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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HELP (Argyll & Bute) Ltd | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All sections of this application form must be completed. Please also provide your CV | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Title: CEO – Service Manager | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *FULL TIME* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | First Name(s) | | | | | | | | | | National Insurance Number | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | Telephone number(s) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Home | | | | | |  | | | | |
| Business | | | | | |  | | | | |
| Mobile | | | | | |  | | | | |
| Where did you see this post advertised? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | Secondary Education | | | | | | | | | | | | | | | | | | | | | | | |
| Duration – From: To: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject | | | | | | | Qualifications gained | | | | |  | | | |  | | | |  | |  | | | Year | |
|  | | | | | | |  | | | | | | | | | | | | | | |  | | |  | |
| 3 | | Further Education | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates  From To | | | | | University/college/etc | | | | | | | Courses and subject studied | | | | | Degrees Diplomas Certificates Obtained with Class of Pass | | | | | | | Date Obtained | | |
|  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | |
| 4 | MEMBERSHIP OF PROFESSIONAL BODIES | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Institution | | | | | | | | | | | Class of Member | | | | | | | | Date Elected | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| 5 | | | | PRESENT EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Employer | | | | | | | | | Date Commenced Employment | | | | | Present Salary | | | | | | | Notice Required | | | | |
|  | | | | | | | | |  | | | | |  | | | | | | |  | | | | |
| Position held, duties and responsibilities | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | PREVIOUS EMPLOYMENT (List in order, with most recent employer first) | | | | | | | | | | | | | | | | | | | | | |
| Date From | | | | | Date  To | | | | Name and Address of Employer | | | | | | Position Held and Nature of Duties | | | | | | | | Reason for Leaving | | |
|  | | | | |  | | | |  | | | | | |  | | | | | | | |  | | |
| 7 | | | | LEISURE TIME ACTIVITIES OR INTERESTS | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Further information and relevant experience, what you feel you can bring to this role, and why you have chosen to apply for a post with HELP | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | REFERENCES | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | Address | | | | | | | | Occupation | | | | | | | |
| (a)  can we contact prior to interview YES/NO | | | | | | | | | | Daytime Tel No  Email: | | | | | | | |  | | | | | | | |
| (b)  can we contact prior to interview YES/NO | | | | | | | | | | Daytime Tel No  Email: | | | | | | | |  | | | | | | | |
| 10 | ABSENCE – Give details of sickness absence over the last two years | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | | | | | To | | | | | Reason | | | | | | | | | | | | |
| From | | | | | | | | To | | | | | Reason | | | | | | | | | | | | |
| From | | | | | | | | To | | | | | Reason | | | | | | | | | | | | |
| 11 | HEALTH – Declaration | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that I am fit and able both Physically and Mentally to carry out the tasks of the post applied for –  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I confirm that I give my permission for a representative of HELP (Argyll and Bute) Ltd to contact my GP for confirmation of the above. My GP is –  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | DRIVING LICENCE - Essential | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold a current driving licence? YES/NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does you licence have penalty point endorsement? YES/NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | PVG | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold a current PVG | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 15 | EMPLOYEE CODE OF CONDUCT | | | | |
| Please provide the name of any relative who is currently employed by the Company | | | | | |
| 16 | IMPORTANT – READ CAREFULLY BEFORE SIGNING THE DECLARATION | | | | |
| I certify that all statements given above by me on this form are true and correct to the best of my knowledge. I realise that if I am employed and it is found that such information is false or that I have withheld information, I am liable to dismissal without notice.  In accordance with the Data Protection Act 2018. I hereby consent to HELP (Argyll and Bute) Ltd retaining and processing as required, all information provided by myself in respect of this application for employment and any subsequent appointment within the Company, for the purposes of statutory, statistical and contractual obligations. | | | | | |
| Signed | |  | Date |  |  |
|  | |  |  |  |  |

# HELP (Argyll and Bute) Limited

# Equality and diversity monitoring form

This form complies with the UK General Data Protection Regulation (UK GDPR)

HELP (Argyll and Bute) Limitedwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form with your application.

Ethnic origin is not about nationality, place of birth, or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual 

Prefer not to say  If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say 

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 