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| CHURCHES ACTION FOR THE HOMELESSEmployment Application Form – Private & ConfidentialScottish Charity No. SC021740 | C:\Users\Elaine Lamb\Desktop\Logo-on-white.png |
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| Post Applied For: | Location: |
| Job Reference: | Closing Date: |
|  |
| Personal Details |
| First Name: | Surname: |
| Address: |
| Postcode: | Email: |
| Home Phone Number: | Mobile Number: |
| NI Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | Full Driving Licence: Yes 🞎 No 🞎 |
| Are you a member of the PVG Scheme (Protection of Vulnerable Groups)? Yes 🞎 No 🞎PVG Scheme Membership ID Number (16 digit number): \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| Are you a member of the Scottish Social Services Council (SSSC)? Yes 🞎 No 🞎SSSC Membership Number: SCR \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
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| Other Information |
| Are you related to anyone who works/has worked for CATH, or who serves/has served on any of its Committees? Yes 🞎 No 🞎 Name: Relationship: |
| Are you a member of other organisations, involved in other employment or business interests which could be deemed a conflict of interest should you be appointed to CATH? Yes 🞎 No 🞎 If Yes, please give details: |
| Do you have any restrictions to working in the UK? Yes 🞎 No 🞎 If Yes, please give details:   |
| Please tell us if there are any dates when you will not be available for interview:  |
|  |
| Declaration |
| I authorise CATH to obtain references to support this application. I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or if employed, dismissal.Signed: Date:   |

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| Qualifications (Academic and Professional) |
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| Education*Please list below all qualifications gained at school/ college/ university, including those overseas, in chronological order, with the most recent first.* |
| Date Awarded | Qualification | Subject | Grade/ Level |
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| Membership of Professional Bodies or Organisations |
| Date From/ To | Body/ Organisation | Level of Membership |
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| Training*Please list any relevant training/ apprenticeships provided by an employer or external organisation.* |
| Date From/ To | Course Title | Course Content | Outcome *e.g. pass* |
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| Employment History |
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| Present Employer/ most recent employer *Please note: this should also be the name of your first Reference.* |
| Employer Name:Address:Postcode: | Job Title: |  |
| Start Date: |  | End Date: |  |
| Salary/ Wage: |  | Notice Required: |  |
| Reason(s) for leaving: |  |
| Summary of main duties, responsibilities and achievements: |
|  |
| Previous Employment/ Voluntary Work*Most recent first – this should also be the name of your second reference.* |
| Employer Name:Address:Postcode: | Job Title: |  |
| Start Date: |  | End Date: |  |
| Salary/ Wage: |  | Notice Required: |  |
| Reason(s) for leaving: |  |
| Summary of main duties, responsibilities and achievements: |
|  |
| Employer Name:Address:Postcode: | Job Title: |  |
| Start Date: |  | End Date: |  |
| Salary/ Wage: |  | Notice Required: |  |
| Reason(s) for leaving: |  |
| Summary of main duties, responsibilities and achievements: |

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| Employment History - *Continued* |
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| Employer Name:Address:Postcode: | Job Title: |  |
| Start Date: |  | End Date: |  |
| Salary/ Wage: |  | Notice Required: |  |
| Reason(s) for leaving: |  |
| Summary of main duties, responsibilities and achievements: |
|  |
| Employer Name:Address:Postcode: | Job Title: |  |
| Start Date: |  | End Date: |  |
| Salary/ Wage: |  | Notice Required: |  |
| Reason(s) for leaving: |  |
| Summary of main duties, responsibilities and achievements: |
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| References |
| Please fully complete all details below and ensure you specify their relationship to you (e.g. line manager, tutor).*Please note: Your first referee must be you current or most recent employer, your second reference must be from your employment before that. Referee’s 1 and 2 cannot be from the same organisation. Email addresses must be organisational, not personal. Character references will only be accepted when it is not reasonable to obtain another employment reference. CATH will not accept references from family members or friends.* |
| Referee 1 | Referee 2 |
| If you are successful for interview, do we have permission to contact this referee before your interview date?Yes 🞎 No 🞎 | If you are successful for interview, do we have permission to contact this referee before your interview date?Yes 🞎 No 🞎 |
| Name: |  | Name: |  |
| Job Title: |  | Job Title: |  |
| Organisation: |  | Organisation: |  |
| Address:Postcode: |  | Address:Postcode: |  |
| Telephone No: |  | Telephone No: |  |
| Email Address: |  | Email Address: |  |
| Relationship: |  | Relationship: |  |

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| Personal Statement in Support of your Application |
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| Please give relevant information on the following:* How you feel that you meet the Person Specification for this post.
* Please give details on your experience, knowledge and skills.
* Why you have applied for this post.

*Continue on a further A4 sheet if required.* |
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Thank you for completing this application form. Please return it to e.lamb@cath-org.co.uk with the subject ‘Fundraising Officer Application’ by **5pm on Wednesday 2nd July 2025.**