**Application for Employment**

This form has been designed to be completed electronically. Please do not save as a PDF.

If you require this form in a different format so that you can complete or submit it more easily, please contact us to discuss your requirements.

|  |
| --- |
| **Role Applying For:** |
|  |

**SECTION 1 – PERSONAL INFORMATION** (**1 – 6** will be removed for shortlisting purposes)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **PERSONAL DETAILS** | | | |
| Surname: | | First Name: | |
| Address: | Telephone (Home): | | |
| Telephone (Mobile): | | |
| Email address: | | |
| Where did you learn about the vacancy? | SWA website  SWA social media  Goodmoves  LinkedIn  Other (please specify) | | |
| Current notice period: | | | |
| Are you looking to work a 21hr, 28hr, or FT (35hr) contract? | | |  |

|  |  |
| --- | --- |
| 1. **REFERENCES (this section will be removed for shortlisting purposes)** | |
| Please give two referees, one of whom should be your present or most recent employer: | |
| Name: | Name: |
| Job Title | Job Title |
| Company: | Company: |
| Address: | Address: |
| Email: | Email: |
| Relationship to you: | Relationship to you: |
| May we contact this person prior to interview?  Yes/No | May we contact this person prior to interview?  Yes/No |

|  |  |
| --- | --- |
| 1. **APPLICANTS WITH DISABILITIES** | |
| Scottish Women’s Aid will interview all applicants with a disability who meet the essential requirements for a job vacancy.  Please tell us if consider yourself to have a disability and would like to apply for a guaranteed interview, should you meet the essential requirements as set out in the job description. | |
| I would like to apply for a guaranteed interview | Yes/No |
| Do you have any requirements to enable you to attend and participate at interview should you be selected? | Yes/No |
| If yes, please let us know what we can do to support you: | |

|  |  |
| --- | --- |
| 1. **RIGHT TO WORK IN THE UK** | |
| If you are successful in obtaining employment with Scottish Women’s Aid you will be required to provide evidence of your entitlement to work in the United Kingdom. | |
| Are there any restrictions on 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, will you require a work permit to take up employment in the UK? | Yes/No |

|  |  |
| --- | --- |
| 1. **DATA PROTECTION STATEMENT** | |
| Scottish Women’s Aid (SWA) has a legitimate interest in processing the personal data on your application form in order to manage the initial stage of the recruitment process. By signing this application form you are giving your consent to the processing of any sensitive personal data on your application form by. SWA will securely destroy your personal data no later than six months after the end of the recruitment process unless they have sought and you have given your consent to holding it for longer.  The information that you provide on this form and that is obtained from other relevant sources will be used to process your application for employment.  The personal information that you give us will also 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 third party via your payslip. 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 third 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 you agree to the processing of sensitive personal data, (as described above), in accordance with our registration as a Data Controller with the Information Commissioner’s Office. | |
| **DECLARATION** | |
| I declare that to the best of my knowledge and belief that the information given herein is correct and complete. I understand that SWA reserves the right to withdraw any offer of employment or to terminate employment already commenced if the information provided to SWA is inaccurate or misleading in any way. Any job offer is conditional upon receipt of satisfactory references and, if required by SWA, any medical reports or disclosure check. | |
| Signed: | Date: |

**SECTION 2 – EMPLOYMENT EXPERIENCE, KNOWLEDGE AND PERSONAL QUALITIES**

Applicants can choose to provide a copy of their CV to demonstrate work experience in Section 7 and 8, and education/qualifications in Section 9/10 (we only ask about candidates qualifications when essential to the role)

**If you would rather NOT submit a CV, please complete SECTION 7 – 10 BELOW:**

|  |  |
| --- | --- |
| 1. **CURRENT EMPLOYMENT** | |
| Name and Address of Employer: | Date Commenced Employment: |
| Job Title: | |
| Brief description of your main duties and responsibilities with an emphasis, where possible, on those areas most relevant to the job applied for. | |
| Reason for leaving: | |
| If you are NOT currently in paid employment, please use the section below to tell us what you are presently doing. For example, you may be in voluntary employment, studying or unemployed: | |

|  |  |  |
| --- | --- | --- |
| 1. **PREVIOUS EMPLOYMENT** | | |
| Name and Address of Employer: | From: | To: |
| Job Title: | Nature of Work: | |
| Reason for leaving: | | |
| Name and Address of Employer: | From: | To: |
| Job Title: | Nature of Work: | |
| Reason for leaving: | | |
| Name and Address of Employer: | From: | To: |
| Job Title: | Nature of Work: | |
| Reason for leaving: | | |

Please add more roles as required

|  |  |  |
| --- | --- | --- |
| 1. **EDUCATION AND TRAINING** | | |
| Qualification/Training | Subject | Date Gained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **MEMBERSHIP OF PROFESSIONAL INSTITUTIONS (IF RELEVANT)** | | |
| Name of Institute | Current Status | Date Awarded |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |

|  |
| --- |
| 1. **RELEVANT SKILLS, EXPERIENCE AND ABILITIES** |
| Study the job description and provide specific examples of your work, or other activities, which demonstrate your ability or aptitude to undertake the duties of the post. Relate these clearly to the person specification. You may also include any other information that you feel is relevant to your application e.g., personal qualities, achievements at work, non-work related or voluntary work experience. Continue on a separate sheet if necessary but do not use more than two sides of paper.  Equally, if you would prefer not to write your application, you can send us an existing CV and a video or a voice note which answers question 11 on the application form in 5-10 minutes. Please send all application materials to [recruitment@womensaid.scot](mailto:recruitment@womensaid.scot). |
|  |

|  |
| --- |
| 1. **EQUALITIES AND DIVERSITY** |
| We would appreciate it if you would fill in our equality monitoring form.  It is completely anonymous and not attached to your application in any way.  [Click here to fill it in.](https://forms.office.com/Pages/ResponsePage.aspx?id=yo_WtE2bFUG_EccZKuXnLTPkOng8woZKq0xSfQtNlklUQThNSFRQQVpONjdMNFQ0TkpNR1Y4NDNHTSQlQCN0PWcu) |

|  |
| --- |
| 1. **FUTURE CONSIDERATION** |
| Please note here if you consent to SWA keeping your application on file for an extended period of 18 months, so that we can consider you for future roles and opportunities.    Yes/No |

**Please return this application to** [**recruitment@womensaid.scot**](mailto:recruitment@womensaid.scot) **along with any videos or voice notes.**