Do you have any endorsements?If Yes, please give details. |

#### Courses and Qualifications

Please list courses you have attended and qualifications you have gained, starting with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| Course and Qualifications | School/ College/ Agency | Year | Duration |
|  |  |  |  |

**Present or Most Recent Post**

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| --- |
| Name of Employer: |
| Address of Employer: |
| Title of Post Held: |
| Date Appointed: | Notice Required: |
| Leaving Date (if appropriate): | Salary: |
| Main duties and responsibilities of present post: |

**Previous Experience** (This can be paid or unpaid work).

Please show most recent post first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employer | Paid or Unpaid | From Mth/Year | To Mth/Year | Post and Main Duties |
|  |  |  |  |  |

**Personal Statement**

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| Please state the reasons why you are applying for the post and what you think you can bring to it and the organisation. Please refer to the advert, job and person specification (Continue on separate page if necessary). |

Medical Information

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| How many days absence through sickness have you had in the last two years? |
| Please give details: |
| Please give details of any health condition which may affect your work with the service: |

#### Referees

Please give the names of two referees, one of whom should be your present or most recent employer. Please note that you may not give the name of someone who is related to you.

May we approach these people prior to interview should you be short-listed? Please indicate this below.

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Job Title: | Job Title: |
| Tel: | Tel: |
| Email: | Email: |
| May we approach referee if short-listed?YES / NO | May we approach referee if short-listed?YES / NO |

#### Rehabilitation of Offenders Act 1994/ Protection of Vulnerable Groups

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations.

The position for which you are applying is included in the exempted type of employment under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. You may be required to join the PVG Scheme.

It is against the law for employers to employ someone to work with Children or Protected Adults if they are barred from doing so. Because of this, organisations such as LAAS must only employ people who are members of the PVG scheme. If you are not already a member you will be required to join before any final contract is offered. Cost of membership will be paid by LAAS.

Please answer the following questions and read carefully and sign the declaration below.

Have you been convicted of any criminal offence? YES / NO

1. If YES, please give details of the conviction(s)/charge(s) and the date(s) on a separate sheet and enclose it with your completed application.

2 I am / am not a member of the PVG scheme. (PVG Ref Number if applicable)

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|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Any information given will be completely confidential and will be considered only in relation to an application for a position where such an exemption is appropriate.

#### DECLARATION

I CONFIRM THAT THE INFORMATION I HAVE GIVEN IS TO THE BEST OF MY KNOWLEDGE CORRECT AND ACCURATE.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |